Attention Applicants

This Department will only accept:

- Current application documents
- Legibly completed forms
- Complete application packets.
  Refer to the instructions & checklist provided

Make all checks payable to:
"Arizona Department of Financial Institutions"
and
Mail the entire completed application packet all together to:
Arizona Department of Financial Institutions
Licensing Division
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018

Make Copies of Your Entire Application Package Before Submission:

- The Department cannot make copies for you.

  and

- If there are questions during the processing of your application, you will have the information available for reference.

Instructions for License Under Arizona Revised Statutes § 6–1201 *et seq*.

Before You Complete the Enclosed Documents Please Read the Following Carefully.

You can not conduct business governed by Arizona Revised Statutes without first obtaining a license.

Application: To apply for licensing, complete all enclosed forms. Do not leave any questions unanswered. If a question does not apply to you or if the answer to the question is 'none', so state on the application. We do not accept applications that are not completely filled out. ***Make photocopies of the completed forms for your records***, this department **WILL NOT** provide them for you.

To Submit an Application to the Arizona Department of Financial Institutions you ***MUST*** have the following completed with the appropriate agencies and a copy of the ***approved document(s)*** attached to your application.

Application Name: The application name **must be identical on all forms** (e.g., articles, application, trade name certificate, bond, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, Inc." would not be "Co. Name Incorporated"). Failure to submit the required documents **will** delay the processing of your application while these items are being amended.

ONLY CORPORATIONS ARE ELIGIBLE to apply for a money transmitter license. See A.R.S.§ 6–1202.B. Corporations do not include L.L.C., L.P.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us.	Arizona Secretary of State 1700 W. Washington St., Phoenix, AZ 85007 Telephone (602)542-6187 or www.azsos.gov

Contact the Arizona State Corporation Commission. If You Wish To Apply As A:

Do not forward your application to this Department until you have received your approved documents from the **Arizona State Corporation Commission and/if applicable the Arizona Secretary of State.**

Arizona Corporation: You ***must*** submit an ***approved copy*** of your articles of incorporation and any amendments thereto with your application.

Foreign Corporation: If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You ***must*** submit a copy of the ***approved application*** for authority and a copy of your Articles of Incorporation and all amendments from the state for which you are incorporated.

Contact the Secretary of State. If The Corporation wishes To Use A:

Dba/Trade Name: To do business under a "dba" or a "trade name", you must register your dba or trade name. You ***must*** submit an ***approved copy*** of your certificate of trade name registration with your application.

Other Application Requirements

Bond: See A.R.S.§1205. A **continuous** surety bond ***must*** accompany your application (see sample bond). Surety bond amount requirement range from $25,000.00 to $500,00.00. The licensee as principal and a surety company that is authorized to do business in this state must execute this bond. Your insurance company can assist in obtaining the bond. In lieu of a bond, a certificate of deposit can be substituted in some circumstances. Refer to statutes for more information concerning the requirements for the certificate of deposit. The amount of the bond is calculated as follows:

Authorized Delegates and Arizona Locations	Bond Amount
0 - 5 =	$ 25,000.00
6 - 20 =	$100,000.00
21 – 200 =	$100,000.00 + $5,000.00 for each, max of $250,000
201 + =	$250,000.00 + $5,000.00 for each, max of $500,000

Contact the Consumer Assistance Unit of the Arizona State Insurance Department if you need assistance in locating a surety company who issues bonds for your license type. Call 602-912-8444 statewide number is 1-800-325-2548 and their fax number is 602-912-8469.

Net Worth Requirements: See A.R.S.§1205.01. Each applicant for a license shall have and each licensee shall maintain at all times a net worth of at least one hundred thousand dollars, calculated according to generally accounting principles. An addition net worth of fifty thousand dollars for each location or agent located in this state to a maximum of five hundred thousand dollars.

Audited Financial Statement: See A.R.S.§1204.7. Provide the Superintendent with a current **Original Bound** audited financial statement prepared by a licensed independent Certified Public Accountant. If the audited financial report was prepared more than three (3) months prior to the date this application is filed, we will require a current balance statement, income & loss statement which has been certified by the applicant. Net worth requirements

NOTE: Do Not Add Attachments In Lieu Of Completing Our Forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

Personal Financial Statement: Each owner of the applicant must complete this form.

Personal History Statement: See A.R.S.§1204.3. For each executive officer and director of the applicant and for each executive officer and director of any controlling person, unless the controlling person is a publicly traded company on a recognized national exchange and has assets in excess of four hundred million dollars ($400,000,000.00), a statement of personal history is required. If a controlling person is claiming exemption from this requirement, the claim must be in writing and must be accompanied by a copy of the most recent published financial statement, and the name of the exchange on which its stock is traded. The claim must be signed by the chief executive officer and notarized. The personal history statement(s) must be submitted to this Department as part of the original application package. Again, do not leave any questions unanswered. The personal history form may be copied as needed.

Identification Statement: Identification statements must be completed by; the responsible individual, who is employed by the licensee and who has principal active management authority over the business of the licensee in this state and by, each of the Arizona branch managers.

Fingerprint Card: See A.A.C. R20-4-103. Each of the executive officers, directors, controlling persons (unless exempt), responsible individual and all branch managers must be fingerprinted. Fingerprints must be taken, signed and dated by a law enforcement authority on fingerprint cards provided by this Department. **Review** Fingerprint Card Instructions sheet enclosed. The FBI will reject incorrect card processing and retakes will be required.

W-9: A completed W-9 form must be included with your application package.

