



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Banking and Securities
 Consumer Finance Section
 550 West Seventh Avenue, Suite 1940, Anchorage, AK 99501
 Telephone: 907-269-4594 Fax: 907-269-8146
 Email: moneytransmitters@alaska.gov
 Website: www.commerce.state.ak.us/bsc/home.htm

(Office Use Only) (Date Stamp)

 Receipt #: Initials:

ALASKA MONEY TRANSMITTER QUARTERLY REPORT

License #: AK-MT-_____

Licensee Name (as licensed in AK including dba): _____

Contact Person Regarding This Report: _____

Phone: _____ Email: _____ Fax: _____

INSTRUCTIONS:

- ✓ complete Question 1 *or* 2
- ✓ complete the oath on this page
- ✓ If you had no delegates during this reporting period **OR** you had no changes to your delegate list during this reporting period, submit this page to the division (information listed above)
- ✓ If you made changes to your delegate list during this reporting period, submit this page **AND** the form on page 2 or a similar excel file containing all requested information to the division (information listed above)

1. I had no delegates during the 1st 2nd 3rd 4th Quarter, 20____.

I have no delegates that I employ or contract with as a licensed Money Transmitter doing business in Alaska.
STOP. Complete the oath and submit this page only via email, fax or U.S. Postal Service (Information listed above)

2. I made changes to my **previously reported** authorized delegate list during the 1st 2nd 3rd 4th Quarter, 20____.

YES. Complete both pages of this form, including the oath. Submit via email, fax or U.S. Postal Service (Information listed above)

NO. STOP. Complete the oath and submit this page only via email, fax or U.S. Postal Service (Information listed above)

OATH:

I, _____ (name) in my capacity as _____ (title) of
 _____ (Licensee) on this date _____ make oath

and say as follows, that I executed this form on behalf, and with the authority, of said licensee and said Licensee agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this report, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended, such information remains accurate and complete;
- (3) To keep the information contained in this report current and to file accurate supplementary information on a timely basis; and
- (4) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business as a money transmitter.

I verify that I am the named person above and that I am authorized to attest to and submit this report on behalf of the Licensee.

_____ (signature)



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Banking and Securities
 Consumer Finance Section
 550 West Seventh Avenue, Suite 1940, Anchorage, AK 99501
 Telephone: 907-269-4594 Fax: 907-269-8146
 Email: moneytransmitters@alaska.gov
 Website: www.commerce.state.ak.us/bsc/home.htm

(Office Use Only) (Date Stamp)

Receipt #: Initials:

Please complete this form or submit delegate changes in an excel format containing information as listed below.

Licensee Name: _____ AK License Number: AK-MT-_____

Add an Authorized Delegate Location **Other (explain)** _____

Delegate Name	Trade Name/ DBA	Effective Date	Contact Name	Physical Address	phone #	AK Bus. Lic. #

Remove an Authorized Delegate Location **Remove Authorized Delegate trade name(s) or dba**

Delegate Name	Trade Name/ DBA	Effective Date	Contact Name	Physical Address	phone #	AK Bus. Lic. #

Authorized Delegate physical address change **Authorized Delegate Telephone Change**

Delegate Name	Trade Name/ DBA	Effective Date	Contact Name	Physical Address	phone #	AK Bus. Lic. #

Authorized Delegate legal name change **Authorized Delegate Add trade name or dba**

Delegate Name	Trade Name/ DBA	Effective Date	Contact Name	Physical Address	phone #	AK Bus. Lic. #