



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
DIVISION OF BANKING  
PO Box 040  
TRENTON, NJ 08625-0040

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

THOMAS B. CONSIDINE  
*Commissioner*

**DATE:**

**RE: Check Cashier Examination  
Reference #**

Dear Licensee:

Pursuant to the authority granted to the Commissioner by the laws of the State of New Jersey, the Department of Banking and Insurance has scheduled an examination of your operations conducted under the above captioned license(s). The Examiner-in-Charge, \_\_\_\_\_ has scheduled your examination date for \_\_\_\_\_. You may contact the examiner via email at \_\_\_\_\_@dobi.state.nj.us or telephone number \_\_\_\_\_.

In order to **expedite** the examination, the enclosed (**Scope**) must be completed and given to the Examiner-in-Charge on the first day of the examination. Failure to have the requested information ready for the examiner may result in a lower rating for your company, a lengthier examination and more frequent monitoring.

In addition to furnishing the requested information, please have the responsible contact person available during the course of the examination. Please make available **adequate private working space** and a convenient electrical outlet for their computer equipment.

Your immediate attention to the above is requested. If you have any questions please contact Maryann Moticha at 609-292-7272, ext. 50219.

Sincerely,

John S. Pavlovsky Jr.  
Field Manager  
Office of Consumer Finance

**SCOPE**

## INSTRUCTIONS

### **Licensed Check Casher Examination - NJ Examination Information Request**

Please have the following items available for the examiners review.

1. Please have available a copy of your BSA/AML written policy/procedures manual including your OFAC procedures and employee training log Also, provide a copy of the most recent independent review conducted.
2. Copy of Registration form for MSB
3. Copies of all CTR's for the following years 20 ,20 , 20 .  
Copies of all SAR's for the following years 20 , 20 , 20 .
4. Copy of New Jersey Department of Banking Annual Report and financial statements for the year(s) end: 20 , 20 .
5. Bank statements for the following time period : All NJ branches/stops  

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6. Daily cash reconcilements and Deposits for the following period:  

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7. Current Return Checks on Hand Log – Include all NJ branches/stops (N.J.A.C. 3:24-5.3)
8. Current Summary of Business record (monthly) - Include all NJ branches for the years ending to , and to showing the breakdown of all checks cashed. (N.J.A.C. 3:24-5.2)
9. Corporate Resolutions on file for corporate checks cashed.
10. Information and documentation on any legal actions pending against your licensed check cashing business.
11. Fingerprinting approvals on all employees.
12. Additional information may be requested as needed by the examiner during the examination.
13. Processed viewable photographic film record of checks, drafts, and money orders cashed for the last three month period of activity.



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*Acting Commissioner*

**AFFIDAVIT OF PRINCIPAL OFFICER OR LICENSEE**

I, \_\_\_\_\_ Principal officer/licensee of

\_\_\_\_\_, do solemnly

affirm that, to the best of my knowledge and belief, the information provided in response to the Scope is complete and correct at the time of the commencement of the examination and that any changes thereto will be immediately reported to the Examiner-in-Charge before the completion of the examination.

\_\_\_\_\_  
Principal Officer/Licensee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date