



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

WASHINGTON MONEY SERVICES LICENSE AMENDMENT APPLICATION
MONEY TRANSMITTER AND CURRENCY EXCHANGER

Use this form when reporting changes that affect the licensed company's main office, its personnel, or contact information for either.

DO NOT use this form to add, delete, or update authorized delegate locations. Instead, use the Money Services Authorized Delegate Form. This form can be found on our website at <http://dfi.wa.gov/cs/money-services-providers.htm> under Applications and Forms.

INSTRUCTIONS: Please see the following statutes and rules for information and instructions about what information must be reported and/or amended. (Per RCW 19.230.150-Reports, RCW 19.230.160-Change of control, WAC 208-690-110-Report of Material Change, WAC 208-690-112-Other Reports, WAC 208-690-115-Request For Approval of Change of Control, etc.)

1. Complete the Company Form (with attachments if needed) and submit fee (see first page of form for appropriate fee). You do not need to complete Sections 3 or 4 if there are no changes to that information. Mail the packet to:

Via US Postal Service
Dept of Financial Institutions
Division of Consumer Services
PO Box 41200
Olympia, WA 98504-1200

Via other couriers (e.g.: FedEx, UPS, etc)
Dept of Financial Institutions
Division of Consumer Services
150 Israel Rd SW
Tumwater, WA 98501

2. Contact your insurance company to obtain a rider to your bond for changes to any of the following (Money Transmitters only):

- | | |
|---|--|
| <ul style="list-style-type: none">• New legal company name• New physical address for licensed location (Address information must be complete down to suite number/floor number, etc.)• Forward the original, signed & sealed bond rider to the address above. | <ul style="list-style-type: none">• Add/Remove trade name(s), DBA(s) |
|---|--|

3. Contact the Washington State Department of Licensing, Master Business License at (360) 902-3600 to change the following:

- | | |
|---|--|
| <ul style="list-style-type: none">• New legal company name• New mailing address• New physical address for licensed location (Address information must be complete down to suite number/floor number, etc.)• New registered agent (RA) or change in contact information for existing RA, including address, phone and fax.• Add/Remove company officials | <ul style="list-style-type: none">• Add/Remove trade name(s), DBA(s)• New ownership |
|---|--|

4. Contact the Washington Secretary of State at (360) 753-7115 to change the name of a corporation, partnership, or LLC only. (This section does not apply to sole proprietorship name change, dba change, or address change.)

- | | |
|--|---|
| <ul style="list-style-type: none">• New legal company name• New registered agent (RA) or change in contact information for existing RA, including address, phone and fax. | <ul style="list-style-type: none">• New ownership |
|--|---|

5. Provide updated information for key personnel (Responsible Individual, President, CEO, CFO, etc.) if residences or other contact information has changed since last filing. The Individual Background Form must be included with this application to report such changes.

- | | |
|--|---|
| <ul style="list-style-type: none">• New responsible individual or change in existing personal information• New owners/principals/persons of control or changes in existing personal information | <ul style="list-style-type: none">• New ownership |
|--|---|

6. Surrender the previous original license if it is changed by any of the items below. A new license will be mailed to you.

- | | |
|--|--|
| <ul style="list-style-type: none">• New legal company name• New physical address for licensed location (Address information must be complete down to suite number/floor number, etc.) | <ul style="list-style-type: none">• Add/Remove trade name(s), DBA(s) |
|--|--|

COMPANY FORM	WASHINGTON MONEY TRANSMITTER AND CURRENCY EXCHANGER APPLICATION FORM Date of Filing: _____ Desired Effective Date: _____ DFI License Number (<i>amendments only</i>) 550-MT- _____	<input type="checkbox"/> MONEY TRANSMITTER (WHICH INCLUDES AUTHORITY TO EXCHANGE CURRENCY) <input type="checkbox"/> CURRENCY EXCHANGER ONLY <input type="checkbox"/> \$30 fee for each change (WAC 208-690-150)
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NEW APPLICATION AMENDMENT *To amend, circle or identify item(s) being amended.*
 SURRENDER/CANCEL OTHER

