



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 ANY PAST DUE FEES OR ANNUAL ASSESSMENTS AT TIME OF CLOSING

You must pay any past due fees or assessments owed upon closure of your office.

Complete the volume table with 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. Email the completed closure form to CSLicensing@dfi.wa.gov .

See RCW 19.230.070 for authority



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

RECORDS LOCATION & RECORDS CUSTODIAN

Records Location:			

<i>Street Address (cannot be a PO Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Records Custodian:			

<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>

Volume Type	Amount (current calendar year)
Check/Money Order Sales	
Stored Value Sales	
Other Money Transmission	
Currency Exchange	
Total Volume	
Outstanding Money Transmissions/Stored Value/Money Orders	



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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