



License Renewal - Money Transmitter Supplement			
<i>This application must be completed by typewriter or legibly printed.</i>			
Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable use "None" or "n/a."			
Do not add attachments in lieu of completing our form.			
Company Name:		License Number: MT-	
1. Responsible Individual:			
Name & Title: (Must be an employee who has principal active management authority over the business of the licensee in this state)			
Business Address:	City:	State:	Zip Code:
Direct Telephone Number & Extension:	Fax Number:	Email Address:	
2. Person who oversees Arizona authorized delegate operations:			
Business Name:		Title:	
Address:	City:	State:	Zip Code:
Direct Telephone Number & Extension:	Fax Number:	Email Address:	
3. Compliance Officer: as required by USA Patriots Act.			
Name:			
Business Address:	City:	State:	Zip Code:
Direct Telephone Number & Extension:	Fax Number:	Email Address:	
4. Financial Accounts:			
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.			



5. Authorized Delegates/Agents:		
State business name, including trade names, authorization date and physical Arizona location of each Authorized Delegate ("AD"). Provide alphabetical list of all AD's in the format shown below. (Use separate sheet if necessary)		
Agents Name:		
Agents Trade Name if Any	Date Contracted by Applicant:	
Agents Arizona Address:		
City:	State:	Zip Code:
Contact Person:	Telephone Number:	
6. Bond		
Authorized Delegates and Arizona Locations Bond Amount		
0 - 5 = \$ 25,000.00	21 - 200 = \$100,000.00 + \$5,000.00 for each, max of \$250,000	
6 - 20 = \$100,000.00	201 + = \$250,000.00 + \$5,000.00 for each, max of \$500,000	
7. Required Bond Coverage:		
Based on this bond chart are you currently carrying the appropriate bond coverage? Yes No (circle one) If No, please enclose the new original bond document showing the Arizona Revised Statute required amount.		
8. Arizona – Certificate of Good Standing:		
Have you attached the Certificate of Good Standing with this renewal? Do not hold up filing the renewal application because you are waiting for this Certificate. Yes No (circle one) If No, provide date when this department can expect it to be provided		
9. State of Domicile - Certificate of Good Standing:		
Have you attached the Certificate of Good Standing with this renewal? Do not hold up filing the renewal application because you are waiting for this Certificate. Yes No N/A (circle one) If No, provide date when this department can expect it to be provided.		
10. FinCEN MSB		
Did you attach a copy of the most current FinCEN MSB original registration and (if applicable), the most current Renewal If No, provide date when this department can expect it to be provided.		
11. Affidavit		
State of _____ County of _____		
I _____ as _____ swear or affirm that I have executed this form <small>Print Name</small> <small>Print Official Title</small>		
before a Notary Public, of my own free will and:		
(a) I have read and understand the items and instructions on this form;		
(b) My answers (including attachments) are true and complete to the best of my knowledge;		
(c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;		
(d) I authorize all my current and former <i>employers</i> , law enforcement agencies, and any other <i>person</i> to furnish to any <i>jurisdiction</i> , or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former <i>employers</i> , complete reasons for my termination;		
(e) I have read and understand applicable federal and state law, and will be in compliance at all times;		
(f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;		
(g) I understand that this renewal has to be signed by one of the owners or officers on file with the Department of Financial Institutions		
Signature of individual: _____	Date (MM/DD/YYYY) _____	
Subscribed and sworn to before me this _____ day of _____ 20____		
Date	Month	Year
Print Notary Public name: _____	Notary Public signature: _____	
Notary Appointment Expires (MM/DD/YYYY): _____	Notary seal here	
12. Renewal Fees:		
Renewal Fee: _____	\$500.00	Make payable to: Arizona Department of Financial Institutions or AZDFI
Per branch/authorized delegate (max of \$2000): _____ x \$25.00 =		
Total All Lines		
Pay the amount entered here all on one check		\$ _____



DFI Money Transmitter (MT) Renewal Addendum Check List

- \$500 Renewal Fee
- \$25 per branch/authorized delegate (max of \$2000)
- For late penalties, \$100 a day per calendar day starting with 11/02
- Copy of applicant's FinCEN MSB original Registration and (if applicable) most current Renewal Acknowledgement Letter
- Authorized Delegates List (Of Agents In Arizona Only)