



THE COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF BANKS

One Federal Street, Suite 710, Boston, Massachusetts 02110

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](mailto: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. <b>(This MUST be a contact person for the Foreign Transmittal Company Licensee).</b>	
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Contact Person Name	
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Business Phone (include extension)	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> e-mail address
8.	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> 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).	
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Records Custodian Name	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> E-Mail
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Business Phone (include extension)	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Fax Line
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Street & Number	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> City
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> State / Province & Country	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Zip+4 / Postal Code
<p><b>EXECUTION:</b> 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:</p> <p>(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;</p> <p>(2) To the extent any information previously submitted is not amended such information is currently accurate and complete;</p> <p>(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;</p> <p>(4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;</p> <p>(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.</p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>           Date (MM/DD/YYYY)         </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>           Signature of <i>applicant's</i> (i.e. foreign transmittal agency's) representative  <b>(This MUST be a representative of the applicant).</b> </div> </div> <div style="margin-top: 20px;">           by <div style="border-bottom: 1px solid black; height: 1.2em; display: inline-block; width: 150px;"></div>            Print <i>applicant's</i> (i.e. foreign transmittal agency's) representative name/ <b>(This MUST be a representative of the applicant).</b> </div>		
<b><i>This execution must always be completed in full with signature.</i></b>		

