

**INDIVIDUAL
BACKGROUND
FORM**

**WASHINGTON MONEY TRANSMITTER AND CURRENCY EXCHANGER
BIOGRAPHICAL STATEMENT AND CONSENT**

Date of Filing: _____ Effective Date: _____

NEW APPLICATION AMENDMENT *To amend, circle or identify item(s) being amended.*

1. Individual's Identifying Information:

(A) Full last, first and middle names:

Last Name First Name Middle Name Suffix (if any)

(B) Social Security Number: _____ (C) Gender Male Female

(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth _____ (F) Country of Birth _____

(G) List all name(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example nicknames, aliases, and names used before or after marriage. (Use additional sheets if necessary).

Name: _____ Name: _____ Name: _____ Name: _____

(H) **For Amendments Only.** If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation.

Last Name First Name Middle Name Suffix (if any)

(I) Employer Name (Money Transmitter/Currency Exchanger): _____

(J) Office of Employment: (Do not use a P.O. Box) If this address is your private residence, check here

Number and Street City State/Country Zip+4/Postal Code

(K) Current Residence Address (if different from employment address):

PO Box or Number and Street City State/Country Zip+4/Postal Code

(L) Telephone Numbers and email address:

() () () _____

Business Phone Cell Phone (optional) Fax Line (optional) Email Address (Optional)

(M) Are you a US Citizen?

NO – Attach proof of legal immigration status to work in the US YES

(N) Does your name appear on the US Treasurer's listing of Blocked Nationals?

NO YES – attach details on a separate page

AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL

TO WHOM IT MAY CONCERN:

I hereby authorize and request that all local, municipal, city, county, state, and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or similar information, whether known to me or otherwise, to the Department of Financial Institutions of the State of Washington. It is understood that the Department shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

BY: _____

Signature of Individual Date

Printed name of Individual Title

Individual full legal name: _____

Applicant (company) full legal name: _____

3. Residential History Starting with current address (item 1K), give all addresses for the past 10 years. (Attach additional sheets as necessary.):

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

4. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (Company Name)	City	State or Province	Zip or Postal Code	YES or NO?

5. OTHER BUSINESS: If the answer to any of these questions is yes, attach an **OTHER BUSINESS ADDENDUM** to this application which provides the following details: the name of the other business; whether the business is financial services-related; the address of the other business; the nature of the other business; your position, title or relationship with the other business; the start date of your relationship; and briefly describe your duties relating to the other business.

	YES	NO
(1) Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-financial services-related activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.)	<input type="checkbox"/>	<input type="checkbox"/>
(2) Other than the current application have you held any position with any money services or money services-related business in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>

6. DISCIPLINARY HISTORY OF APPLICANT: If the answer to any of these questions is yes, attach a **DISCIPLINARY HISTORY ADDENDUM** to this application which provides a detailed explanation of all events or proceedings, including jurisdiction, year filed, current status, and final disposition. Remember to file updates to these disclosures as needed.

	YES	NO
(1) With the exception of motor violations, have you ever been convicted of a crime, felony, or misdemeanor in this state, any other state, the federal government, or any other jurisdiction within the past ten years?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is there a criminal complaint, accusation, or information presently pending against you, or are you under indictment in this state, any other state, by the federal government, or by any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Are you aware of <u>any</u> regulatory or complaint investigations against you in any jurisdiction for which findings have yet to be entered?	<input type="checkbox"/>	<input type="checkbox"/>
(4) In the last ten years, have you been involved in any material litigation or any litigation related to the provision of money services?	<input type="checkbox"/>	<input type="checkbox"/>
(5) Are you presently involved in, or been subject to within ten years, any form of civil litigation?	<input type="checkbox"/>	<input type="checkbox"/>
(6) Have there been any bankruptcy or receiverhip proceedings involving or affecting you, the <i>applicant</i> , or an organization over which you exercised control?	<input type="checkbox"/>	<input type="checkbox"/>
(7) Do you have any unsatisfied judgments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>
(8) During your affiliation with each business listed in Section 5 above, were there any adverse or administrative actions taken by any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE AND OATH OF INDIVIDUAL

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge. Further, I have read, understand, and will comply with the provisions of Chapter 19.230 Revised Code of Washington and Regulations promulgated by the Department of Financial Institutions in furtherance of such Code provisions and contained in Washington Administrative Code. I understand that any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to a denial of license or revocation of any license granted.

Signature of Individual

Date