



Georgia Department of Banking & Finance

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Atlanta, GA 30341-5565

<http://www.dbf.georgia.gov>

Phone: 770-986-1633

Fax: 770-986-1655

TO: Licensed Check Cashers

FROM: Non-Depository Financial Institutions Division– MSB Section

RE: Supervisory Employee Forms

Department Rule 80-3-1-.02(6) outlines certain requirements that licensees must follow in regards to the personnel they employ in their check cashing business. The primary requirements of that Rule are as follows:

1. Every licensee must maintain personnel files for its employees.
2. The licensee should provide each candidate for employment a copy of the above referenced Rule which is attached herein.
3. Each person in a supervisory position* shall complete a Biographical Statement and Consent Form - Form MSB-3 and an authorization for Criminal History Record Information Consent Form, which are provided in this document and are also available on the Department's website. Prior to employment in or promotion to a supervisory position or not later than 30 days following employment in or promotion to a supervisory position the licensee shall cause an independent credit report and a criminal background check to be performed on the person employed or promoted. You may take the Criminal History Record Information Consent Form to any local police department to have them run a background check on your employees. The foregoing documents shall be retained in the personnel file until one year after termination of employment by the licensee. Company is APPLICANT; Employee is the INDIVIDUAL on MSB-3.
4. If a criminal background check on a supervisory employee returns a felony conviction or indicates that the individual is a multi-source offender, you must complete the Request for Fingerprint Cards form included herein and submit that to the Department to obtain cards.
5. Persons found to have been convicted of an offense punishable as a felony involving moral turpitude in this state may not be employed by a licensee without compliance with O.C.G.A. §7-1-702. Employment of a felon will result in fines and will likely result in revocation of your license.
6. Persons found after investigation to have materially misstated information on MSB3 shall be terminated from employment; provided, however, the licensee may continue employment, subject to review by the department, by placing in the personnel file a complete statement of extenuating circumstances considered valid reasons for continuing employment.

Please do not submit the attached forms to this office unless the findings of the employee's criminal background check indicate a multi-source offender record or a felony conviction, in which case you would submit a completed Background Check Authorization Form and the completed fingerprint cards to the Department so that a national background check can be conducted through the FBI.

If you have questions you may contact the Non-Depository Financial Institutions Division at (770) 986-1652 or via e-mail at dbfcorp@dbf.state.ga.us.

**A "supervisory position" shall mean any position occupied by a person responsible for the day-to-day job performance of one or more other persons or responsible for the overall management of any check cashing outlet except on a temporary (less than one month) basis and irrespective of the number of subordinates employed.*

**CRIMINAL HISTORY RECORD INFORMATION
CONSENT FORM**

I hereby authorize

(individual's or agency/company representative's full name, agency/company name)

to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Address City State Zip

Sex Race Date of Birth Social Security Number

I understand that by signing this form I am giving the authorized party noted above permission to periodically run additional background checks on me as a condition of my employment with them. No additional consent is required from me as long as I am employed with the company. This authorization ends upon the termination of my employment with the company.

Signature

Date

MSB-3	BIOGRAPHICAL STATEMENT & CONSENT FORM CHECK CASHER SUPERVISORY EMPLOYEE FORM	Date of filing
Name of Applicant Company _____		

License Number information. Use additional sheets if necessary.	License #	State	License #	State	License #	State
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NEW APPLICATION AMENDMENT *To amend, circle or identify items being amended.*

1. Individual's identifying information:

(A) Full last, first and middle names:

Last Name	First Name	Full Middle Name	Suffix (if any)
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(B) Social Security Number: _____

(C) Gender: Male Female

(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth: _____ (F) Country of Birth: _____

(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).

Name	Name	Name	Name
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(H) **For amendments only:** If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:

Last Name	First Name	Full Middle Name	Suffix (if any)
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(I) Employer Name (Licensed or Registered Check Cashier): _____

(J) Office of Employment address: (do not use a P.O. Box) If this address is your private residence, check this box.

Number & Street	City	State / Province & Country	Zip+4 / Postal Code
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(K) Current Residence address (if different from employment address):

Number & Street	City	State / Province & Country	Zip+4 / Postal Code
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(L) Telephone Numbers and e-mail address:

() - ext	() -	() -	e-mail address (optional)
Business Phone	Cell Phone (optional)	Fax Line (optional)	

2. Individual's Acknowledgment & Consent:

TO WHOM IT MANY CONCERN:

I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager, agent or employee of the above licensee/applicant. Also, pursuant to the provisions of Section 7-1-702 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-702 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law. **This authorization remains effective as long as I am employed in the money services business industry.** A copy of this authorization shall be accepted with the same force and validity as the original.

Notary Seal Here	_____ Date (MM/DD/YYYY) Signed or attested before me: _____ Print Notary Public name on this _____ day of _____, (Date) (Month) _____ Notary Public signature	_____ Signature of individual by _____ Print individual's name _____ at _____ (Year) (State) (County) _____ Notary Appointment Expires (MM/DD/YYYY)
<p>Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.</p>		

Applicant full legal name: _____ Individual's full legal name: _____

3. Check Cashier Licensee/Registrant Employment Representation:

To the best of my knowledge and belief, the *control person* is currently bonded where required, and, at the time of approval, this individual will be familiar with the statutes, regulations, and rules of the *State of Georgia* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

by _____

Company Name _____ Signature of authorized party _____ Print Name and Title of authorized party _____

***Employment Representation must always be completed in full with original, manual signature.
Affix notary stamp or seal where applicable.***

