



## **Georgia Department of Banking and Finance**

### **APPLICATION AND INSTRUCTIONS**



**Cashing Checks, Drafts or  
Money Orders for Consideration**

### **APPLICATION FOR CHECK CASHING REGISTRATION**



**JANUARY 2012**

# CHECK CASHER REGISTRATION APPLICATION CHECKLIST

**You must provide a current, valid E-Mail Address.** Department communications regarding your license/registration are *only* disseminated via e-mail. *If you are granted a registration, your approval letter and instructions for retrieving your registration certificate will be disseminated via e-mail only.*

- Include your check or money order made payable to the Department of Banking and Finance for the application/investigation fee of \$300.00. **Please note that this fee is non-refundable, regardless of whether you are granted a registration. Do not submit your application with items missing. All items listed below are required for the application to be considered complete.**
- Complete **ALL** sections of the application and provide all required supplemental information. If any item is not applicable, indicate “NA” (not applicable) for that item.
- Sign and date the application where required.
- Provide a statement of fees you will charge to cash checks.
- Provide list of products and services provided by your business.
- Complete the Certification of Non-Participation in the Business of Payday Lending form.
- Submit **both** of the required forms for each Director, Officer, Owner of 10% (percent) or more:
  - Biographical Statement & Consent Form (MSB3) - **PHOTO REQUIRED**
  - Credit Report
- Provide a copy of the business license(s) from the city or county where you have business locations.
- Provide a copy of your Certificate of Incorporation or Partnership Agreement (where applicable).
- Provide Checklist and Affidavit for Verification of Lawful Presence within the United States (**if required**)

**Please note that the Department cannot begin processing your application until we have received a complete application, along with the **non-refundable** filing fee required.**

- If we find that your application is substantially incomplete, it will be considered administratively withdrawn. Per Georgia law, your application fee cannot be refunded.**
- If your application is found to be complete, it should be processed within 10 business days of receipt.**



*Georgia Department of Banking & Finance*  
*2990 Brandywine Road, Suite 200*  
*Atlanta, GA 30341*  
<http://dbf.georgia.gov>

## **APPLICATION PACKAGE FOR REGISTRATION TO ENGAGE IN THE BUSINESS OF CHECK CASHING**

Please find enclosed the following:

1. Application for Check Cashing Registration
2. List of Required Supplemental Information
3. Biographical Statement & Consent Form
4. Certification of Non-Participation in Business of Payday Lending or Deferred Presentment Loans

Additional sheets may be attached as needed. Before completing the application, make certain that you qualify for an exempt registration. **If you do not meet ALL of the following criteria, you will need to apply for a full service license.**

**A QUALIFYING REGISTRATION** (\$300.00 investigation/registration fee) is permitted in lieu of a full license **IF** your business qualifies for a registration by meeting the following conditions:

1. The fee charged for cashing a check does not exceed the greater of \$2.00 or 2% of the face amount of the check, draft, or money order; **and**
2. The check cashing service **is not** advertised, announced or otherwise promoted as a service. (Advertising the check cashing business **includes** signage on and around your place of business.)

**IF you charge a fee of any amount AND advertise the service, then you MUST have a license.**

Notwithstanding such exemption from licensing, such persons shall be subject to the requirements and restrictions on the cashing of checks set forth in Sections 7-1-700 through 7-1-709, O.C.G.A. as applicable to Registrants.

If your application is approved, the ***Regulations, Laws, and Administrative Policies Governing the Sale of Checks, Cashing of Checks, and Money Transmission in the State of Georgia*** will be e-mailed to you along with your registration. This publication is generally updated each year and can be downloaded from the Department's website at: <http://dbf.georgia.gov/msbforms>.

If you have any questions, please feel free to contact the Non-Depository Financial Institutions Division at 770-986-1652.

