



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>

**MONEY SERVICES  
MONEY TRANSMITTER  
QUARTERLY REPORT**

INSTRUCTIONS: (Per WAC 208-690-120, Change of Authorized Delegates Locations, WAC 19.230.150, Reports.)  
Use this form when reporting changes that affect the company's previously approved authorized delegate locations.

DO NOT use this form to add new authorized delegate locations, instead use the *Money Services Authorized Delegate Form*.. This form can be found on our website at [www.dfi.wa.gov/cs/money-services-providers.htm](http://www.dfi.wa.gov/cs/money-services-providers.htm).

1. I made changes to my previously reported authorized delegate list during the  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup> Quarter, 20\_\_\_\_\_.

- YES. Continue filling in this form. Send completed form to: DFI, Consumer Services, PO Box 41200, Olympia, WA 98504-1200.  
 NO. STOP. No report needs to be submitted.

2. You may need to contact your insurance company to obtain a rider to your bond for the following change:

You deleted authorized delegate locations and want to reduce the coverage amount of the bond. (If you plan to add more authorized delegate locations in the near future, and to avoid the need for multiple riders, you may choose to keep the bond coverage the same until you determine the exact amount of the change required.)

3. Within 45 days of the quarter end: Submit this form and/or a list, separated by category, which details the changes made:

See the check boxes on the following page. If you place a check mark in any box, this will create the category heading for the type of change being reported.

Each record should clearly show previous information for a specific location and the new information for that specific location.

Each record in a category should be numbered, 1, 2, 3, so that we can look at the last entry and see the total number of records reported.

**WASHINGTON STATE MONEY TRANSMITTER QUARTERLY REPORT**

Include a \$30 transaction fee, made payable to 'Washington State Treasurer', for each Authorized Delegate that is being changed. Attach the fee (no staples) to the completed Quarterly Report.

Licensee Name:			
DFI License Number:	550 – MT -	Effective Date of Change:	
Person to contact upon approval/denial of request		Phone:	
		Fax:	

**PLEASE CHECK ALL APPLICABLE BOXES:**

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

- |                                                                       |                                                                          |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Authorized Delegate physical address change  | <input type="checkbox"/> Authorized Delegate Remove trade name(s) or dba |
| <input type="checkbox"/> Authorized Delegate legal name change        | <input type="checkbox"/> Remove an Authorized Delegate Location          |
| <input type="checkbox"/> Authorized Delegate Add trade name(s) or dba | <input type="checkbox"/> Other (explain) _____                           |
| <input type="checkbox"/> Authorized Delegate Telephone Change         |                                                                          |

**PREVIOUS INFORMATION**

Company Name

Trade Name or DBA

Physical Address

Contact Name

Telephone Number

Fax Number\*

Email Address\*

Business Structure\*  Corporation  Proprietorship  Partnership  LLC  Other:

\* Optional

**NEW INFORMATION**

Company Name

Trade Name or DBA

Physical Address

Contact Name

Telephone Number

Fax Number\*

Email Address\*

Business Structure\*  Corporation  Proprietorship  Partnership  LLC  Other:

\* Optional

**AUTHORIZATION FOR VERIFICATION FORM - COMPANY**

I, the undersigned official, of the company noted herein, 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 money services license, or for the purpose of conducting an investigation in accordance with chapter 19.230 Revised Code of Washington, and Chapter 208-690 WAC.

BY: \_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of Authorized Official*

\_\_\_\_\_  
*Title*