



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 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

MONEY TRANSMITTER OR CURRENCY EXCHANGER  
OFFICE CLOSURE/LICENSE SURRENDER FORM

INSTRUCTIONS FOR CLOSURE OF A LICENSED MONEY TRANSMITTER OR CURRENCY EXCHANGER OFFICE:

1. RECORDS LOCATION & RECORDS CUSTODIAN

DFI must have access to the books and records in compliance with RCW 19.230.170. Provide the location of company records and the name of the responsible party who will give us access to them. We may view these records at any time for the next five years.

2. PAY ANNUAL ASSESSMENT AT TIME OF CLOSING

- We prefer you pay any fees or assessments owed upon closure of your office. However, you must pay money due no later than July 1 following the closure of the office.
- Complete the annual assessment portion of this closure form with information for the current calendar year.
- You must also file an annual assessment and report for the prior calendar year, in addition to the closure assessment, if you have yet to file for the previous year.

3. NON-VIOLATION STATEMENT

All principals (10% control or more) and the Responsible Individual must sign the non-violation statement. Make copies if more signatures are needed.

4. Deliver the completed Closure Form, closing annual assessment report and fees to:

Via US Post Office

DFI – Consumer Services  
PO Box 41200  
Olympia WA 98504-1200

Via other courier (e.g., UPS, FedEx)

DFI – Consumer Services  
150 Israel Rd SW  
Tumwater WA 98501

See RCW 19.230.070 for authority



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**MONEY TRANSMITTER/CURRENCY EXCHANGER OFFICE CLOSURE/LICENSE SURRENDER FORM**

|  |                       |                                   |                              |
|--|-----------------------|-----------------------------------|------------------------------|
| <b>DFI License Number:</b>                             |                       | <b>Effective Date of Closure:</b> |                              |
| <b>Licensee Name/ Db, Trade Name</b>                   |                       |                                   |                              |
| <b>Contact person when closure request is reviewed</b> |                       | <b>Phone:</b>                     |                              |
|  |                       | <b>Fax:</b>                       |                              |
| <b>Licensed Physical Address</b>                       | _____                 |                                   |                              |
|  | <i>Street Address</i> | <i>City</i>                       | <i>State</i> <i>Zip Code</i> |

**RECORDS LOCATION & RECORDS CUSTODIAN**

|  |                   |                          |   |
|--|-------------------|--------------------------|---|
| <b>Records Location:</b>                   |                   |                          |   |
| _____                                      |                   |                          |   |
| <i>Street Address (cannot be a PO Box)</i> | <i>City</i>       | <i>State</i>             | <i>Zip Code</i>   |
| <b>Records Custodian:</b>                  |                   |                          |   |
| _____                                      |                   |                          |   |
| <i>Last Name</i>                           | <i>First Name</i> | <i>Full Middle Name_</i> | <i>Firm name (optional)</i>   |
| _____                                      |                   |                          |   |
| <i>Phone</i>                               | <i>FAX</i>        | <i>E-mail</i>            | <i>Mailing Address (if different than Records Location) City, St, Zip</i> |

**ANNUAL ASSESSMENT REPORT (FOR THE YEAR OF CLOSURE) - DUE AT TIME OF CLOSING**

| Volume Type   | Sub-category       | Amount | Multiplier | Adjusted |
|---|--------------------|--------|------------|----------|
| Check/Money Order Sales   | First \$10 Million |        | 0.7        | \$0.00   |
|   | Next \$490 Million |        | 0.2        | \$0.00   |
|   | Above \$500        |        | 0.01       | \$0.00   |
| Stored Value Sales  |                    |        | 0.95       | \$0.00   |
| Other Money Transmission  |                    |        | 0.95       | \$0.00   |
| Currency Exchange   |                    |        | 0.05       | \$0.00   |
| <b>Total Adjusted Volume</b>  |                    |        |            | \$0.00   |
| <b>Assessment Amount</b>  |                    |        | 0.0004     | \$0.00   |
| <b>PAY THIS AMOUNT</b>  |                    |        |            | \$0.00   |
| <b>Note: If this amount is over \$100,000 enter and pay \$100,000.<br/>           If this amount is under \$1,000 enter and pay \$1,000</b> |                    |        |            |          |

Make check payable to "Washington State Treasurer" and mail with this closure form to: DFI/DCS, PO Box 41200, Olympia, WA 98504-1200 or send check with this closure form via courier service to DFI/DCS, 150 Israel Rd SW, Tumwater, WA 98501



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**NON-VIOLATION STATEMENT:**

The undersigned hereby declares intent to operate in compliance with chapter 19.230 RCW, the Uniform Money Services Act of Washington. I will not hold myself out as able to perform the duties of a money transmitter unless and until such time as I have secured a position as a bona fide employee of a licensed or exempt money transmitter.

\_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*Printed name & title of Authorized Official*

\_\_\_\_\_  
*Printed name & title of Authorized Official*