



DEPARTMENT OF FINANCIAL INSTITUTIONS

**APPLICATION FOR A LICENSE TO ENGAGE IN THE BUSINESS OF
RECEIVING MONEY FOR THE PURPOSE OF TRANSMITTING THE
SAME OR ITS EQUIVALENT**

TO: COMMISSIONER OF FINANCIAL INSTITUTIONS

_____, which maintains its head
(Name of Applicant)

office at _____
(Street Address)

(City, State, Zip Code)

hereby applies for a license to engage in the business of receiving money for the purpose of transmitting the same or its equivalent pursuant to Division 1.2 Money Transmission Act (commencing with §2000) of the Financial Code.

The documents and information attached hereto are hereby referred to and by this reference incorporated herein.

VERIFICATION

I declare under penalty of perjury that the information contained in this application, including the attached information and documents, is true and correct. This declaration is executed at

_____ on _____.

(Signature)

(Name)

(Title)

(Telephone Number)

This is a sample format of an application under Financial Code Section 2032(c) for approval of an application for a license to engage in the business of money transmission. This sample is provided only as an illustration of the format of an application. Refer to the requirements of Financial Code Sections 2000, *et seq.*

Notice to Individuals – Use of Information

The Commissioner of Financial Institutions (the "Commissioner") is authorized by the Financial Code to gather and maintain certain information regarding individuals in certain applications and other matters. If the attached form is submitted in connection with any application or other matter before the Commissioner, the requested information is deemed necessary to process that application other matter pursuant to the Financial Code. You may use the form, or provide the information in another written format. If the information is not accurately and completely provided, the application may be denied, or the other matter may be resolved against your interests.

If the form requests you to provide your social security account number, please be advised that providing your social security account number is voluntary. Your social security account number will be used as an identifier, and may be used to verify information provided to the Department of Financial Institutions (the "Department"). Failure to provide your social security number may require the Department to use other methods to verify information, which may cause delays in processing this information and any related application or other matter. If the information you have provided to the Department cannot be verified, the Department may reject your filing and deny any related application or cause any other matter to be resolved against your interests. In addition, the Commissioner may request additional information or clarification of submitted information.

You may be required to provide your fingerprints in conjunction with submitting your personal information. If your fingerprints are required, the Department will provide you with the necessary instructions and, if applicable, the forms upon which your fingerprints may be submitted¹.

In processing the information you provide, the Department may cause a consumer credit report to be prepared in accordance with the provisions of Title 1.6, Part 4, Division Third of the Civil Code (commencing at Section 1785.1), or an investigative consumer report to be prepared in accordance with the provisions of Title 1.6A, Part 4, Division Third of the Civil Code (commencing at Section 1786), or the respective successor statutes.

The information you provide the Department will be held in confidence as required by the Information Practices Act (Civil Code Section 1798, *et seq.*). The Information Practices Act provides that the Department may share the information you provide with the Department of Insurance, the Department of Corporations, other federal and state financial institution regulators, law enforcement agencies, or any other governmental entity if the disclosure is required under state or federal law. In addition, the Department may share the information you provide with any such agency if the disclosure assists the agency in discharging its duties.

¹ If Fingerprint cards are to be submitted instead of Livescan, the applicant will need to work with the Department of Justice in Sacramento (DOJ) to obtain an exemption and purchase the fingerprint cards from appropriate vendors. The Department will provide contact information for DOJ to assist the applicant.

Each individual has the right to review information maintained by the Department regarding him or herself, unless access to some or all of the information is exempt from disclosure by law. The official responsible for maintaining information gathered by the Department is as follows:

For all matters relating to credit unions;

Deputy Commissioner of Financial Institutions for the Division of Credit Unions,
Department of Financial Institutions, 300 South Spring Street, Suite 15513, Los Angeles,
California 90013-1204.

For all other matters;

Chief State Examiner, Department of Financial Institutions, 300 South Spring Street,
Suite 15513, Los Angeles, California 90013-1204.