Verification Of Licenses Issued By Other States: If applicant holds like or similar licenses from other states, you will need to provide the Department with an enclosed Certification by Licensing Agency/Supervisory Board form from each of those states. Complete the front side of this form and forward to the regulatory authorities of those states enclose a stamped envelope addressed to this agency.

Principal And Branch Offices: See A.R.S. § 6–1207. A licensee shall designate and maintain a principal place of business for the transaction of business regulated by this chapter. **If** a licensee maintains one or more places of business in this state, the licensee shall designate a place of business in this state as its principal place of business. The licensee does not have to have an actual business location or authorized delegate in Arizona to be licensed here.

Authorized Delegates: A licensee may conduct the business regulated under A.R.S. § 6–1208 at one or more locations in this state through authorized delegates/agents ("AD's") designated by the licensee.

Fees: Must be submitted with the completed application and are nonrefundable. Principal place of business office fifteen hundred dollar ($1500). Twenty-five dollar ($25) for each Arizona branch (only when submitted with the original application packet) and each authorized delegate to a maximum of four thousand five hundred dollars ($4500).

Fingerprint Processing Fee: A twenty nine dollar ($29) fingerprint processing fee for EACH fingerprint card must be paid to the Department at the time the application is submitted. Please submit a separate check for the total of all fingerprint cards.

Requirements After You Are Licensed:

Reports: Within forty-five days after the end of each fiscal quarter a consolidated financial statement including a balance sheet, income and expense statements and a list of all authorized delegates, branch managers, responsible individuals and locations within this state that have been added or terminated within that fiscal quarter, must be filed with the superintendent (see A.R.S. § 6–1211). The Department suggest that you establish adequate internal procedures to follow up on the timely receipt and submission of these quarterly reports.

Changes & Fees: To change a manager of a branch office license $250.00, branch application $500.00 and $25.00 per authorized delegate reported and paid for quarterly. (To be reported immediately) Address change for principal place of business or branch location $50.00 and $250.00 per license to change the licensee name. To acquire control $2,500.00, and needs the prior written approval of the Superintendent (see A.R.S. § 6–1216).

Renewals: Will be mailed annually approximately 6 (six) weeks prior to their due date of November 1st.

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6–126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6–1301 through 6–1310	60
Collection Agencies	A.R.S. Section 32–1001 through 32–1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6–971 through 6–985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6–601 through 6–675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6–701 through 6–716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6–1251 through 6–1263	120
Escrow Agents	A.R.S. Section 6–801 through 6–847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6–1201 through 6–1219	120
Mortgage Brokers	A.R.S. Section 6–901 through 6–910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6–941 through 6–948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44–281 through 44–295	45
Premium Finance Companies	A.R.S. Section 6–1401 through 6–1419	120
Trust Companies	A.R.S. Section 6–851 through 6–867 Rules R20-4-801 through R20-4-816	150

Money Transmitter Application

Check List

- ☐ **One Check For The $1,500** Application Fee
- ☐ And **One Check For The** Total Number Of Fingerprint Cards
  $29.00 Fee **Per** Fingerprint Card (# Of Cards _____ x $29.00 Fee = $ _____)
- ☐ Application (Signed And Notarized)
- ☐ Surrender Agreement (Signed and Notarized)
- ☐ *Articles Of Incorporation (Approved Copy) ☐ Amendments (if applicable)
- ☐ *Bond (Signed And Notarized By Surety And Applicant)
- ☐ Current Audited Financial Statement ☐ Balance Sheet (if audited is more than 3 months old)
- ☐ Copy of FinCEN MSB original Registration and (if applicable) most current Renewal Acknowledgement Letter
- ☐ W-9 Form/Request For Taxpayer Identification
- ☐ Personal History Statements (**Signed And Notarized In Both Locations**)
- ☐ Identification Statements (**Signed And Notarized In Both Locations**)
- ☐ Driver License Copies (Attached To All Personal History & Identification Statements)
- ☐ Fingerprint Cards (**Top Portion Identification Data Must Also Be Completed**)

- **If Applicable**

- ☐ Audited Financial Statement on Parent Company ☐ Signed Balance Sheet (if audited is more than 3 months old)
- ☐ Personal Financials (our forms) for Individuals who own 15% or more of the voting shares
- ☐ Ownership flow chart
- ☐ *Foreign Authority To Do Business In Arizona (Approved Copy)
- ☐ *Certificate Of Good Standing
- ☐ Trade Name Certificate (Approved Copy From AZ Secretary Of State)
- ☐ Authorized Delegates List (Of Agents In Arizona Only)
- ☐ Written Claim Of Exemption Letter ☐ Published Financials & Stock Exchange Name
- ☐ Letter Of Explanation For Derogatory Credit and/or Criminal History Issues

* A current (less than 1 months old) Certificate Of Good Standing must be provide from the state of incorporation and from Arizona if either of the incorporation or foreign authority approvals are more than 6 months old at the time the application is received by this department. Likewise, if the bond coverage effective date is more than 3 months old provide a current (less than 1 month old) statement of coverage continuance from the surety.

- **Did You Remember To:**

- ☐ Send Out Certification by Licensing Agency/Supervisory Board Form for Licenses Held in Other States
- ☐ Legible Print or Type All Information on All Documents
- ☐ Answer All Questions On All Forms Or Complete With "None" Or "NA"
- ☐ Sign and Notarize All Documents Where Applicable
- ☐ Make Copies of the Completed Application Packet for Your Records
- ☐ Include All Documents Required Before Submitting Application Packet
- ☐ Make Checks Payable To: **Arizona Department of Financial Institutions**

Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under "Personal History Statement & Fingerprint Card" for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website www.azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card Per Person

- **ORI Field on fingerprint card must have Phoenix, AZ information or be blank.** It cannot have another State's information in that field. Do not use white out material.
- **Do not use a highlighter on the fingerprint card.** The FBI's scanners cannot record the information if card contains highlighter.
- **Do not overlap the borders of the block in which you enter information.** The scanners cannot read information that overlaps the block.
- **Do not use whiteout on the fingerprint card.** If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- **Do not overlap any information into the actual fingerprint area**.
- **Do not enter any information in the block entitled "Employer and Address".** The Department will enter this information.
- **Do not enter any information in the block entitled "Reason Fingerprinted".** The Department will enter this information.
- **Do not alter any preprinted information on the fingerprint card**.