MONEY SERVICES BUSINESS ACTIVITIES CONDUCTED THROUGH (*check all that apply*)
 APPLICANT OWNED AUTHORIZED DELEGATES INDEPENDENT AUTHORIZED DELEGATES
 APPLICANT'S SUBSIDIARIES or AFFILIATES OTHER (*explain*) _____

PLEASE CHECK APPLICABLE BOXES:

<input type="checkbox"/> Main office name change	<input type="checkbox"/> Change Responsible Individual	<input type="checkbox"/> Change records location
<input type="checkbox"/> Ownership change	<input type="checkbox"/> Change registered agent	<input type="checkbox"/> Reprint lost license
<input type="checkbox"/> Add/Remove trade name(s) or DBAs	<input type="checkbox"/> Main office address/contact info change	<input type="checkbox"/> Other (explain)

1. EXACT NAME, PRINCIPAL BUSINESS ADDRESS, MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS), AND TELEPHONE NUMBERS OF APPLICANT:

(A) Entity name (sole proprietors provide last, first, and full middle name) _____
 (B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship) _____

(C) (1) Trade name under which business primarily is or will be conducted, if different from Item 1A: _____
 (2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which the name(s) are or will be used (Use additional sheets as necessary).

Name	Jurisdiction

(D) **For amendments only:** If this filing makes a name change on behalf of the applicant, enter the new name and specify whether the name change is of the *applicant* name (1A) or business trade name (1C): _____

(E) Main address: (Do not use a P.O. Box)

 Number & Street City State / Province & Country Zip+4 / Postal Code

(F) Mailing address, if different from Main address:

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

(G) Telephone Numbers and Website:

() _____ - _____ ext _____ () _____ - _____
 Business Phone Fax Line Website address e-mail address (optional)

(H) Other than the office in 1E, does the *applicant* conduct business with consumers through authorized delegates? YES NO
 (Authorized delegates must be approved prior to conducting business. Use the WA Authorized Delegate Application Form included with this application.)

AUTHORIZATION FOR VERIFICATION – COMPANY

TO WHOM IT MAY CONCERN:

I, the undersigned official, of the company noted above, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction with an application for a money services license, or for the purpose of conducting an investigation in accordance with 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.

BY: _____
 Signature of Authorized Official Date Printed Name and Title of Authorized Official

Applicant(company) full legal name: _____

2. CONTACT INFORMATION FOR APPLICANT:

(A) Contact person for this application:

_____	() - ext _____	() - _____	_____
Name and Title	Business Phone	Fax Line	e-mail address
_____	_____	_____	_____
PO Box or Number & Street	City	State / Province & Country	Zip+4 / Postal Code

(B) Compliance officer:

_____	() - ext _____	() - _____	_____
Name and Title	Business Phone	Fax Line	e-mail address
_____	_____	_____	_____
PO Box or Number & Street	City	State / Province & Country	Zip+4 / Postal Code

The compliance officer must submit the Individual Background Form, as well as a resume which details his or her qualifications as a compliance officer.

(C) Physical address of location where the official books and records of the applicant will be kept. This is for the purpose of periodic review and examination by the Department of Financial Institutions.

_____	() - ext _____	() - _____	_____
Records Custodian Name	Business Phone	Fax Line	e-mail address
_____	_____	_____	_____
Number & Street	City	State / Province & Country	Zip+4 / Postal Code

(D) Registered Agent:

_____	() - ext _____		
Name	Phone		
_____	_____	_____	_____
Number & Street	City	State / Province & Country	Zip+4 / Postal Code
_____	_____		
Social Security Number	Date of Birth		

DFI will send a specific Consent to Serve letter to the registered agent.

Note: If your office is outside the borders of Washington State, you must maintain a registered agent inside Washington.

If your office is within the borders of Washington State, the use of a registered agent is *optional* (your office staff may serve as registered agent). However, if your company has used a registered agent when filing with other Washington state agencies, please provide this office with information about *that* registered agent.

