



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Sean Parnell, Governor
Susan K. Bell, Commissioner
Lorie Hovanec, Director

Division of Banking & Securities
Consumer Finance Section

STATE REGULATOR QUESTIONNAIRE ON MONEY TRANSMITTER'S APPLICANT

APPLICANT: This form is for initial application only. A copy of it must be mailed promptly to the state in which you are licensed to engage in money transmission or currency exchange. This state must have enacted the Uniform Money Services Act or have substantially similar money transmission laws as the state of Alaska. Complete the upper portion of the form by typing or printing the required information and mail. Include a postage-paid envelope addressed to: State of Alaska Division of Banking & Securities, 550 West Seventh Ave. Suite 1940, Anchorage, Alaska 99501.

Applicant name: _____

Company: _____

Address: _____

City, state, ZIP: _____

State: _____ Date licensed: _____ Expiration date: _____

License no.: _____ Type of license: _____

STATE:

The above-named company has applied for a license to engage in money transmission or currency exchange in the state of Alaska. The applicant purports to be licensed and regulated by you. As part of our review of the applicant's qualification and suitability for a license, we request information on your experience with this applicant. Please complete the following and return it to us in the envelope provided.

1. Is the above information accurate? Yes No
2. Did you conduct an investigation of this applicant prior to issuing a license? Yes No
3. Have you received any complaints about this applicant? Yes No
If there is a trend of common complaints, what is the problem?
4. Have you taken action against this license for violations of your state's laws?Yes No
Attach a copy of the action or briefly describe the circumstances and resolution.
5. Have you conducted an examination or audit of the applicant's business? Yes No
Provide the date of the last examination and briefly describe the most serious exceptions.

This form completed by:

Name: _____ Signature: _____
Title: _____ State Agency: _____
Address: _____ Phone: _____ Date: _____

550 W. 7th Avenue, Suite 1940, Anchorage, Alaska 99501

Telephone: (907) 269-4594 Fax: (907) 269-8146

Email: moneytransmitters@alaska.gov Website: http://www.commerce.state.ak.us/occ/money_service_businesses