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**NOTE:** The Department requires applicants to submit Fingerprint Record Cards (two completed cards for each principal of the company) **only** if further background information is needed. An additional processing fee is charged if fingerprint cards are required. ***AFTER a background check has been performed, should the Department need further information or fingerprint cards, you will be notified by the Department.***

## APPLICATION FOR CHECK CASHING REGISTRATION

(Please print clearly or type)

Legal Name of Applicant\*:

\_\_\_\_\_

(Name of individual, partnership or corporation)

Trade Name (D/B/A):

\_\_\_\_\_

Main Office Street Address:

\_\_\_\_\_

City:

County:

State:

Zip:

Phone#:

Fax#:

**\*\*E-Mail:**

*\*If your business is a sole proprietorship, please list your name as the Legal Name of Applicant and list the name of the company in the Trade Name (DBA) field.*

**\*\*It is mandatory that you provide us with an e-mail address in the space above.**

Mailing Address if different from above:

Federal Taxpayer Identification Number:

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Address of Contact Person:

\_\_\_\_\_

Location of Books and Records:

\_\_\_\_\_

Internet Website(s):

\_\_\_\_\_

■ **Business Structure:** ( ) Individual ( ) Corporation ( ) Partnership ( ) LLC

■ **Type of business activities to be conducted in Georgia: (as principal\*):**

Check Cashing: ( ) Sale of Checks/Payment Instruments: ( ) Money Transmission: ( )

*\*If you perform any of the above activities as an agent for another company, please list the activity and the company(s) name(s):* \_\_\_\_\_

■ List additional locations OTHER THAN the main office at which check cashing activity will be conducted. This should include any locations which are scheduled stops of any mobile facility. Use additional sheets if necessary.

<b>Additional Location Street Address:</b>							
<b>City:</b>		<b>County:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Ph#:</b>		<b>Fax#:</b>		<b>E-Mail:</b>			

**APPLICATION FOR CHECK CASHING REGISTRATION (continued)**

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- **Name, Title and Ownership Percentage for Owners, Directors, Officer, & Ultimate Equitable Owners of 10% or more (Attach additional sheets if necessary)**

**PLEASE NOTE:** Any individuals listed below **MUST** complete the *Biographical Statement & Consent Form (MSB3)* and submit an *Independent Credit Report*.

NAME	TITLE	% OWNED

- **Has the applicant or any officer, director, ultimate equitable owner of 10 percent or more, or employee of the applicant or any other business interest of such persons ever been denied a license or registration to engage in the business of cashing checks or selling checks directly or as an agent of another? ( ) No ( ) Yes**

*If yes, attach a statement giving full details.*

- **Depository Institutions with which accounts are maintained.**

Name of Institution	Branch Location	Account Number	Type of Account*

**\*Type of Account:** (1) Cashed Check Clearing (2) General Operating (3) Other

## QUALIFYING REGISTRATION SUPPLEMENTAL INFORMATION

- Describe the nature of the business qualifying for the check cashing registration. (Include list of products and services provided at operating locations.) Use additional sheets if required.

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- Fees to be charged for check cashing: \$ \_\_\_\_\_ and/or \_\_\_\_\_ %

**NOTE:** If the fee charged for cashing a check exceeds the greater of \$2.00 or 2% of the face amount of the check, draft, or money order, you must apply for a full service license.

- Does (will) this business display any signage, advertising, notices, etc., which promotes a check cashing service other than its schedule of fees and its registration certificate issued by the Department? ( ) No ( ) Yes *If yes, describe fully.*

**NOTE:** If the check cashing service is advertised, announced or otherwise promoted as a service, you must apply for a full service license. (Advertising the check cashing business includes signage on and around your place of business.)

### Certification by Applicants Regarding Registration Status

I hereby certify that the information contained herein and attachments hereto are true and correct to the best of my knowledge. I further understand that an exemption granted pursuant to this request does not exempt the applicant from the provisions contained in Official Code of Georgia Annotated Sections 7-1-700 through 7-1-709, O.C.G.A. as applicable to Registrants and Regulations promulgated by the Department in furtherance of those Code sections as contained in Chapter 80-3-1 of the Department's Rules and Regulations. The provisions of such laws and regulations have been reviewed by the principals of the applicant as listed herein and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual or Officer

Corporate Seal

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**SIGNATURE AND OATH OF APPLICANTS**

I hereby swear or affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. Further, the provisions of Official Code of Georgia Annotated Chapter 7-1, Article 4A and Chapter 80-3-1 of the Rules and Regulations promulgated by the Department in furtherance of such Code provisions have been reviewed by the principals of the applicant as listed herein and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter. It is the purpose of this application to induce the Georgia Department of Banking and Finance, its officials and examiners to grant a registration to engage in the business of check cashing, and any false statement omission of material information in connection with this application shall be punished as provided by law.