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

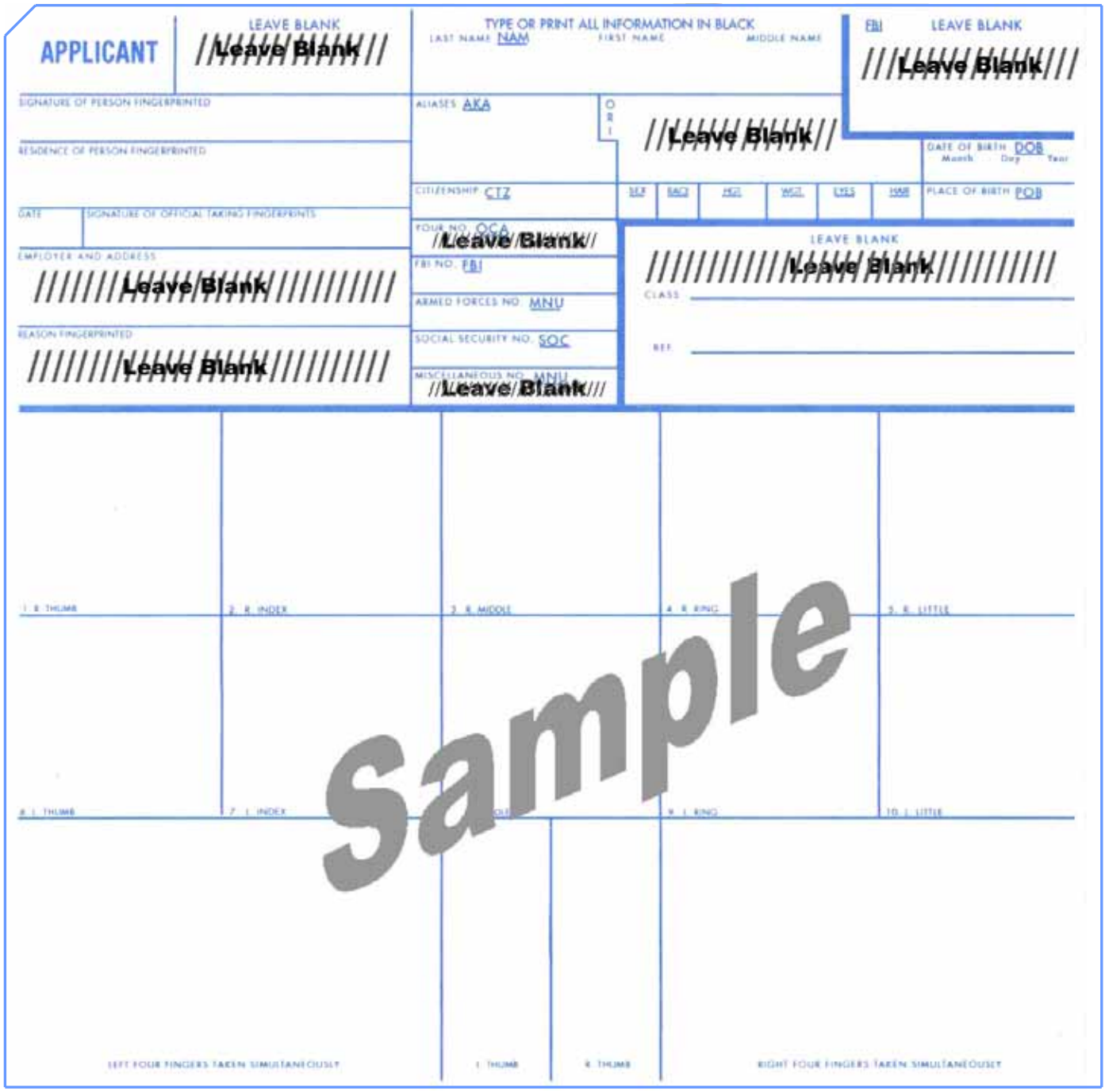
MAKE CHECK PAYABLE TO: Arizona Department of Financial Institutions

Note

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do Not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.



BOND NO._____

KNOW ALL MEN BY THESE PRESENTS, That we,_____ _____, as Principal, and _____, a Corporation, qualified and authorized to do business in the State of Arizona as Surety, are held and firmly bound unto the State of Arizona for the use and benefit of any injured person, in the sum of $_____, lawful money of the United States of America, to be paid to any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees and to the State of Arizona for the benefit of the person injured, for which payment well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal has made application to the Superintendent of Financial Institutions of the State of Arizona for license as a Money Transmitter within the meaning of Title 6, Chapter 12, Article 1, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a bond in the sum named above, conditioned as herein set forth:

NOW, therefore, if the Principal shall strictly, honestly and faithfully comply with the provisions of Title 6, Chapter 12, Article 1, Arizona Revised Statutes, and shall pay all damages suffered by any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees, or both, growing out of any transaction governed by the provisions of such statutes, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall become effective on _____, and shall remain in force until the Surety is released from liability by the Superintendent of Financial Institutions, or until this bond is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder by giving thirty days written notice to the Principal and to the Superintendent of Financial Institutions of the State of Arizona.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, the seal and signature of the Principal hereto is affixed, and the corporate seal and the name of the Surety hereto is affixed and attested by its duly authorized officers at _____ this (date) _____
(Company Name)

