



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
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MONEY SERVICES
MONEY TRANSMITTER
QUARTERLY REPORT

INSTRUCTIONS: (Per WAC 208-690-120, Change of Authorized Delegates Locations, WAC 208-690-150 Transaction Fee, RCW 19.230.150, Reports.) Use this form for existing licensees when reporting additions, deletions, and changes that affect the company's authorized delegate locations.

1. I made changes to my authorized delegate list during the 1st 2nd 3rd 4th 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. 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 in the Fees section on the following page. Mark the check boxes to indicate the type of transaction that applies to the authorized delegate.

**WASHINGTON MONEY SERVICES
AUTHORIZED DELEGATE FORM
MONEY TRANSMITTER AND CURRENCY EXCHANGER**

- MONEY TRANSMITTER
 CURRENCY EXCHANGER

Licensee Name: _____
License Number : 550-MT-_____ 550-CE-_____
Desired Effective Date (MM/DD/YYYY): _____

“Authorized Delegate” means a person/location a licensee designates to provide money services on behalf of the licensee. The definition of Authorized Delegate includes all company owned outlets.

FEEs

ADD AN AUTHORIZED DELEGATE TO A LICENSEE:
 \$50 EACH (UP TO A MAXIMUM OF \$5,000)

REMOVE AN AUTHORIZED DELEGATE – NO FEE REQUIRED

AMEND EXISTING AUTHORIZED DELEGATE - \$30 EACH (CHECK BOXES BELOW THAT APPLY)

- CHANGE ADDRESS
 CHANGE ENTITY NAME
 ADD OR REMOVE TRADE NAME OR DBA

Make check Payable To:
“WASHINGTON STATE TREASURER”

- APPLICANT OWNED AUTHORIZED DELEGATE
 APPLICANT’S SUBSIDIARY

- INDEPENDENT AUTHORIZED DELEGATE
 APPLICANT’S AFFILIATE

I. Exact name, physical address, mailing address, contact name, telephone numbers, and fax number of delegate.

(A) Entity name (sole proprietors provide last, first, and full middle name) _____ (B) Trade Name or DBA _____

(C) **For amendments only:** If this filing makes a name change on behalf of the applicant, enter the new name and specify whether the name change is of the
 entity name (1A) or business trade name (1B): _____

(D) Business address: (Do not use a P.O. Box)

Number & Street City State / Province & Country Zip+4 / Postal Code

(E) Mailing address, if different from Business address:

PO Box or Number & Street City State / Province & Country Zip+4 / Postal Code

(F) Contact Employee: (REQUIRED)

Name and Title (_____) - _____ ext _____ (_____) - _____ Fax Line e-mail address

PO Box or Number & Street City State / Province & Country Zip+4 / Postal Code

(G) For each mobile facility: Vehicle Identification Number (VIN) _____

AUTHORIZATION FOR VERIFICATION – LICENSEE

I, the undersigned officer of the Licensee, hereby affirm that I have full authority to sign and verify this application, that I have read this application and have knowledge of the information stated herein, and that this application, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

BY: _____
Signature of Authorized Official Date

Printed Name of Authorized Official Title

Please indicate: Prior 12-months Money Transmissions Receipts _____

Total number of company’s authorized delegates, including this application _____

Note: If you are an applicant with many authorized delegates to add or delete, to expedite processing you may attach a list or spreadsheet to this form which includes all of the information required above (rather than submitting multiple copies of this form).