

LICENSE RENEWAL APPLICATION MONEY TRANSMITTER BUSINESS

Concessionaire's Name _____

Main Office's Address _____

Telephone No _____ Tax ID No _____

Prepared By: _____ Email: _____

I. VOLUME OF BUSINESS

GROSS SALES AS OF SEPTEMBER 30th (year to date)	AMOUNT
Money Orders	_____
Travelers Checks	_____
Stored Value Cards	_____
Money Transmissions	_____
Currency Exchange Services	_____
Other (Bill payments, etc.)	_____
TOTAL	_____

II. NUMBER OF ACTIVE AGENTS IN PR _____

III. NUMBER OF BTM'S OR KIOSKS _____

IV. OTHER INFORMATION RELATED TO PUERTO RICO OPERATIONS:

1. Number of SARs (suspicious activity reports) filled for Puerto Rico's operations: _____

2. Number of CTRs (currency transactions reports) filled for Puerto Rico's operations: _____

3. Number of BTM's Kiosks: _____

V. ANNUAL FEES

a) Main Office	\$2,500 (paid thru NMLS)
b) Agents Fees \$100 each	
TOTAL	_____

VI. OTHER FINANCIAL INFORMATION:

Non Encumbered Current Assets	_____
Transfers (corresponding to Puerto Rico's operations)	_____
Net Capital at year end	_____

This is to certify that the information provided in this document is correct and that it was obtained from reports and accounting records of the concessionaire corresponding to the money transmitter business that it conducts in Puerto Rico.

Date signed

Name of Authorized Officer

Title

Signature

LICENSE RENEWAL APPLICATION - MONEY TRANSMITTER BUSINESS
GENERAL INSTRUCTIONS

1. This form should be completed by the persons authorized to operate a money transmitter business in Puerto Rico.
2. In **Part I** indicate the gross sales for Puerto Rico at the end of last available quarter, September 30. The concessionaire shall send the figures for the year end, December 31, as soon as they are available.
3. In **Part II** indicate the number of active agents. Include a list indicating name, business name, business physical address and tax ID or social security number for each agent. Must send the list via email to: regulation@ocif.pr.gov. An invoice will be uploaded in NMLS.
4. In **Part III** indicate the number of BTM's or Kiosks. Include a list of active BTM's or Kiosks, include the business name and the business physical address. Must send the list via email to: regulation@ocif.pr.gov. An invoice will be uploaded in NMLS.
5. In **Part IV**, please indicate the number of CTRs and SARs filled for Puerto Rico.
6. In **Part V**, send a certified check or money order payable to the Secretary of the Treasury to cover the agents renewal fees. **The license renewal fee of \$2,500 will be paid thru NMLS.**
7. In **Part VI** you must show that the concessionaire has **LIQUID ASSETS** of at least \$100,000 and **NET CAPITAL** of \$500,000. Also, you must indicate your annual average of outstanding transfers corresponding to Puerto Rico. The concessionaire shall include a copy of the last audited financial statements.
8. **BOND.** Please provide evidence that the surety bond is outstanding. The bond will be for the amount of five hundred thousand (\$500,000) dollars, if the applicant intends to do business with a single office. For each additional office or agent authorized to drive your business, the required deposit shall be increased by the amount of ten thousand (\$10,000) dollars.
9. In a separate paper, please indicate any **MATERIAL CHANGES** in the information provided to the OCIF's since last license renewal application.
10. **COMPLIANCE ATTESTATION:** In a separate paper, the concessionaire must submit a certification in which the concessionaire and all his authorized agents have not accepted money for a money transfer with knowledge that some portion of the money is derived from some activity or illegal transaction, and that have not failed to file or evaded accountability report, including a monetary transaction or suspicious activity, report as required by the "Bank Secrecy Act" and the "USA Patriot Act", during the three (3) years preceding the date of establishment of the request.
11. Evidence of registration in **FINCEN** as a monetary service business ("MSB");
12. Send the renewal application with other request documents on or before **December 1st** to:

BY REGULAR MAIL: **Office of the Commissioner of Financial Institutions**
Financial Regulation Division
PO Box 11855
San Juan, PR 00910-3855

BY CARRIER: **Office of the Commissioner of Financial Institutions**
Financial Regulation Division
1492 Ponce De Leon Avenue
Centro Europa, Suite 600
San Juan, PR 00907-4032

PLEASE BE ADVISED:

If the Concessionaire does not file the renewal application and/or fails to pay the fees applicable in the given term or for in the additional time authorized by the Commissioner, if any, means that it has renounced the license to operate the money service business, and **may not continue to operate the business.**