_____
Print Name of Principal Officer

By: _____
Signature of Principal Officer

_____
Name of Surety Company

By:_____
Signature of Surety Company

COUNTERSIGNED:
If applicable

BY: _____
Arizona Resident Agent

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. **Please read, sign and notarize this form and return with the application package.**

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Arizona Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

_____

(Name of Company)

By: _____ *(print)* _____

(Signature of Principal Officer) *(Name of Principal Signer)*

Date: _____ *(print)* _____

(Title of Principal Signer)

NOTARIZATION OF SIGNATURE

State of _____)

) ss.

County of _____)

Subscribed and Sworn to before me, this *day of* _____

year of _____ *at* _____

(City and State)

_____

Notary Public

My Commission expires _____

Legibly Print Or Type All Information

Do not leave any blank spaces there must be an answer provided for each inquiry if not applicable use "none" or "n/a".

1. Applicant Information: (Name that has been approved by the Arizona Corporation Commission for use in Arizona)

Name: Pursuant to A.R.S. § 6–1202(B) Only a corporation organized and in good standing and authorized to do business in this state, may apply.				Federal Tax ID Number:
State Incorporated:	Date Incorporated:	Date of foreign authorization to conduct business in Arizona:	Date of original **FinCen MSB Registration:**	Date of last **FinCen Renewal:**
Doing Business As (DBA) Name: (If Applicable) As approved by the Arizona Secretary of State:				
Address: (principal place of business)				
City:			State:	Zip Code:
Telephone Number:		Fax Number:		
Business Web Page Address:		E-mail Address:		

2. Mailing Address, if different from principal location above:

Name:		
Address:		
City:	State:	Zip Code:

3. Corporate Office (If different from 1 above):

Name:		
Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	

4. Parent Company - If applicable:

Company Name:		
Address:		
City:	State:	Zip Code:

5. Current Ownership.

If applicant is owned by an entity provide the entities audited financials. If owned by individuals provide names and percentage of each person. All individuals owning 15% or more of the voting shares in either the applicant or the entity (as owner) must complete the personal financial and personal history statements and a fingerprint card. Included an organizational chart.

Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
Name	Title	Percentage
		Total Ownership

List additional owners on a separate sheet.

Must total 100%

6. List the top 5 officers or directors of the licensee: (Must complete a personal history statement and fingerprint card)

a.	Name	Officer Title	Business Telephone Number	Years in Business
	Other Arizona interests		Capacity	Years in Business
b.	Name	Officer Title	Business Telephone Number	Years in Business
	Other Arizona interests		Capacity	Years in Business
c.	Name	Officer Title	Business Telephone Number	Years in Business
	Other Arizona interests		Capacity	Years in Business
d.	Name	Officer Title	Business Telephone Number	Years in Business
	Other Arizona interests		Capacity	Years in Business
e.	Name	Officer Title	Business Telephone Number	Years in Business
	Other Arizona interests		Capacity	Years in Business

Use a separate sheet if necessary

7. Responsible Individual: (Must complete an identification statement and fingerprint card)

Name & Title: **(Must be an employee who has principal active management authority over the business of the licensee in this state)**			
Address:	City:	State:	Zip Code:
Direct Telephone Number & Extension:	Fax Number:		

8. Person who oversees Arizona authorized delegate's operation:

Name & Title :			
Address:	City:	State:	Zip Code:
Direct Telephone Number & Extension:	Fax Number:		

9. Compliance Officer as required by USA Patriots Act:

Name:			
Address:	City:	State:	Zip Code:
Direct Telephone Number & Extension:	Fax Number:		

10. Identify all account(s) in all financial institutions through which the licensee conducts business as a transmitter of money:

Note: If the account is in a foreign country or with a foreign financial institution, you must also file the report required by A.R.S. § 6-1241 (B) with the Attorney General.

a.	Financial Institution	Address and Branch	
	Account Name	Account Number	Date Opened
	All Authorized Signers		
b.	Financial Institution	Address and Branch	
	Account Name	Account Number	Date Opened
	All Authorized Signers		
c.	Financial Institution	Address and Branch	
	Account Name	Account Number	Date Opened
	All Authorized Signers		

Use a separate sheet if necessary

11. Auditing Firm: See instructions for audited financial and net worth requirements.

Name:	Applicants FYE Date Mo / Day	Date of most current financial being submitted with this renewal / /

Address:	City:	State:	Zip Code:

Contact Person	Telephone Number:	Fax Number:

12. List all Arizona branch locations: Branch Manager(s) (Must complete an identification statement and fingerprint card) A person may be designated as the manager for more than one branch. **Do not include the principal location as a branch.**

a.	Print Name of Branch Manager	Address:	
	Arizona City:	State: AZ	Zip Code:
b.	Print Name of Branch Manager	Address:	
	Arizona City:	State: AZ	Zip Code:
c.	Print Name of Branch Manager	Address:	
	Arizona City:	State: AZ	Zip Code:
d.	Print Name of Branch Manager	Address:	
	Arizona City:	State: AZ	Zip Code:
e.	Print Name of Branch Manager	Address:	
	Arizona City:	State: AZ	Zip Code:

List additional branches on a separate sheet.

13. Authorized Delegate(s)/Agent(s): State business name, including trade name(s) (if any) authorization date and physical Arizona location of each Authorized Delegate ("AD"). (Provide alphabetical list of all AD's in the format shown below).

