



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>

Thank you for your interest in the Money Services Industry in Washington:

We are pleased to provide you with the accompanying application for both Money Transmitter and Currency Exchange licenses. If you intend to conduct a money transmission business, you must apply for a Money Transmitter license. A Money Transmitter license also permits currency exchange business. If you intend to only operate a currency exchange business, you should complete the Currency Exchange license materials included.

Please read the instructions carefully. Incomplete, incorrect, or erroneous answers to requested information may cause delays in processing, and can ultimately result in a license application being denied or an issued license being revoked.

You must complete and return all of the attachments and provide responsive answers to all of the requested information. If an attachment, material fact, or request of information does not apply to your situation, clearly note that it does not apply and why.

Applicants and licensees are expected to be knowledgeable of, and in compliance with, the law RCW 19.230, the rules adopted to implement the law, and any other applicable state or federal statutes or rules.

The Department of Financial Institutions (DFI) may consider many factors in determining eligibility for licensing, including financial responsibility, experience, character, and general fitness. The DFI may also consider: 1) a company's complaint history in Washington State or other jurisdictions, 2) owner, officer or employee involvement with other business enterprises, 3) an applicant's credit history, or 4) any information that gives DFI cause for concern that the business will not be operated honestly, fairly and efficiently.

If you have questions, you may reach licensing staff via phone or e-mail, or request an appointment for a pre-filing conference in our office in Tumwater, Washington.

Thank you,

The License Review Staff



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WASHINGTON MONEY SERVICES LICENSE APPLICATION
MONEY TRANSMITTER AND CURRENCY EXCHANGER

Use this form when newly applying for either a Money Transmitter or Currency Exchanger license. Along with the *Company Form*, send the following items to DFI. All of our forms are available from our website at <http://dfi.wa.gov/cs/money-services-providers.htm>

_____ FEE – Make your check payable to the “Washington State Treasurer.” Clip it (no staples) to the top of the application package. This deposit will be applied to the statutory cost of application review and investigation. The license fee may be partially refundable if the application is withdrawn or denied.

License fees authorized by WAC 208-690-130	First (main office) Location	Each additional location where the licensee or Authorized Delegate provides money services	Maximum Fees (includes main office fees)
License fee	\$1000.00	\$100.00	\$6000.00

(e.g.: An applicant should enclose a check for \$1300.00 for a Main office plus 3 authorized delegates.)

_____ SURETY INSTRUMENT (Not applicable for Currency Exchangers)

1. Forward a one-line dollar figure that represents the total volume of Washington State money transmissions that were transferred over the previous 12-months.
2. Money Transmitter applicants must provide a surety bond in the appropriate amount on the form enclosed. Only bonds issued by an independent surety company authorized to do a surety business in this state will be accepted. Both the applicant representative and the surety representative must sign the bond, and attach a valid power of attorney form. Note: the information provided on the face of the bond must be accurate or the bond will be rejected as invalid. **The original, signed and sealed bond must be submitted with the application.**

The bond amount must be calculated at ten thousand dollars for every one million dollars of Washington money transmission and payment instrument dollar volume. The maximum surety bond amount is five hundred fifty thousand dollars. See examples below.

Previous 12-months' Money Transmission and Payment Instrument dollar volume	Minimum Surety Amount
Zero - \$999,999.00	\$10,000.00
\$1,000,000.00 - \$1,999,999.99	\$20,000.00
\$2,000,000.00 - \$2,999,999.99	\$30,000.00
continue calculations per volume. . .	
\$54,000,000.00 or more	\$550,000.00

_____ US TREASURY MONEY SERVICES REGISTRATION & PROGRAMS

1. Money Services Businesses (MSB) must register with the United States Treasury Department within 180 days of the start of operations. Please enclose a copy of the applicant’s MSB letter of acknowledgment from the United States Treasury Department. Information regarding MSB responsibilities under federal law can be obtained at http://www.fincen.gov/financial_institutions/msb/ or request a package of information by phoning 1-800-949-2732.

2. Provide a copy of the *Anti Money Laundering Program* used by the applicant company and the most recent independent review of the *Anti Money Laundering Program*.
3. Provide a list of countries the applicant will be transmitting money to and from.

