

STATE OF DELAWARE  
OFFICE OF THE STATE BANK COMMISSIONER  
1110 FORREST AVENUE  
DOVER, DELAWARE 19904

Telephone No. (302) 739-4235

[www.banking.delaware.gov](http://www.banking.delaware.gov)

Fax No. (302) 739-2356

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

Website Address: \_\_\_\_\_

1. Name of Licensee: \_\_\_\_\_

FIN or SSN: \_\_\_\_\_

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.

Address	City	State	Zip Code	Telephone #
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**(Must be consistent with current address on record.)**

4. All licensees 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Licensee is formed as a:

Corporation                       Partnership                      Sole Proprietorship  
 LLC                                       Other (provide type) \_\_\_\_\_

State of Formation: \_\_\_\_\_ Date of Formation: \_\_\_\_\_

6. (a) 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, the date term expires.
- (b) Personal resumes and personal financial statements for all **new** principals (including senior management) of the business must be submitted with this renewal application. Personal resumes should include a detailed work history. Personal financial statements must be in the form of a Balance Sheet and not more than six months old. **Tax forms, credit bureau histories, and statements of net worth will not be accepted.**

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. If the licensee is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company).

8. Please provide an updated list of managers of all locations to be licensed. Provide the resume of any location manager hired or promoted after last year’s renewal was submitted (or during 2022). Personal resumes should include a detailed work history.

9. Please provide a recent Balance Sheet and Income Statement (Profit/Loss) for the licensee (within the last six months). **PLEASE NOTE:** Owners of sole proprietorships must also provide detailed personal financial statements.

10. If the licensee’s capital stock is owned, in whole or in part, by a parent company, a recent Balance Sheet and Income Statement (Profit/Loss) must be submitted for the parent (within the last six months).

11. Has your business 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:  
 \_\_\_\_\_

12. 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 \_\_\_\_\_

13. 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 \_\_\_\_\_

14. 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 \_\_\_\_\_

15. If the answer to questions 12, 13, or 14 is “yes”, please attach a separate page giving details. If the answer to 12 **and/or** 14 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.)

16. (a) Licensee 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, 2023.

**OR**

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

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**Name of Depositor**

**Account Number**

having a current value of at least \$ \_\_\_\_\_ computed on the basis of principal amount or market value, whichever 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.

17. The licensee 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):

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Name

Address

18. 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 as “Renewal Fee.”
- **Applications received on or before the December 1, 2022, deadline, but without all required fees, will be considered late and treated accordingly.**

**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 licensee, 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.**

\_\_\_\_\_  
Signature of 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 #/Ext. #
Email Address	Fax #
Mailing Address	

License Renewal:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Examination:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Complaints:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Public Contact:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

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