**CORPORATE  
SEAL**

\_\_\_\_\_  
**Signature of Applicant or Authorized Corporate Official**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Attest**

\_\_\_\_\_  
**Title**

All Individual and corporate signatures without the corporate seal require notarization:

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public in and for said county, personally appeared:

known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth therein are true to the best of his/her/their knowledge and belief.

**NOTARY SEAL**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**My Commission Expires**

# Certification of Non-Participation in Business of Payday Lending or Deferred Presentment Loans

## PAYDAY LENDING IS ILLEGAL IN GEORGIA

I hereby swear or affirm that I have applied to become a registrant under Article 4A of Chapter 1 of Title 7, "Cashing Checks, Drafts or Money Orders for Consideration" and that I am not now participating nor intend in the future to participate in the business of making illegal "payday loans". The signing of this certification will not prevent the making of payday loans in the future if the State of Georgia passes a law which specifically permits such activity.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**(CORPORATE SEAL)**

\_\_\_\_\_  
**Signature of Applicant or Authorized Corporate Seal**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Attest**

\_\_\_\_\_  
**Title**

or, for non-corporate licensees:

\_\_\_\_\_  
**Signature of Registrant or Authorized Official**

\_\_\_\_\_  
**Title**

All individual and corporate signatures without the corporate seal require notarization:

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public in and for said county, personally appeared:

known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth therein are true to the best of his/her/their knowledge and belief.

**(NOTARY SEAL)**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**County**

**My Commission Expires** \_\_\_\_\_

<b>MSB3</b>	<b>BIOGRAPHICAL STATEMENT &amp; CONSENT FORM CHECK CASHER LICENSEE/REGISTRANT</b>	<b>Date of filing</b>
Name of Applicant Company: _____		

**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
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(H) **Employer Name (Check Cashier Licensee/Registrant):**

(I) 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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(J) Current Residence address (if different from employment address):

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

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

\_\_\_\_\_

**2. 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
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**Employment Representation must always be completed in full with original, manual signature.  
Affix notary stamp or seal where applicable.**

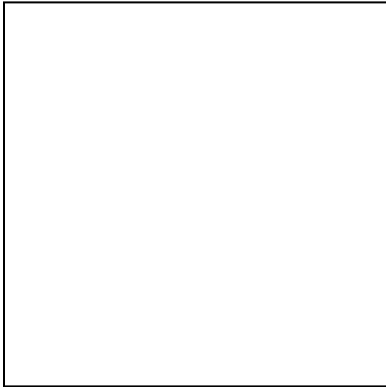
**3. Check Cashing Business History:** Starting with most current, provide information on each check cashing business owned. (Attach additional sheets as necessary.)

From (MM/YYYY Y)	To (MM/YYYY)	Business Name	City	State or Province	Zip or Postal Code	Georgia License or Registration Number

<p><b>4. Other Business:</b> Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude <i>non-financial services-related activity</i> 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><b>Details:</b></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>
<p><b>5. Disclosures:</b> 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;"><b>Financial Disclosure</b></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><b>YES</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>NO</b></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;"><b>Criminal Disclosure</b></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)</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><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 style="text-align: center;"><b>Regulatory Action Disclosure</b></p> <p>(F) Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:</p> <p>(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?</p> <p>(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)?</p> <p>(3) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?</p> <p>(4) 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?</p> <p>(5) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?</p>	<p><b>YES</b></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><b>NO</b></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>

**APPLICATION PACKAGE FOR REGISTRATION  
TO ENGAGE IN THE BUSINESS OF CHECK CASHING  
BIOGRAPHICAL STATEMENT & CONSENT FORM**

Applicant Full Legal Name: \_\_\_\_\_  
 Individual's Full Legal Name: \_\_\_\_\_  
 Date of Application: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_



**Attach Passport Photo of Individual submitting MSB3.**

Those photographs must have been taken within the past 12 months. Generally, passport photographs should meet the following criteria:

- Black and white or color photographs are acceptable.
- Outside dimensions should be about 2 x 2 inches.
- The photo should be taken against a plain light-colored background without shadows.
- A full front view of the subject's head is required. The subject should not be photographed wearing a head covering. The image should be centered in the photo and the face length from chin to crown of head should be between 1 inch and 1 3/8 inches.

