



# Registration of Money Services Business

Do not write in this space.

1 Date of Filing M M D D Y Y Y Y 	2 Type of Filing a <input type="checkbox"/> Initial Registration b <input type="checkbox"/> 2 Year Update c <input type="checkbox"/> Corrects Prior Filing	d <input type="checkbox"/> Refiling because: Check all that apply [see instructions]. 1 <input type="checkbox"/> re-registered under state law 2 <input type="checkbox"/> more than 10 percent transfer of equity interest 3 <input type="checkbox"/> more than 50 percent increase in agents
---	---	--

## Part I Registrant Information

3 Organization Name	4 Doing Business As (DBA)		
5 Address (Number, Street, and Apt. or Suite No.)			
6 Taxpayer Identification Number			
7 City	8 State	9 Zip Code	10 Telephone Number (include area code)
		( ) -	

## Part II Owner or Controlling Person Information

11 Individual's last name or Organization's name	12 First Name	13 Middle Initial
14 Address (Number, Street, and Apt. or Suite No.)		15 Telephone Number - (include area code)
		( ) -
16 City	17 State	18 Zip Code
		-
19 Country (if other than US)	20 Date of Birth	21 Taxpayer Identification Number
	M M D D Y Y Y Y	
22 If an individual, provide identification information for Owner or Controlling Person (Provide at least one)		
a <input type="checkbox"/> Driver's Lic./State ID	b <input type="checkbox"/> Passport	c <input type="checkbox"/> Alien Registration
d <input type="checkbox"/> Other	_____	
e Number		
f Issuer of Identification		

## Part III Money Services Information

23 Where services are offered: Check as many as apply. a <input type="checkbox"/> All States and Territories b <input type="checkbox"/> All States <input type="checkbox"/> Alabama (AL) <input type="checkbox"/> Idaho (ID) <input type="checkbox"/> Montana (MT) <input type="checkbox"/> Puerto Rico (PR) <input type="checkbox"/> Alaska (AK) <input type="checkbox"/> Illinois (IL) <input type="checkbox"/> Nebraska (NE) <input type="checkbox"/> Rhode Island (RI) <input type="checkbox"/> American Samoa (AS) <input type="checkbox"/> Indiana (IN) <input type="checkbox"/> Nevada (NV) <input type="checkbox"/> South Carolina (SC) <input type="checkbox"/> Arizona (AZ) <input type="checkbox"/> Iowa (IA) <input type="checkbox"/> New Hampshire (NH) <input type="checkbox"/> South Dakota (SD) <input type="checkbox"/> Arkansas (AR) <input type="checkbox"/> Kansas (KS) <input type="checkbox"/> New Jersey (NJ) <input type="checkbox"/> Tennessee (TN) <input type="checkbox"/> California (CA) <input type="checkbox"/> Kentucky (KY) <input type="checkbox"/> New Mexico (NM) <input type="checkbox"/> Texas (TX) <input type="checkbox"/> Colorado (CO) <input type="checkbox"/> Louisiana (LA) <input type="checkbox"/> New York (NY) <input type="checkbox"/> Utah (UT) <input type="checkbox"/> Connecticut (CT) <input type="checkbox"/> Maine (ME) <input type="checkbox"/> North Carolina (NC) <input type="checkbox"/> Vermont (VT) <input type="checkbox"/> Delaware (DE) <input type="checkbox"/> Maryland (MD) <input type="checkbox"/> North Dakota (ND) <input type="checkbox"/> Virgin Islands (VI) <input type="checkbox"/> District of Columbia (DC) <input type="checkbox"/> Massachusetts (MA) <input type="checkbox"/> Northern Mariana Islands (MP) <input type="checkbox"/> Virginia (VA) <input type="checkbox"/> Florida (FL) <input type="checkbox"/> Michigan (MI) <input type="checkbox"/> Ohio (OH) <input type="checkbox"/> Washington (WA) <input type="checkbox"/> Georgia (GA) <input type="checkbox"/> Minnesota (MN) <input type="checkbox"/> Oklahoma (OK) <input type="checkbox"/> West Virginia (WV) <input type="checkbox"/> Guam (GU) <input type="checkbox"/> Mississippi (MS) <input type="checkbox"/> Oregon (OR) <input type="checkbox"/> Wisconsin (WI) <input type="checkbox"/> Hawaii (HI) <input type="checkbox"/> Missouri (MO) <input type="checkbox"/> Pennsylvania (PA) <input type="checkbox"/> Wyoming (WY)	24 Number of Branches of Registrant                 25 Services Offered by Registrant at its Branches: Check as many as apply. a <input type="checkbox"/> Traveler's Checks issue b <input type="checkbox"/> Traveler's Checks sales and/or redemption c <input type="checkbox"/> Money Orders issue d <input type="checkbox"/> Money Orders sales and/or redemption e <input type="checkbox"/> Currency Exchange f <input type="checkbox"/> Check Cashing g <input type="checkbox"/> Money Transmission 26 Is this a mobile operation? a <input type="checkbox"/> Yes    b <input type="checkbox"/> No
---	--

**Paperwork Reduction Act.** The estimated average burden associated with this collection of information is 45 minutes per respondent or recordkeeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Paperwork Reduction Act; Department of the Treasury, Financial Crimes Enforcement Network, P.O. Box 1618, Vienna, VA 22183-1618. You are not required to provide the requested information unless a form displays a valid OMB control number.