



## ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS

### AzDFI Licensed Money Transmitters

Renewal Requirements for License Year 2019 (11/01/2018 through 10/31/2019)

Requirements listed below must be received by AzDFI on or before October 31, 2018 in order to avoid penalties. If a requirement from a previous renewal season is not listed or included in the renewal application packet, it is no longer required. If all renewal requirements have not been met on or before November 30, 2018, your license will expire. If your license expires, you will have to apply for a new Money Transmitter license in order to transact business in Arizona as a Money Transmitter.

*Below are the renewal requirements for Money Transmitter licensees who have NOT transitioned into NMLS as of August 15, 2018.*

1. **DFI License Renewal Packet**, signed by an officer/owner of the licensee that is on file with AzDFI.

It is required that the Department have a reliable email address so we are able to contact you regarding Department alerts, etc. If there has been a change to your primary email address, please fill out a [License Change Application](#).

2. **Check in the amount of \$500 (license renewal fee) and \$25 per branch and/or authorized delegate (max of \$2,500). Checks are to be payable to AzDFI.**

You may now use your credit/debit card to pay your renewal fee when delivering your renewal in person. If you mail your renewal into AzDFI, please make sure to include a check or money order for the applicable renewal fee(s).

3. **If you made any changes to your license since the last renewal (*Address Change; Active Manager Change; Responsible Individual Change; Name Change – including changing or adding a DBA/Trade name; Officer Change – including adding and/or deleting officers; Branch Manager Change; or Ownership Change*), then you must submit a License Change Application along with all applicable documents and fees to AzDFI before submitting your renewal package and renewal fees. The License Change Application and Instructions can be found at the links below:**

[License Change Application](#)

[License Change Instructions](#)

If you have any questions, please contact the Licensing Division at [licensing@azdfi.gov](mailto:licensing@azdfi.gov).



## DFI Universal Renewal Payment Instructions

**Make all checks payable to: "Arizona Department of Financial Institutions" OR "AZDFI"  
and**

Mail the entire completed application packet along with all applicable documents and fees to:  
Arizona Department of Financial Institutions  
Licensing Division  
100 N. 15th Avenue, Suite 261  
Phoenix, AZ 85007

You may submit your renewal and required documents via secure email to AzDFI by using the links below.

[AZDFI Encrypted Message Service Instructions](#)

[AZDFI Encrypted Message Service](#)

**Please note: If your renewal is approved we do not issue new licenses. The only time we issue new licenses is when there has been a change in the information that is on the license and you have provided the proper documentation and fee to update that information.**



# Arizona Department of Financial Institutions



## DFI Universal License Renewal Application

***This application must be complete and legible***

**Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable use "None" or "n/a".**

License Number:

Year of Renewal:

### 1. Company Identifying Information:

#### A. Legal Name:

Legal Name approved by domicile state

Arizona Legal Name (as approved by the Arizona Corporate Commission or Arizona Secretary of State)

Doing Business As (DBA) Name: Optional. As approved by the Arizona Secretary of State:

#### B. Corporate Address:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Website:

Email:

### 2. Company Contacts:

#### A. Contact Employee:

Name:

Title:

Telephone Number:

E-mail Address:

### 3. Arizona Branches: If MT - Arizona Branches only:

**-List branches you are renewing.**

**-Do not list your primary office location as a branch location.**

**-Return original license on those locations you are NOT renewing.**

a. Designated Branch Manager (Overseer or Contact Person):

Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

b. Designated Branch Manager (Overseer or Contact Person):

Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

c. Designated Branch Manager (Overseer or Contact Person):

Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

**List additional branches on a separate sheet.**



4. Disclosures:

If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or proceeding; copies of applicable charge(s), order(s), and/or consent agreement(s). FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED - Pertaining to securities, commodities, banking, insurance, consumer lending, money services businesses, consumer debt management or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, Farm Credit System institution, mortgage lending, mortgage broker, real estate salesperson or agent, appraiser, closing agent, title company, escrow agent, payday lender, money transmitter, check casher, pawnbroker, collection agent, debt management company or title lender).

Do not list any offences that were previously reported to the Department on your initial applications or subsequent renewals.

A. Criminal Disclosure

Table with 2 columns: YES, NO. Rows include: (a) Has the entity or a control affiliate ever: (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony? (2) been charged with any felony? (b) In the past ten years has the entity or a control affiliate: (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses? (2) been charged with a misdemeanor specified in (b)(1)?

B. Regulatory Action Disclosure:

Table with 2 columns: YES, NO. Rows include: (c) In the past ten years, has any State or federal regulatory agency or foreign financial regulatory authority ever: (1) found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical? (2) found the entity or a control affiliate to have been involved in a violation of a financial services-related regulation(s) or statute(s)? (3) found the entity or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted? (4) entered an order against the entity or a control affiliate in connection with a financial services-related activity? (5) denied, suspended, or revoked the entity's or a control affiliate's registration or license or otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities? (d) Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended? (e) Is the entity or a control affiliate now the subject of any regulatory proceeding that could result in a "yes" answer to any part of (c)?

