



Money Transmitter Identification Statement

Must Be Completed By All Money Transmitter Branch Managers And Responsible Individuals

INSTRUCTIONS: Print or type all answers. All questions and statements must be completed. If the answer is "NONE", so state. The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting material information in this form is a criminal offense. If more space is needed, attach additional sheets.

- 1. Full Legal Name:
2. Any aliases or previous names used:
3. Date of birth: Place of birth:
4. Social Security Number:
5. State whether you are a U.S. Citizen.
6. If no, please provide copies of documents that show your alien status including but not limited to your: Passport Number expiration date Registration Number expiration date Other

7. EMPLOYMENT: Show every employer you have had and all periods of employment for the last 15 years in chronological order with the most recent first. Account for any periods of unemployment.

Table with 5 columns: Dates From-To, Name and Complete Address of Employer (include street, city, and zip), Position/Title, Supervisor, Reason for Leaving

- 8. Did any of the above employment's require a security clearance?
9. Have you ever been refused a bond?

If you answered "YES" to any of the above, explain on a separate sheet.

10. RESIDENCES: Show all residences for the past 15 years in chronological order with most recent first.

Table with 3 columns: Date From-To, Street Number, Name and City, State and Zip



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11. CRIMINAL RECORD: Have you ever been detained, held, arrested, indicted or summoned into court as a defendant in a criminal proceeding or convicted, fined or imprisoned or placed on probation, or have you ever been ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation other than for a minor traffic violation?

Yes No

If the answer is "YES", complete the following.

Table with 4 columns: Date, Offense, Location of Offense, Disposition

- 12. Residential Address:
Cell number:
13. Email:
14. Business address:
15. Business telephone number:

YOU MUST SIGN THIS DOCUMENT

I, (name of branch manager/responsible individual), in connection with (name of Applicant/Licensee) and pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents. In addition, I certify that the herein entries made by me are true, complete and correct to the best of my knowledge and belief.

DATE

SIGNATURE