



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF BANKS

1000 Washington Street, 10th Floor, Boston, Massachusetts 02118

INSTRUCTIONS

THIS NEW APPLICATION FORM MUST BE TYPED and all fields must be completed. Any field that is not applicable may be marked N/A. All supporting materials must be included. Incomplete application packages will be rejected and returned to the applicant upon receipt. Investigation fees paid with incomplete applications will not be refundable.

For the purposes of this form, the term “applicant” is the foreign transmittal agency applying for a new agent/delegate location license. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

Please attach an Agent/Delegate Location Manager Biographical Statement & Consent for each individual identified as a manager of the Agent/Delegate location in item 4.

AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE. Provide an executed copy of the [CORI REQUEST FORM](#), and a copy of the individual’s government issued photographic form of identification, for the individual identified as a manager of the Agent/Delegate location in item 4.

An Investigation fee of \$300 will be invoiced through NMLS. Fees collected through NMLS are NOT REFUNDABLE OR TRANSFERABLE.

Please submit this NEW APPLICATION by email to dob.ftannualreport@mass.gov.

The Division of Banks (Division) will not accept this NEW APPLICATION by mail. For further assistance please contact the Licensing Unit at (617) 956-1500, ext. 61479.

**NEW
APPLICATION**

FOREIGN TRANSMITTAL AGENCY AGENT/DELEGATE LOCATION FORM

Legal Name of Applicant (i.e. the licensed foreign transmittal agency):

NMLS Number of Applicant (i.e. the licensed foreign transmittal agency):

1.

Agent/Delegate company legal name

2.

If applicable, DBA under which the Agent/Delegate commonly operates

3.

Physical address (Number and Street)

Physical City, State/Country, Zip+4/Postal Code

4.

Manager of this /Agent/Delegate location: Manager Name

5.

Mailing address or P.O. Box (if different from Physical)

Mailing address City, State/Country, Zip+4/Postal Code

6.

Business (Area Code) and Telephone Number

Fax (Area Code) and Number

Branch/Agent/delegate website (enter "None" if not applicable)

7.	Contact person designated to receive inquiries regarding this Agent/Delegate location. (This MUST be a contact person for the Foreign Transmittal Company Licensee).	
	_____ Contact Person Name	
	_____ Business Phone (include extension)	_____ e-mail address
8.	_____ Agent/Delegate Employer Identification Number (EIN). (If sole proprietor, please list Social Security Number)	
9.	Physical address of location where the official books and records generated by this Agent/Delegate office will be kept. <input type="checkbox"/> Check here if same as previously specified principal records location (Books and Records Information in NMLS Form MU1).	
	_____ Records Custodian Name	_____ E-Mail
	_____ Business Phone (include extension)	_____ Fax Line
	_____ Street & Number	_____ City
	_____ State / Province & Country	_____ Zip+4 / Postal Code
EXECUTION: The undersigned, attests that he/she has executed this form on behalf of, and with the authority of, said <i>applicant</i> and agrees to and represents the following:		
(1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete; (2) To the extent any information previously submitted is not amended such information is currently accurate and complete; (3) That the Massachusetts Division of Banks may conduct any investigation in accordance with state law, into the background of the <i>applicant</i> or the Agent/Delegate manager for purposes of issuing the subject licenses; (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the <i>applicant</i> is applying.		
_____ Date (MM/DD/YYYY)	_____ Signature of <i>applicant's</i> (i.e. foreign transmittal agency's) representative (This MUST be a representative of the applicant).	
by _____ Print <i>applicant's</i> (i.e. foreign transmittal agency's) representative name/ (This MUST be a representative of the applicant).		
<i>This execution must always be completed in full with signature.</i>		