Agents Name:	Agents Trade Name if Any	Date Contracted by Applicant:

Agents Arizona Address:	City:	State: AZ	Zip Code:

Telephone Number:	Contact Person:

14. Bond - Pursuant to A.R.S. § 6–1205: See instructions for coverage amount.

Is the original bond, signed by both the surety and the applicant, for the appropriate amount of coverage enclosed?

☐Yes ☐ No **NOTE:** Submit a letter from the surety stating the continuing effectiveness of the bond if the effective date of the bond is more than three months old.

15. Licenses held in other states: (See instructions)

Does applicant hold like or similar licenses in any other state? ☐Yes ☐ No If yes, list those states and date licensed.	Date the Certification by Licensing Agency/Supervisory Board form was mailed to these states? / /
List State(s) Licensed in & Date Licensed:	

16. Read Carefully. List all occupational or professional licenses that apply to the applicant or any officer, director, or responsible individual of the applicant that has been denied or refused a license, or holds or has held a license which has been surrendered, revoked, suspended or had an Administrative Action/Order issued against it by any state or federal government agency. Must provide copies of full disclosure for any action taken.

Name on License		Type of License
Name of Licensing Agency	Type of Action	Date of Action
Name on License		Type of License
Name of Licensing Agency	Type of Action	Date of Action

16 - Continued from last page

Name on License		Type of License
Name of Licensing Agency	Type of Action	Date of Action
Name on License		Type of License
Name of Licensing Agency	Type of Action	Date of Action

17. Legibly print or type all the information requested below. This individual will be the applicant's designated liaison for which this department will address application concerns during the application process. In order to replace the current liaison it is required that a letter of request, signed by one of the officers reported on this application, be mailed to the attention of the licensing technician reviewing the application before any information will be addressed to anyone other then the individual below.

Contact: Liaison to whom a deficient application can be returned OR application inquires can be directed.

Name & Title:			
Address:	City:	State:	Zip Code:
Direct Telephone Number & Extension:	Fax Number:	Email	

Affidavit

Must be signed by an officer and notarized

STATE OF _____

ss

COUNTY OF _____

I _____ being duly sworn, depose and say that I have signed the
print officers' name

foregoing application as _____ of the above named applicant, having full authority
print officers' title

to sign such application in said capacity; that I have read said application and that the information contained therein is true.

_____ _____

(Date) (Officers' Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____

My Commission Expires (Notary Public Signature)

Reference/Questionnaire on Applicant

Applicant – Legibly Complete Section A & B of this form then forward to the regulatory authorities of those states where you are currently licensed or certified.
Enclose for each state, a stamped envelope addressed to this agency (see address at bottom of this page)

A. Arizona Applicant Name and Address:

Dear Fellow Regulators: Please respond to the following questions and return the completed form to the address stated below as soon as possible. The above named company has made application to conduct business in Arizona as an Escrow Agent. Below the applicant has stated that they are registered/regulated by your state as:

B. Company Name:_____

Licensed / Registered as a:_____License # _____

Issued date:_____Expiration date:_____

1. Is the information in section B above accurate? _____ If not, please print the accurate information here. __
_____

2. Is there now or has there ever been any action commenced against the aforementioned company? _____

3. Has there ever been any formal sanction imposed against the aforementioned company as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction of limitation? _____
If yes to either 2 or 3 attach a certified copy of disciplinary action.

4. Any additional comments will be appreciated: _____
_____
_____

I Certify that the information is true and correct according to the official records of this State.

State of: _____ Date: _____

Agency Name: _____Telephone Number: _____

Signature & Title of agency representative completing this form: _____

Please complete and return to: Arizona Department of Financial Institutions
Licensing Division
2910 North 44th Street, Suite 310
Phoenix, AZ 85018
Or Fax To: 602-381-1225

Money Transmitter Application

Personal History Statement

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable use "None" or "N/A"
Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL:

1. _____ Mr. Ms. Mrs. _____
   Position (Title/Owner/RI/AM etc.) Circle One Name: Last First Middle
2. _____ ( ) -
   Residence Address: Street City State Zip Res. Phone:
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ **(Attach a legible photocopy of your license.)**
8. Do you have a history of mental or nervous disorder? ☐Yes ☐No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐Yes ☐No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐Yes ☐No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐Yes ☐No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐Yes ☐No
13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. ☐Yes ☐No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.

14. Are you presently a member of a Military Reserve or National Guard Organization? ☐Yes ☐No
    If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:

Have you ever been;

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐Yes ☐No
2. convicted, fined or imprisoned or placed on probation? ☐Yes ☐No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐Yes ☐No
4. detained, held or arrested for a traffic violation? ☐Yes ☐No

If the answer is "Yes" to any of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "I" page 3)

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You Must Include Complete Addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐Yes ☐No
2. Have you ever been refused Bond? ☐Yes ☐No

If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

1. Have you attached a legible copy of your drivers' license? ☐Yes ☐No
2. Have you attached your completed (according to the fingerprint card instructions) fingerprint card? ☐Yes ☐No
3. A letter of explanation and resolve of any past or current derogatory credit or criminal issues? ☐Yes ☐No ☐N/A

If No, why not?_____

I. REMARKS: (Furnish complete details attach additional sheets if necessary)

Read, sign & notarize both top & bottom portion of this document

Affidavit

STATE OF _____
)ss
COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

_____ _____
(Date) (Signature)

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____
My commission expires: (Notary Public)

Affidavit (part 2)

STATE OF _____
)ss
COUNTY OF _____

I, (Print Your Name) _____ in connection with (Print Company Name) _____ 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.

