



MONEY TRANSMITTER SUPPLEMENT LICENSE APPLICATION

Application is hereby made for a license to engage in the business under the laws of the State of Arizona relating to the establishment and operation of Money Transmitters, Arizona Revised Statutes (A.R.S.) Title 6, Chapter 12, Section 6-1201 to 6-1242.

1. Applicant Information

Company Name:

2. Responsible Individual:

Name & Title: (Must be an employee who has principal active management authority over the business of the licensee in this state)

3. Person who oversees Arizona authorized delegate operations:

Name: Title:

Phone: Fax: E-Mail:

4. Compliance Officer: (as required by the United States of America Patriots Act)

Name:

Phone: Fax: E-Mail:

5. Financial Accounts: (Use additional sheet if necessary)

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

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

6. Authorized Delegates:

Please complete the Authorized Delegate spreadsheet by clicking on the link below:

Authorized Delegate Worksheet

7. Bond:

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 (3) months old.

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



8. Affidavit:

- (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 *employers*, law enforcement agencies, and any other *person(s)* to furnish to any *jurisdiction*, or any agent(s) 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 *employers*, 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 form has to be signed by one of the owners or officers that has submitted their personal paperwork to the Arizona Department of Financial Institutions.

Signature of Individual: _____

Printed Name _____

Date (MM/DD/YYYY) _____



Money Transmitter Supplement License Application Check List

- One check for the \$1,500 non refundable application fee
- [Surety bond for appropriate amount of coverage \(signed and notarized by surety and applicant\)](#)
- Copy of applicant's FinCEN MSB original registration and (if applicable) most current renewal acknowledgement letter
- Copy of applicant's operations policies and procedures manual
- Copy of applicant's AML/BSA Compliance Manual
- Copy of applicant's AML/BSA Risk Assessment
- Copy of applicant's AML/BSA Independent Review
- Provide a business plan that includes the following information: a) Executive Summary; b) Company Description; c) Organization & Management; d) Service or Product Line; e) Marketing & Sales; f) Financial Projections.

➤ **Person listed in #2 must complete an Identification Statement and a Background Check (see links below)**

[Identification Statement](#)

[Background Check](#)

- Current audited financial statement of applicant. **(NOTE: Financial statement MUST be presented in U.S. Dollars.)**
- Signed balance statement and income and loss statement on APPLICANT company (if audited is more than 6 months old)
- Signed balance statement and income and loss statement on PARENT company (if audited is more than 6 months old)
- If you are applying for branch licensing, you must enclose a non refundable application fee of \$500 for each branch being licensed
- Provide a list of all trade names, doing business as names or fictitious names used by applicant. You will also need to identify which of those name are going to be used in Arizona. Should you add or remove any trade names, doing business as names or fictitious names that are used in Arizona, you will need to complete our License Change Application. If you add or remove any trade names, doing business as names or fictitious names that are not used in Arizona, you will only need to provide a written notification to AzDFI identifying the names.
- If applicable, authorized delegates list (of agents in Arizona only)

DID YOU REMEMBER TO:

Answer ALL blanks, questions or statements AND if not applicable use "NONE" or "N/A"?

Legibly print or type all information on all documents?

Staple each individual set of forms together?

Properly label attachments to correspond with the applicable document and document inquiry?

Sign all documents where applicable?

Make copies of the completed Application packet and Supplement License Application for your records?

Include all documents required before submitting Application and Supplement License Application packet?

Enclose payment for the appropriate application fee for your license type (make checks payable to AZDFI)?