(E) Responsible Individual:

_____	() - ext _____	() - _____	_____
Name	Business Phone	Fax Line	e-mail address
_____	_____	_____	_____
Number & Street	City	State / Province & Country	Zip+4 / Postal Code

Identify the person within this company who will serve as the "responsible individual" with principal managerial authority over the money services provided by the applicant in Washington State. [RCW 19.230.010(17)] Attach a 5-year employment history, a completed Individual Background Form (IBF), and a personal credit report (which includes a public records search) for the responsible individual.

Applicant(company) full legal name: _____

3. STATE REFERENCE: Enter appropriate number in the box for each jurisdiction where the applicant is or has ever been licensed to engage in any money services business (money transmission, currency exchange, sale of checks, etc.)

- Enter "1" if *applicant is newly applying* in that *jurisdiction*.
- Enter "2" if *applicant has a pending application* in that *jurisdiction*.
- Enter "3" if *applicant is already licensed/registered* in that *jurisdiction*.
- Enter "4" if *applicant is surrendering/canceling* in that *jurisdiction*.
- Enter "5" if *applicant was formerly licensed/registered* in that *jurisdiction*.

STATE												
AL		FL		LA		NE		OK		VT		
AK		GA		ME		NV		OR		VA		
AZ		HI		MD		NH		PA		WA		
AR		ID		MA		NJ		RI		WV		
CA		IL		MI		NM		SC		WI		
CO		IN		MN		NY		SD		WY		
CT		IA		MS		NC		TN				
DE		KS		MO		ND		TX		Guam		
DC		KY		MT		OH		UT		Puerto Rico		

For each state marked, attach a **STATE REFERENCE ADDENDUM** which includes: name of licensee, type of license, license number, and the name, address, phone, fax, and contact person of the regulatory entity issuing the license.

4. LEGAL STATUS OF APPLICANT:

- Corporation
- Partnership
- Proprietorship
- Limited Liability Company
- Other (specify)_____

FEDERAL TAX IDENTIFICATION NUMBER: _____
 WASHINGTON STATE UNIFIED BUSINESS ID NUMBER (UBI): _____

To obtain a UBI, you must contact the Washington State Department of Licensing, Business and Professions Division (360) 664-1400 to apply for (your) the applicant's Washington State Master Business License. A copy of this document is **not** required with your application. DFI will verify with the Department of Licensing that (you) the applicant (have) has registered.

If the applicant is a corporation, partnership, or LLC you must contact the Washington Secretary of State, Division of Corporations, (360) 753-7115 to register the applicant. A copy of this document is **not** required with this application. DFI will verify with the Secretary of State that the applicant has been registered.

DATE OF INCORPORATION: _____
 STATE OF INCORPORATION: _____
 APPLICANT'S FISCAL YEAR END (MM/DD): _____
 If *applicant* is a publicly traded corporation, please insert stock symbol: _____

5. 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) Is there presently or has there ever been any regulatory investigation, administrative action, or enforcement action (including the revocation, suspension, or restriction of license) against the <i>applicant</i> in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you aware of <u>any</u> regulatory or complaint investigations against the <i>applicant</i> in any jurisdiction for which findings have yet to be entered?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Have any complaints been filed against the <i>applicant</i> in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
(4) In the last ten years, has the <i>applicant</i> or a <i>control affiliate</i> been involved in any material litigation or any litigation related to the provision of money services?	<input type="checkbox"/>	<input type="checkbox"/>
(5) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> or a <i>control affiliate</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(6) Have there been any bankruptcy or receiver proceedings involving or affecting the <i>applicant</i> ?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant (company) full legal name: _____

6. INDIVIDUAL INFORMATION: The following individuals must attach and submit the **INDIVIDUAL BACKGROUND FORM** and provide a personal credit report which includes a public records search.

CORPORATION

LIMITED LIABILITY CORP

PARTNERSHIP

SOLE PROPRIETORSHIP

Responsible Individual

Responsible Individual

Responsible Individual

Responsible Individual

Executive Officers

Manager

Managing Partner

Owner

Principals & Controlling Persons

Member (own 10%)

General Partners

Spouse of Owner

Other Officers(VP or equivalent)

Compliance Officer

Compliance Officer

Compliance Officer

Board Directors

Compliance Officer

**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.

(1) Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non- <i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.)	YES <input type="checkbox"/>	NO <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 receivership 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 of 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