C. Civil Judicial Disclosure:

Table with 2 columns: YES, NO. Rows include: (f) Has any domestic or foreign court: (a) in the past ten years enjoined the entity or a control affiliate in connection with any financial services-related activity? (b) in the past ten years found the entity or a control affiliate to be in violation of any financial services-related statute(s) or regulation(s)? (c) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the applicant or control affiliate by a State or foreign financial regulatory authority? (g) Is the entity or a control affiliate named in any pending financial services-related civil action that could result in a "yes" answer to any part of (f)?



### D. Financial Disclosure:

(h) In the past ten years has the entity or a control affiliate been a mortgage lender or a mortgage broker or a control affiliate of a mortgage lender or a mortgage broker that has been the subject of a bankruptcy petition?		
(i) Has a bonding company ever denied, paid out on, or revoked a bond for the entity?		
(j) Does the entity have any unsatisfied judgments or liens against it?		

### 5. Changes to Your Licenses:

	YES	NO
Have you made any changes to your license since the last renewal (address-corporate or branch; owner/officer; company name-including trade name)?"		

NOTE: When submitting your renewal application, you are certifying that all information on file with AzDFI is current and accurate and that all applicable documents and fees have been submitted to AzDFI for any changes made since the last renewal.

### 6. Affidavit:

- (a) I have read and understand the items and instructions on this form;
- (b) My answers (including attachments) are true and complete to the best of my knowledge;
- (c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
- (d) I have read and understand applicable federal and state law, and will be in compliance at all times;
- (e) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (f) I understand that this renewal has to be signed by one of the owners or officers on file with the Department of Financial Institutions

Signature of individual: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_



# Arizona Department of Financial Institutions



Money Transmitter Renewal Application		
<b><i>This application must be complete and legible</i></b> Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable use "None" or "n/a." Do not add attachments in lieu of completing our form.		
Company Name:	License Number: <b>MT-</b>	
1. Responsible Individual:		
Name & Title: <b>(Must be an employee who has principal active management authority over the business of the licensee in this state)</b>		
Direct Telephone Number & Extension:	Fax Number:	Email Address:
2. Person who oversees Arizona authorized delegate operations:		
Name:		Title:
Direct Telephone Number & Extension:	Fax Number:	Email Address:
3. Compliance Officer: as required by USA Patriots Act.		
Name:		Title:
Direct Telephone Number & Extension:	Fax Number:	Email Address:
4. Financial Accounts:		
Identify all account(s) in all financial institutions through which the licensee conducts business as a transmitter of money:		
a. Financial Institution	Address and Branch	
Account Name	Account Number	Date Opened
All Authorized Signers		
b. Financial Institution	Address and Branch	
Account Name	Account Number	Date Opened
All Authorized Signers		
c. Financial Institution	Address and Branch	
Account Name	Account Number	Date Opened
All Authorized Signers		
Use a separate sheet if necessary.		
5. Bond:		
Authorized Delegates and Arizona Locations Bond Amount		
0 - 5 = \$ 25,000.00	21 - 200 = \$100,000.00 + \$5,000.00 for each, max of \$250,000	
6 - 20 = \$100,000.00	201 + = \$250,000.00 + \$5,000.00 for each, max of \$500,000	
6. Required Bond Coverage:		
Based on this bond chart are you currently carrying the appropriate bond coverage?    Yes          No		
If No, please enclose the new original bond document showing the Arizona Revised Statute required amount.		
7. Authorized Delegates:		
How many authorized delegates are currently operating in Arizona? # _____		



8. Affidavit :

- (a) I have read and understand the items and instructions on this form;
- (b) My answers (including attachments) are true and complete to the best of my knowledge;
- (c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
- (d) I have read and understand applicable federal and state law, and will be in compliance at all times;
- (e) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (f) I understand that this renewal has to be signed by one of the owners or officers on file with the Department of Financial Institutions

Signature of individual: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

9. Renewal Fees:

Renewal Fee: \$500.00 Make payable to: Arizona Department of Financial Institutions or AZDFI

Per branch/authorized delegate (max of \$2500): \_\_\_\_\_ x \$25.00 =

Total All Lines \$ [ ]  
Pay the amount entered here all on one check

Money Transmitter Renewal Check List

- \$500 Renewal Fee for principle location
- \$25 per branch/authorized delegate (max of \$2500)
- All changes to your license are sent to the department under separate cover. Do not include/submit with renewal application.
- Submit license renewal package to AZDFI Attention Licensing Division, 100 N. 15th Ave., Suite 261, Phoenix, AZ, 85007.