

**State of Washington**

Department of financial institutions

**Division of Consumer Services**

*P.O. Box 41200* ⚫ *Olympia, Washington 98504-1200*

*Telephone (360) 902-8703* ⚫  *TDD (360) 664-8126* ⚫ *http://www.dfi.wa.gov/cs*

DATE

CONTACT NAME

COMPANY NAME

ADDRESS

ADDRESS

Dear Mr. CONTACT NAME:

The Department of Financial Institutions (Department) has selected your company for examination. To begin the examination process, the Department asks that you provide the following necessary items:

Manager’s Questionnaire, which is attached below, should be completed to accurately reflect your company’s books and records for the period DATE through AS OF DATE. This questionnaire and all supporting documentation are due to our office no later than DUE DATE.



Please provide electronic files to the Department. The Department utilizes Box (a secured cloud service) to retrieve all examination related documents. You will receive an email inviting you to upload all requested documents into Box. If at any time during this process you have questions, please feel free to contact YOUR TITLE at EMAIL@dfi.wa.gov or call (360) ###-####.

I hope this advance notice and additional preparation time will provide for an efficient examination for both the Examiner and your office. If you have any questions regarding the examination documentation requested, please call (360) 902-8795.

 Sincerely,

 

 Adam Johnson

 Financial Examiner Supervisor

AJ: initials