

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOOCKERMAN STREET, SUITE 210
DOVER, DELAWARE 19901

**RENEWAL APPLICATION
FOR LICENSE UNDER CHAPTER 32
TRANSPORTATION OF MONEY AND VALUABLES**

Website Address: _____

1. Name of Licensee: _____
E.I. or S.S. No: _____

2. Contact person, title and phone number for application:

Name/Title	Telephone Number/Extension	Fax No.	Email Address
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3. Address of principal office where Delaware business is being conducted: **The renewal application cannot be used to notify this office of address changes or to apply for new licensed offices.** Please contact this office for instructions on the proper procedures for address changes/applying for new offices.

No. & Street	City	State	Zip Code
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(Must be consistent with current address on record.)

4. Applicant business is formed as a: ___Corporation ___Partnership ___Sole Proprietorship ___LLC ___Other (name type) _____ State: _____

Corporations and LLCs formed outside Delaware must provide proof that they have registered with the Delaware Division of Corporations.

5. All applicants must provide information regarding their registered agent for service of process in Delaware.
- (a) Businesses organized in Delaware may designate the business itself, an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 132(a), Title 8 of the Delaware Code.
- (b) Businesses organized in locations other than Delaware may designate an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 371(b)(2), Title 8 of the Delaware Code.

Name, Street Address, and Telephone Number of Registered Agent:

6. Please provide an updated list of Principals (officers, directors, partners, members, owner, senior management, etc.) of the business including full name, title, residential address, business address, date of birth, and, if a director, date term expires, with this renewal application.
7. Please provide an updated list of all individuals and businesses with an ownership interest in the licensee, including full name, residential address, business address, and number of shares held or percentage of ownership with this renewal application. If licensee is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company).
8. Personal resumes for all **new** principals of the business must be submitted with this renewal application. Personal resumes should include a detailed work history.
9. Submit a recent asset/liability statement (balance sheet) and income statement (profit/loss sheet) for the applicant business. **PLEASE NOTE:** Owners of sole proprietorships must also provide a detailed personal financial statement.
10. Have your business plans changed since your original business plan was submitted (i.e., are you doing any other kind of business on the premises, have you ceased doing certain types of business, etc.) ___Yes ___No If yes, please describe.

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11. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever been arrested, indicted or convicted of a criminal offense **since the last time this information was disclosed? Include past incidents that have only recently come to your attention, such as information about new employees.**
Yes _____ No _____
 12. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever used any alias or been known by any other name (other than "maiden/married") **since the last time this information was disclosed?** Yes _____ No _____
 13. Have you or any owner, officer, director, partner, member, employee, or agent of your organization ever had any license (other than driver's license) suspended, revoked, or denied or has any regulator imposed a fine or taken other type of disciplinary action **since the last time this information was disclosed as part of an application process?**
Yes _____ No _____
 14. If the answer to questions 11, 12, or 13 is "yes", please attach a separate page giving details. If the answer to 11 **and/or** 13 is "yes", please provide photocopies of all legal and/or regulatory documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, Court documents, etc.)
 15. (a) Applicant must provide proof at the time of application for renewal, of a surety bond in the principal sum of \$10,000 that is continuous or is effective through midnight December 31, 2017.

OR

(b) In lieu of such surety bond, applicant elects to deposit appropriate securities or cash with:

Name of Depositor

Account Number

having a current value of at least \$ _____ computed on the basis of principal amount or market value, which ever is lower.

(c) If you are not providing a new surety bond, continuation form or bond rider, please attach a photocopy of the bond currently on file with this office.

16. The applicant shall file true copies of its All Risk insurance contract (**complete policy**) in accordance with §3209(c), 5 Del.C., including all documents not attached physically but which are incorporated into and made part of such contract with the Commissioner establishing that it has in full force an underlying all risk policy in the amount of \$5,000,000 or, with the Commissioner's approval, an amount not less than \$2,000,000.

(a) Amount of policy to be carried: \$ _____

(b). Name/address of insurer (Must be licensed to do business in the State of Delaware):

Name	Address
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17. Application Submission Information.

- This application must be accompanied by a license fee of \$200.00
- Make checks payable to *State of Delaware* and reference it to “Renewal Fee”.
- **Applications received on or before the December 1, 2016 deadline, but without all required fees, will be considered late and treated accordingly.**

18. Please note: All outstanding invoices must be paid before a renewal application will be considered for approval.

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said company, and that the information contained herein is true and correct to the best of my knowledge and belief.

Full Corporate Name

Corporate Seal

* ___ Check here if you do not have a corporate seal.

***If company has had a seal in the past and no longer has one, please attach an explanation.**

Signed: _____
Principal

Sworn to and subscribed before me this _____ day of _____ 2 _____.

Signature of Notary Public

My Commission expires on _____.

NOTARY SEAL

TRANSPORTATION OF MONEY AND VALUABLES

Name of Licensee: _____

EMPLOYER IDENTIFICATION NUMBER: _____

A contact and all requested information must be provided for each of the following categories:

Supervisory Assessment _____

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

License Renewal _____

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Examination _____

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Complaints _____

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Public Contact _____

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Changes in the above contacts must be reported to our office immediately.