**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 check cashing industry.** A copy of this authorization shall be accepted with the same force and validity as the original.*

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



## MEMORANDUM

To: Natural Persons who are Applying for or Have Been Issued Georgia Money Service Business Licenses or Registrations

From: Georgia Department of Banking and Finance

Re: Verification of Lawful Presence within the United States

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As a result of a recent law change, the Georgia Department of Banking and Finance (Department) is required to obtain from each natural person who is applying for or currently holds a Georgia money service business license or registration in his or her own name (Applicant/Licensee/Registrant) a signed and sworn affidavit verifying his or her lawful presence in the United States that is accompanied by a copy of at least one “secure and verifiable document.” O.C.G.A. § 50-36-1(e).

Attached to this Memorandum you will find a Checklist for Verification of Lawful Presence within the United States (Checklist). You will also find three different affidavits from which an Applicant/Licensee/Registrant must choose that provide the basis for his or her lawful presence in the United States.

The Checklist must be completed by an Applicant/Licensee/Registrant to identify which of the three types of affidavits and which one of the 16 secure and verifiable documents listed is being submitted to the Department. In determining which affidavit is appropriate, an Applicant/Licensee/Registrant that is a United States citizen should complete the affidavit with that title (first affidavit). An Applicant/Licensee/Registrant that is a legal permanent resident should complete the affidavit with that title (second affidavit). An Applicant/Licensee/Registrant that is a qualified alien or nonimmigrant under Title 8 U.S.C. with an alien number issued by the Department of Homeland Safety or other federal immigration agency should complete the affidavit with that title (third affidavit).

A **legible** photocopy of at least one secure and verifiable document must accompany the affidavit that is being submitted by an Applicant/Licensee/Registrant. A “secure and verifiable document” is defined in O.C.G.A. § 50-36-2 as “a document issued by a state and federal jurisdiction or recognized by the United States government and that is verifiable by federal or state law enforcement, intelligence, or homeland security agencies. *A secure and verifiable document shall not mean a Matricula Consular de Alta Seguridad, matricula consular card, consular matriculation card, consular identification card, or similar identification card issued by a foreign government regardless of the holder’s immigration status.* Only those documents approved and posted by the Attorney General pursuant to subsection (f) of this Code section shall be considered secure and verifiable.” (Emphasis added.)

Depending on which affidavit an Applicant/Licensee/Registrant is submitting, there is included on the Checklist at least one type of secure and verifiable document that has been determined by the Georgia Attorney General's Office as being acceptable to support an affidavit.

Once the appropriate affidavit is selected by an Applicant/Licensee/Registrant and a photocopy of his or her secure and verifiable document has been made, he or she must complete the affidavit and **sign it in the presence of a notary public.**

Each Applicant/Licensee/Registrant must mail to the Department the following three documents: 1) a Checklist completed in its entirety by the Applicant/Licensee/Registrant, 2) the appropriate **original** signed and **notarized** affidavit attesting to the basis for his or her lawful presence in the United States, and 3) a **legible** photocopy of the Applicant's/Licensee's/Registrant's secure and verifiable document in support of the affidavit being submitted.

**Please make sure that the name and license number, if one has been assigned, of the Applicant/Licensee/Registrant are included on each of the three documents being submitted, including the copy of the secure and verifiable document.**

For your records, it is recommended that each Applicant/Licensee/Registrant keep a photocopy of all of the documents that he or she submits to the Department to verify his or her lawful presence in the United States in case any issue arises as to whether the Applicant/Licensee/Registrant has submitted a complete and correct copy of what must be provided.

***Failure by the Applicant/Licensee/Registrant to provide the documentation called for by this Memorandum may result in his or her Georgia money service business license or registration being denied or revoked.***

If you have any questions regarding this Memorandum, please e-mail them to [msb@dbf.state.ga.us](mailto:msb@dbf.state.ga.us).

SN/loh

**GEORGIA DEPARTMENT OF BANKING AND FINANCE  
CHECKLIST FOR VERIFICATION OF LAWFUL PRESENCE WITHIN THE UNITED STATES**

***THIS FORM MUST BE SUBMITTED TO THE DEPARTMENT WITH YOUR COMPLETE NOTARIZED AFFIDAVIT AND A LEGIBLE COPY OF YOUR SECURE AND VERIFIABLE DOCUMENT***

NAME \_\_\_\_\_  
(please print clearly)

**1) Affidavit that I am providing (please check the appropriate one):**

- United States Citizen Affidavit;  
 Legal Permanent Resident Affidavit; or  
 Qualified Alien or Nonimmigrant under the Federal Immigration and Nationality Act, Title 8 with an Alien Number Issued by the Department of Homeland Security or Other Federal Immigration Agency Affidavit