_____ _____
(Date) (Signature)

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____
My commission expires: (Notary Public)

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. Name: _____
2. Any aliases or previous names used:_____
   First Middle Last

   _____
   First Middle Last
3. Date of birth: _____ Place of birth: _____
4. Social Security Number: _____-_____-_____
5. State whether you are a U.S. Citizen. Yes ☐ No ☐
6. If no, please provide copies of documents that state 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.

Dates From--To	Name and **Complete Address** of Employer (include street, city, and zip)	Supervisor	Reason for Leaving

8. Did any of the above employment's require a security clearance? Yes ☐ No ☐
9. Have you ever been refused a bond? Yes ☐ No ☐

   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.

Date From--To	Street and Number and City	State and Zip

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**.

Date	Offense	Location of Offense	Disposition

12. Residence telephone number: (_____) _____ - _____
13. Business address: _____
14. Business telephone number: (_____) _____ - _____

YOU MUST SIGN AND NOTARIZE BOTH PORTIONS OF THIS DOCUMENT

I certify that the herein entries made by me are true, complete and correct to the best of my knowledge and belief.

_____ _____
(DATE) (SIGNATURE)

NOTARIZATION OF SIGNATURE

STATE OF _____)
))Ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____ 20 _____ at _____
(City and State)

_____
(Notary Public)

My commission expires _____ County of _____ State of _____

I, _____ in connection with _____ 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.**

_____ _____
(DATE) (SIGNATURE)

NOTARIZATION OF SIGNATURE

STATE OF _____)
))Ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____ 20 _____ at _____
(City and State)

_____
(Notary Public)

My commission expires _____ County of _____ State of _____

Money Transmitter Application

Personal Financial Statement

Do Not Use for Business Statement
Legibly Print Or Type All Information
There Must Be An Answer Provided For Each QUESTION. Therefore, If Not Applicable Use "None" Or "N/A"
Schedule's, Details and Descriptions MUST be completed in space provided and by attachments if necessary.
Total Assets MUST EQUAL Total Liabilities and Net Worth

Describe Any Unusual Assets or Liabilities

Name _____ Financial Condition As Of _____/_____/_____ (mo/day/yr)
Address _____ City _____
State _____ Zip _____ Occupation _____

Customer at what financial institution _____ (office)

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe) Credit Cards	
		TOTAL LIABILITIES	
		NET WORTH (Assets Minus Liabilities)	
TOTAL ASSETS		**TOTAL LIABILITIES and Net Worth**	

APPROXIMATE ANNUAL INCOME AND EXPENSE
(EXCLUSIVE OF ORDINARY LIVING EXPENSES)

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or	
		separate maintenance payments if you are	
		obligated to make them.	
TOTAL INCOME		**TOTAL**	

1. Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
2. Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)

_____

3. Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)

_____

4. Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)

_____

5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize) _____

6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If yes, explain by separate letter)

7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)

8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? _____

COMPLETE THE FOLLOWING SCHEDULES

SCHEDULE 1 - NOTES AND MORTGAGES OWNED
Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

SCHEDULE 2 – REAL ESTATE AND BUILDINGS
Provide details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location &Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) _____

_____

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers _____

SCHEDULE 3 - REAL ESTATE ENCUMBRANCES

Parcel	Amt. Owing Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes ☐ No ☐
No. #2						Yes ☐ No ☐
No. #3						Yes ☐ No ☐
No. #4						Yes ☐ No ☐
No. #5						Yes ☐ No ☐

*If any payments of principal or interest are delinquent provide details. _____

Are any taxes delinquent? ☐ Yes ☐ No (If yes, give amount and details) _____

Are there any unrecorded deeds, liens or other claims not shown above? _____

SCHEDULE 4 - SECURITIES OWNED
Attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? _____

If in names of yourself and co-owner, are they joint tenancy? _____

SCHEDULE 5 - INSURANCE

Public liability on autos $ _____ Property Damage on Autos $ _____

LIFE INSURANCE

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

I certify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

_____ _____

Date **Signature**

DO NOT SEND TO IRS

Vendor MUST Print or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print or Type information

Taxpayer Identification Number (TIN)

TIN Type: ◯ Employer Identification Number (EIN) ◯ Social Security Number (SSN)

State of Arizona HRIS EIN
State of Arizona Employees ONLY

Legal Name
Must match TIN above

Entity Type Select one of the following

- ◯ Corporation (NOT providing health care, medical or legal services) (5A)
- ◯ Corporation (providing health care, medical or legal services) (5M)
- ◯ Partnership, LLP (5T)
- ◯ PLLC, LLC (5C)
- ◯ Individual/Sole Proprietor (6I)
- ◯ The US or any of its political subdivisions or instrumentalities (2G)
- ◯ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
- ◯ Tax-exempt organization under IRC §501 (5O)
- ◯ An international organization or any of its agencies or instrumentalities (5U)
- ◯ State of Arizona employee (1E)
- ◯ Other, Tax reportable entity (5P)