4. Residential History: Starting with current address (item 1K), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

5. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

Applicant full legal name: _____ Individual's full legal name: _____

<p>7. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-financial services-related activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p>Details:</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>7. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment.</p>		
<p style="text-align: center;">Financial Disclosure</p> <p>(A) Within the past ten years:</p> <p>(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?</p> <p>(C) Do you have any unsatisfied judgments or liens against you?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Criminal Disclosure</p> <p>(D) Have you ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</p> <p>(2) been <i>charged</i> with any felony?</p> <p>(E) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</p> <p>(2) been charged with any <i>felony</i>?</p> <p>(F)</p> <p>(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i></p> <p>(2) Are there pending charges against you for a misdemeanor <i>as described in 7(F)(1)?</i></p> <p>(G) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor specified in 7(F)(1)?</p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 7(F)(1)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Applicant full legal name: _____ Individual's full legal name: _____

Regulatory Action Disclosure	YES	NO
(H) Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:		
(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(7) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 7(H) or 7(I)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(K) (1) Has any domestic or foreign court ever:		
(a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 7K(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
(L) Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
(M) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:		
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>



GEORGIA DEPARTMENT OF BANKING AND FINANCE
2990 Brandywine Road, Suite 200
Atlanta, Georgia 30341-5565
770-986-1633

INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS

TWO COMPLETE SETS OF FINGERPRINTS ARE REQUIRED (2 CARDS)

Both cards must be completed & returned to the Department.

Please provide all information requested. **Type or print in BLACK:**

- Sign the cards
- Provide address of person being fingerprinted.
- Date of fingerprinting.
- Signature/Authorization *of law enforcement personnel* performing fingerprinting.
- Name and address of employer.
- Reason for fingerprint (if not pre-stamped):
O.C.G.A. 7-1-702
Check Casher License
- Enter name of person being fingerprinted and any **aliases**.
- Enter citizenship information.
- Enter Armed Forces Number and/or **Social Security Number**.
- **ORI** information is preprinted on the card.
- Enter date of birth.
- Identifying Information Completion - **See text box note above**.
- Enclose **SEPARATE Money Order or Certified Check** made payable to:

Georgia Department of Banking and Finance

Amount - \$30.00 per set of fingerprints (2 cards in a set-\$15 per card)

Determine the following to ensure that cards are acceptable by both GBI and FBI:

- ▶ **Prints are not too light or too dark;**
- ▶ **Prints are not smudged;**
- ▶ **Each print MUST be INSIDE the blue box for that print and not touch or cross the blue box lines.**

**TAKE CARDS IN
BLANK TO
POLICE
DEPARTMENT
AND COMPLETE
IDENTIFIER
INFORMATION
THERE!**

TO OBTAIN FINGERPRINT CARDS

Cards are obtained by contacting the Department. Requests can be faxed or e-mailed to the Department or requested on-line at <https://bkgfin.dbf.state.ga.us/MSBFPCards.html>.

Fax request to: (770) 986-1655 | **E-Mail request to:** nelson@dbf.state.ga.us

**FINGERPRINT CARD REQUEST FORM**

Page _____ of _____

Name & Address of Licensee/Applicant	
Name of Applicant	
Address	
Address	
City, State, Zip	
Phone Number	
Type of License	<input checked="" type="checkbox"/> Check Casher
Names of Individuals Requiring Cards	
Full Name:	
Full Name:	
Full Name:	
Full Name:	
Full Name:	
Full Name:	
Delivery Address for Cards	
Contact Person	
Address 1	
Address 2	
City, State, Zip	
Contact Phone Number	
SIGNATURE	

- ▶ If additional space is required to include all individuals, please duplicate this form and note the number of pages being submitted on the top of the form.

<p style="text-align: center;">TO OBTAIN FINGERPRINT CARDS</p> <p>Cards are obtained by contacting the Department. Requests can be faxed, e-mailed or requested on-line.</p> <p>Fax request: (770) 986-1655</p> <p>E-Mail: nelson@dbf.state.ga.us</p> <p>On-Line: https://bkgfin.dbf.state.ga.us/MSBFPCards.html</p>
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GEORGIA DEPARTMENT OF BANKING AND FINANCE

80-3-1-.02 (6) Check Cashers - Personnel

(6) Personnel: Licensees and Registrants.

(a) Every licensee or registrant shall maintain personnel files for its employees.

(b) Each candidate for employment involved with the check cashing function must have a Georgia Crime Information Center (GCIC) criminal history background check performed prior to hiring. A copy of this GCIC criminal history background check shall be maintained in the employee's personnel file until one year after termination of employment by the licensee or registrant. Each person in a supervisory position shall complete a Financial and Biographical Information Report (Form MSB-3) as prescribed by the Department, an authorization for Criminal Background Check, and fingerprint record. Prior to promotion to a supervisory position involved in the check cashing function, or not later than thirty (30) days following promotion to a supervisory position the licensee or registrant shall cause an independent credit report and a criminal background check to be performed on the person promoted. The foregoing documents shall be retained in the personnel file until one year after termination of employment by the licensee or registrant. A "supervisory position" shall mean any position occupied by a person responsible for the day-to-day job performance of one or more other persons or responsible for the overall management of any check cashing outlet except on a temporary (less than one month) basis and irrespective of the number of subordinates employed.

(c) Persons found to have been convicted of an offense punishable as a felony involving moral turpitude in this state may not be employed by a licensee or registrant without compliance with O.C.G.A. §7-1-702.

(d) Persons found after investigation to have materially misstated information on (Form MSB-3) shall be terminated from employment; provided, however, the licensee or registrant may continue employment, subject to review by the Department, by placing in the personnel file a complete statement of extenuating circumstances considered valid reasons for continuing employment.

(e) All candidates for employment shall be provided a copy of this subsection by the licensee or registrant.

Employee Signature

Licensee/Manager Signature

Date