**2) A legible copy of at least one form of Secure and Verifiable Documentation authorized by the Georgia Attorney General's Office that I am providing to support my Affidavit (please check the form(s) of documentation):**

- United States passport or passport card  
 United States military identification card  
 Driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.  
 Identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.  
 Tribal identification card of a federally recognized Native American tribe, provided that contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.  
 United States Permanent Resident Card or Alien Registration Receipt Card  
 Employment Authorization Document that contains a photograph of the bearer  
 Passport issued by a foreign government  
 Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard  
 Free and Secure Trade (FAST) card  
 NEXUS card  
 Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card  
 Driver's license issued by a Canadian government authority  
 Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)  
 Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)  
 Other document or form of identification for proof or documentation of identity that the Georgia Department of Banking and Finance must accept pursuant to federal law deemed to be a secure and verifiable document solely for the issuance or administration of a money service business license or registration

I am providing the Georgia Department of Banking and Finance (Department) with this Checklist, the applicable affidavit and a photocopy of an authorized secure and verifiable document as a requirement for obtaining or continuing to hold a Georgia money service business license or registration in my individual name. I understand and agree that knowingly and willfully making a false, fictitious, or fraudulent submission of this documentation to the Department may serve as grounds for denial or revocation of my Georgia money service business license or registration and may subject me to criminal penalties.

\_\_\_\_\_  
Signature of Applicant/Licensee/Registrant

\_\_\_\_\_  
Date

**United States Citizen**  
**Affidavit Under O.C.G.A. § 50-36-1(e)(2)(A)**

By executing this affidavit, the undersigned Applicant/Licensee/Registrant verifies his or her lawful presence in the United States as the undersigned is a United States citizen 18 years of age or older. Furthermore, the undersigned hereby verifies that he or she has provided at least one secure and verifiable document, as defined by O.C.G.A. 50-36-2, with this affidavit.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 201\_, in \_\_\_\_\_.  
(month) (day) (year) (city) (state)

\_\_\_\_\_  
Signature of Georgia Money Service Business  
Applicant/Licensee/Registrant

\_\_\_\_\_  
Printed Name of Applicant/Licensee/Registrant

Subscribed and sworn before me  
on this \_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires:

\_\_\_\_\_

**Legal Permanent Resident  
Affidavit Under O.C.G.A. § 50-36-1(e)(2)(A)**

By executing this affidavit, the undersigned Applicant/Licensee/Registrant verifies his or her lawful presence in the United States as the undersigned is a legal permanent resident 18 years of age or older. Furthermore, the undersigned hereby verifies that he or she has provided at least one secure and verifiable document, as defined by O.C.G.A. 50-36-2, with this affidavit.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 201\_, in \_\_\_\_\_.  
(month) (day) (year) (city) (state)

\_\_\_\_\_  
Signature of Georgia Money Service Business  
Applicant/Licensee/Registrant

\_\_\_\_\_  
Printed Name of Applicant/Licensee/Registrant

Subscribed and sworn before me  
on this \_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires:

\_\_\_\_\_

**Qualified Alien or Nonimmigrant under the Federal Immigration and Nationality Act,  
Title 8 with an Alien Number Issued by the Department of Homeland Security  
Or Other Federal Immigration Agency  
Affidavit Under O.C.G.A. § 50-36-1(e)(2)(B)**

By executing this affidavit, the undersigned Applicant/Licensee/Registrant verifies his or her lawful presence in the United States as the undersigned is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C. with an alien number issued by the Department of Homeland Security or other federal immigration agency. The undersigned hereby verifies that he or she is 18 years of age or older, lawfully present in the United States and verifies that he or she has provided at least one secure and verifiable document, as defined by O.C.G.A. 50-36-2, with this affidavit.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 201\_, in \_\_\_\_\_.  
(month) (day) (year) (city) (state)

\_\_\_\_\_  
Signature of Georgia Money Service Business  
Applicant/Licensee/Registrant

\_\_\_\_\_  
Printed Name of Applicant/Licensee/Registrant

\_\_\_\_\_  
Alien number issued  
by the Department of Homeland  
Security or other federal  
immigration agency to Applicant/  
Licensee/Registrant

Subscribed and sworn before me  
on this \_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires:  
  
\_\_\_\_\_