Minority Business Indicator Select one of the following

- ◯ Small Business (01)
- ◯ Small Business- African American (23)
- ◯ Small Business- Asian (24)
- ◯ Small Business - Hispanic (25)
- ◯ Small Business- Native American (27)
- ◯ Small Business- Other Minority (05)
- ◯ Small, Woman Owned Business (06)
- ◯ Small, Woman Owned Business- African American (29)
- ◯ Small, Woman Owned Business- Asian (30)
- ◯ Small, Woman Owned Business- Hispanic (31)
- ◯ Small, Woman Owned Business- Native American (33)
- ◯ Small, Woman Owned Business- Other Minority (11)
- ◯ Woman Owned Business (03)
- ◯ Woman Owned Business- African American (17)
- ◯ Woman Owned Business- Asian (18)
- ◯ Woman Owned Business- Hispanic (19)
- ◯ Woman Owned Business- Native American (21)
- ◯ Woman Owned Business- Other Minority (08)
- ◯ Minority Owned Business- African American (04)
- ◯ Minority Owned Business- Asian (32)
- ◯ Minority Owned Business- Hispanic (74)
- ◯ Minority Owned Business- Native American (15)
- ◯ Minority Owned Business- Other Minority (02)
- ◯ Non-Profit, IRC §501(c) (88)
- ◯ Non-Small, Non-Minority or Non-Woman Owned Business (00)

Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City State Zip code

Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City State Zip code

Contact Information

Name

Phone # EXT

Fax

email

Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature Title Date

STATE OF ARIZONA **AGENCY** USE ONLY — VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA **GAO** USE ONLY — VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number MC Processed by Date Processed

GAO-W-9 Revised 4/18/05

Save This Page For Reference

You must report material changes to the Department immediately. Documents needed:

Name change only, omit item 4 Adding or changing a dba omit items 2 & 3

*1. Original license returned for all licensed offices/location (to amend)
2. Amended articles
3. Amended Arizona Foreign Authority (if foreign corporation)
4. Amended Trade Name certificate (if applicable)
5. Original bond rider
6. Letter of authorization to change name (from officer)
7. Name change fee $250.00 (per license)

Address

*1. Original license returned (to amend)
2. Letter of authorization to change address (must include new telephone & fax numbers)
3. Address change fee $50.00 (per location)

Change of: Executive Officer/Director, omit 7 & 8
Responsible Individual, omit 1, 5 & 8
Branch Manager, omit 1 & 5

**1. Personal History Statement (copy of drivers license)
2. Fingerprint Card (**Top Portion - Identification Data Must Be Completed**)
3. Fingerprint processing fee $29.00 (per card)
4. Letter of explanation for any negative credit or criminal history (if applicable)
5. Amended articles of incorporation adding new officer/directors
6. A letter of request authorizing/requesting the change
7. Identification Statement (copy of drivers license)
8. $250 processing fee per branch license affected (**ONLY for branch manager change)**

Office closure or no longer in business

***1. Original license returned**
2. Letter providing information of closure/cancellation and where the records will be stored.

Bond: **MUST have and maintain at all times the appropriate bond coverage. The original current bond form (rider, amended, continuation, endorsement etc.) must be in the possession of this Department.**

Authorized Delegates and Arizona Locations	Bond Amount
Licensee with 5 or fewer	$ 25,000.00
more than 5 but fewer than 21	$100,000.00 an additional $5,000.00 for each
in excess of 20 but fewer than 201	$250,000.00 an additional $5,000.00 for each
to a maximum bond of	$500,000.00

Acquisition of Control: A.R.S. § 6-1216 **must obtain prior written approval from the superintendent.**

***Original license** must be returned, otherwise there is a $100 duplicate fee charged for licenses not returned. (Post a **copy** of the current license, until you receive the original amended license.)

****Personal History Statement:** For each executive officer and director of the applicant and for each executive officer and director of any controlling person, unless the controlling person is a publicly traded company on a recognized national exchange and has assets in excess of four hundred million dollars ($400,000,000.00), a statement of personal history is required. If a controlling person is claiming exemption from this requirement, the claim must be in writing and must be accompanied by a copy of the most recent published financial statement, and the name of the exchange on which its stock is traded. The claim must be signed by the chief executive officer and notarized.

Identification Statement: Identification statements must be completed by; the responsible individual, who is employed by the licensee and who has principal active management authority over the business of the licensee in this state and by, each of the Arizona branch managers.

Fingerprints: Must be taken, signed and dated by a law enforcement authority on fingerprint cards provided by this Department or look exactly like the one we show in the application packet on our website in the application. Each of the executive officers, directors, controlling persons (unless exempt), responsible individual and all branch managers must be fingerprinted. **Fingerprint fees must be submitted on a separate check from all other fee types.**

Other Information

Arizona Revised Statutes: A.R.S. § 6-1201 *et seq.* Can be accessed on our Web Site under (**www.azdfi.gov**) click on "Statutes."

Reports: Within forty-five days after the end of each fiscal quarter a consolidated financial statement including a balance sheet, income and expense statements and a list of all authorized delegates, branch managers, responsible individuals and locations within this state that have been added or terminated within that fiscal quarter, must be filed with the superintendent (see A.R.S. § 6-1211). The Department suggest that you establish adequate internal procedures to follow up on the timely receipt and submission of these quarterly reports. Quarterly report form can be downloaded from the application packet on our website.

Branch Offices / Locations: If you wish to maintain one or more locations in addition to a principal place of business, you must first obtain a branch office license and designate a person to oversee the operations of that office. The branch office application form can be downloaded from our website.

Authorized Delegates: A licensee may conduct the business regulated under A.R.S. § 6-1208 at one or more locations in this state through authorized delegates ("AGENTS") designated by the licensee.

Renewal Applications: Are mailed out 30 to 45 days before your renewal date. It is suggested that in order to ensure timely renewal of your license(s) you should establish an internal procedure which guarantees that your renewal and fees are received by this department on or before the date of suspension of your license.