_____ STATE REFERENCE ADDENDUM – See Section 3 of the Company Form. For each state where the applicant is or has ever been licensed to engage in any money services businesses (money transmission, currency exchange, sale of checks, etc.) you must attach a list which includes the following information: name of licensee, type of license, license number, and the name, address, phone, fax, and contact person of the regulatory entity issuing the license.

_____ DISCIPLINARY HISTORY ADDENDUM – See Section 5 of the Company Form to determine if the applicant needs to submit this addendum.

_____ AUTHORIZED DELEGATE FORM – See Section 1H of the Company Form to determine if the applicant needs to submit the Authorized Delegate Form.

_____ INDIVIDUAL BACKGROUND FORMS AND PERSONAL CREDIT REPORTS – See Section 6 of the Company Form to determine which individuals will need to submit these.

_____ FINANCIAL STATEMENTS – Financial statements must be prepared in accordance with “generally accepted accounting principles” and must include a balance sheet (statement of assets and liabilities) and profit and loss statement.

1. Provide a current financial statement as of the most recent quarter end for the applicant business (or personal financial statements for sole proprietorship).
2. Enclose a copy of your most recent audited financial statement and, if available, audited financial statements for the prior two years.
3. If a newly formed business, also provide the method and source of capitalization.
4. If applicant is a wholly-owned subsidiary of another corporation, you may submit either the parent’s consolidated audited financial statements of the current year and prior two years, or the parent’s Form 10K reports filed with the United States Securities & Exchange Commission for the prior three years in lieu of the financial statements.
5. Provide a two-year projected financial statement.

_____ ASSESSMENT TRACKING – Provide your method for tracking Washington business separately from business conducted in other states. This is for the purpose of annual reporting and calculating surety and net worth requirements.

_____ BUSINESS MODEL – Provide a business model which details how money will be collected, how money will be transmitted, records collection and retention, and delegate selection. Also include the specific products and services you intend to offer under this license.

STILL NEED HELP? Contact DFI’s Division of Consumer Services licensing staff by phone at 360-902-8703 or send your questions via e-mail to DCS@dfi.wa.gov for additional assistance.

DELIVERY – Keep copies of everything, and send original *Company Form* and all attachments to:

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

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

COMPANY FORM	WASHINGTON MONEY TRANSMITTER AND CURRENCY EXCHANGER APPLICATION FORM	<input type="checkbox"/> MONEY TRANSMITTER (WHICH INCLUDES AUTHORITY TO EXCHANGE CURRENCY)
	Date of Filing: _____ Desired Effective Date: _____	<input type="checkbox"/> CURRENCY EXCHANGER ONLY
	DFI License Number (<i>amendments only</i>) 550-MT- _____	<input type="checkbox"/> ADDITIONAL LOCATION(S) (Attach Authorized Delegate Form)

NEW APPLICATION AMENDMENT *To amend, circle or identify item(s) being amended.*
 ADD AUTHORIZED DELEGATE (PERSON or LOCATION) 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*) _____

1. EXACT NAME, PRINCIPAL BUSINESS ADDRESS, MAILING ADDRESS, IF DIFFERENT, 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
Name	Jurisdiction
Name	Jurisdiction
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

Note: Authorized delegates must be approved prior to conducting business. Use the Authorized Delegate 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 of Authorized Official Title

Applicant(company) full legal name: _____

2. CONTACT INFORMATION FOR APPLICANT:

(A) 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.

(B) 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

(C) 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.

(D) 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

(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(25)] Attach a 5-year employment history, a completed Individual Background Form (IBF), and a personal credit report pulled within 6 months of the date of application (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 Revenue, Business License Service 1-800-451-7985 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 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 receivership 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.

<u>CORPORATION</u>	<u>LIMITED LIABILITY CORP</u>	<u>PARTNERSHIP</u>	<u>SOLE PROPRIETORSHIP</u>
Responsible Individual	Responsible Individual	Responsible Individual	Responsible Individual
Executive Officers	Manager	Managing Partner	Owner
Principals & Controlling Persons	Member (own 10% or more)	General Partners	Spouse of Owner
Board Directors	Compliance Officer	Compliance Officer	Compliance Officer
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:

(_____) _____ - _____ ext _____ (_____) _____ - _____ (_____) _____ - _____
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 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 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

