WASHINGTON MONEY SERVICES AUTHORIZED DELEGATE FORM

MONEY TRANSMITTER AND CURRENCY EXCHANGER

☐ MONEY TRANSMITTER
☐ CURRENCY EXCHANGER

Applicant/Licensee Name: _____

License Number (***if already licensed***): 550-MT-____ 550-CE-____

Desired Effective Date (MM/DD/YYYY): _____

FEES

ADD AN AUTHORIZED DELEGATE:
☐ FIRST LICENSE APPLICATION - $100 EACH
☐ ALREADY LICENSED - $50 EACH

☐ REMOVE AN AUTHORIZED DELEGATE - $30 EACH
☐ CHANGE ADDRESS OR NAME OF EXISTING AUTHORIZED DELEGATE - $30 EACH

Make check Payable To:
"WASHINGTON STATE TREASURER"

"Authorized Delegate" means a person/location a licensee designates to provide money services on behalf of the licensee. The definition of Authorized Delegate includes all company owned outlets.

☐ APPLICANT OWNED AUTHORIZED DELEGATE
☐ APPLICANT'S SUBSIDIARY
☐ INDEPENDENT AUTHORIZED DELEGATE
☐ APPLICANT'S AFFILIATE

1. Exact name, physical address, mailing address, contact name, telephone numbers, and fax number of delegate.

(A) Entity name
(sole proprietors provide last, first, and full middle name)

(B) Trade Name or DBA

(C) Business address: (Do not use a P.O. Box)

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

(D) Mailing address, if different from Business address:

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

(E) Contact Employee:

Name and Title | Business Phone ( ) - ext | Fax Line ( ) - | e-mail address

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

(F) For each mobile facility: Vehicle Identification Number (VIN) ____

AUTHORIZATION FOR VERIFICATION – LICENSEE

I, the undersigned officer of the Licensee, hereby affirm that I have full authority to sign and verify this application, that I have read this application and have knowledge of the information stated herein, and that this application, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

BY: _____ _____
Signature of Authorized Official | Date

_____ _____
Printed Name of Authorized Official | Title

Money Transmitters must submit a surety bond rider with this application when increasing the number of authorized delegates. To determine appropriate surety amount, please see the table below.

Prior 12-months Money Transmissions Receipts	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
$3,000,000.00 - $3,999,999.99	$40,000.00
$4,000,000.00 or more	$50,000.00

Add $10,000.00 for each additional authorized delegate, up to $500,000.00 additional surety amount. The total maximum surety amount is $550,000.00.

Please indicate: Prior 12-months Money Transmissions Receipts _____
Total number of company's authorized delegates, including this application _____

First License Applicants: You must enclose a sample contract for <u>independent</u> authorized delegates, including the method used to screen delegates for criminal history and a sample of any screening forms used.

Note: If you are an applicant with <u>many</u> authorized delegates to add or delete, to expedite processing you may attach a list or spreadsheet to this form which includes all of the information required above (rather than submitting multiple copies of this form).