Need Forms: See our website @ azdfi.gov

R E M I N D E R
M E M O R A N D U M

To: Licensed Money Transmitters

From: Arizona Department of Financial Institutions

Subject: Money Transmitter Fiscal Quarter Report

Please note the quarterly requirements for your license type:

A.R.S §6–1211. Reports Each licensee shall file with the superintendent within forty-five (45) days after the end of each fiscal quarter a consolidated financial statement including a balance sheet, income and expense statements and a list of all authorized delegates, branch managers, responsible individuals and locations within this state that have been added or terminated by the licensee within the fiscal quarter. Information regarding branch managers and responsible individuals shall include the information prescribed in section 6–1204, subsection A, paragraph 4. For locations and authorized delegates, the licensee shall include the name and street address of each location and authorized delegate.

Send quarterly reports to the attention of Sherry L. Engels to the address below by:

For Quarter Ending	No Later Than
March 31	May 15
June 30	August 14
September 30	November 14
December 31	February 14

If you have any questions, please contact me at extension 126.

You are responsible for knowing and adhering to the statutes pertaining to your money transmitter license. **Arizona Revised Statutes:** Can be accessed on our Web Site under (www.azdfi.gov) click on "Statutes." See A.R.S §6–1201 through 1219.

Please forward a copy of this memo to the individual(s) who create these reports, as a reminder for the year's compliance dates. Failure to file reports timely may result in suspension or revocation of your money transmitter license.

To the Superintendent of Financial Institutions

1. _____ **MT** _____

Licensee Name License Number

Hereby submits the required fiscal quarterly report for Year _____ and quarter (check applicable report period).

Quarter Ending	☐ March 31	☐ June 30	☐ September 30	☐ December 31
Report Due	May 15	August 14	November 14	February 14

A.R.S. § 6–1211. Reports Each licensee shall file with the superintendent within forty-five days after the end of each fiscal quarter a consolidated financial statement including a balance sheet, income and expense statements and a list of all authorized delegates, branch managers, responsible individuals and locations within this state that have been added or terminated by the licensee within the fiscal quarter. Information regarding branch managers and responsible individuals shall include the information prescribed in section 6–1204, subsection A, paragraph 4. For locations and authorized delegates, the licensee shall include the name and street address of each location and authorized delegate.

2. Complete the added and terminated columns below with a zero (0) if no locations were added or terminated.

Locations	**Number Added**	**Times**	**Fee Per Location**	**Equals**	**Amount Enclosed**	**Locations Terminated**
Authorized Delegate(s)		X's	$ 25.00	=	$	
Branch(es)		X's	$500.00	=	$	

3. Have attached the following items for the **above captioned fiscal quarter activity "ONLY"**:

☒ Consolidated financial statement including balance sheet, income and expense statements.

- **And the following if applicable** for the **above captioned fiscal quarter activity "ONLY"**:

☐ Alphabetical list of all authorized delegates ("Agents") that have been **added**.

☐ Alphabetical list of all agents that have been **terminated**.

☐ Application for each branch **added**.

☐ Branch license returned / enclosed for each branch **terminated**.

☐ List of branch managers or responsible individual added or terminated by the licensee.
("Branch Manager" may be designated as the manager for more than one branch. And the "Responsible Individual" is a person who is employed by the licensee and who has principal active management authority over the business of the licensee in this state.)

Complete the following for adding a new branch manager or responsible individual.

a. Identification Statement (attach a copy of drivers license)
b. Fingerprint Card (**Top Portion - Identification Data Must Be Completed**)
c. Fingerprint processing fee $29.00 (per card)
d. Letter of explanation for any negative credit or criminal history (if applicable)
e. A letter of request authorizing/requesting the change
f. (**ONLY for branch manager change)** $250 processing fee per branch license affected

Bond: Pursuant to A.R.S.§1205. Each licensee shall maintain at all times a **continuous** surety bond. Surety bond amount requirement range is from $25,000.00 to $500,00.00. The amount of the bond is calculated as follows:

Authorized Delegates and Arizona Locations	Bond Amount
0 - 5 =	$ 25,000.00
6 - 20 =	$100,000.00
21 – 200 =	$100,000.00 + $5,000.00 for each, max of $250,000
201 + =	$250,000.00 + $5,000.00 for each, max of $500,000

4. Licensee's current bond amount is $_____.

5. Total **current** authorized delegates and Arizona locations _____.

6. Does the licensee currently carry the required bond amount? ☐ Yes ☐ No
   If no, you must immediately provide this department with the original bond rider providing the appropriate coverage.

Net Worth Requirements: See A.R.S.§1205.01. Each applicant for a license shall have and each licensee shall maintain at all times a net worth of at least one hundred thousand dollars, calculated according to generally accounting principles. An addition net worth of fifty thousand dollars for each location or agent located in this state to a maximum of five hundred thousand dollars. An additional net worth shall be required of a Licensee whose business conducts a total of more than five hundred thousand dollars ($500,000) in transactions that involve transmitting money in an amount of one thousand dollars ($1,000) or more during the preceding year. In such an event, the licensee is required to increase its net worth by ten percent (10%) of the total such transactions conducted in this State.

7. Does the licensee maintain at all times a net worth of at least one hundred thousand dollars ($100,000), calculated according to generally accepted accounting principles? ☐ Yes ☐ No

   a. Does the licensee maintain at all times a net worth of fifty thousand dollars ($50,000) for each location or agent located in this state to a maximum of five hundred thousand dollars ($500,000)? ☐ Yes ☐ No

   b. If the licensee whose business conducts a total of more than five hundred thousand dollars ($500,000) in transactions that involve transmitting money in amount of one thousand ($1,000) dollars or more during the preceding year, has the licensee maintained an additional net worth of ten percent (10%) of such transactions. ☐ Yes ☐ No

8. _____ ( ) - Ext. # ( ) -
   Name of report contact person | Telephone | Fax

Need Forms: See our website @ www.azdfi.gov