



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
 Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

CHECK CASHER/CHECK SELLER/SMALL LOAN ENDORSEMENT CLOSURE/SURRENDER FORM

INSTRUCTIONS FOR CLOSURE OF AN OFFICE:

- Books and records must be accessible to DFI in compliance with RCW 31.45.060(2).
- Check Sellers, contact the Department of Revenue, Unclaimed Property, for instructions about any unclaimed trust funds.
- Complete the Closure Report attached to this form. Please note: no fee is due related to the Closure Report.
- If closing before April 15**, also file the prior year's assessment fee and report in addition to the closure report.
- If you are a payday lender, attach a list of all open small loans per location closing or a statement that you have no open small loans (required for main office only).
- If you are a payday lender, complete the Small Loan Endorsement (Payday Lending) Closure Plan attached to this form (required for main office only).
- Email or Fax the forms and attachments to the Department of Financial Institution at dcs@dfi.wa.gov or 360-664-2258

INSTRUCTIONS FOR CLOSURE OF AN OFFICE (Company on NMLS):

Complete all the steps listed above as well as surrender your company license through the NMLS system. Instructions on how to surrender your company license on NMLS are found on the following link

<http://mortgage.nationwidelicensingsystem.org/slr/resources/Pages/CompanyQuickGuides.aspx>

COMPANY FORM	WASHINGTON CHECK CASHER / CHECK SELLER / SMALL LOAN ENDORSEMENT CLOSURE FORM Date of Filing: _____ Effective Date: _____	<input type="checkbox"/> CHECK CASHER <input type="checkbox"/> CHECK SELLER <input type="checkbox"/> SMALL LOAN ENDORSEMENT* <small>*cannot maintain small loan endorsement without current Check Casher or Check Seller license</small>
<input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> MAIN OFFICE <input type="checkbox"/> BRANCH OFFICE <input type="checkbox"/> LICENSE NUMBER _____		
1. Exact name, physical address of location closing, records custodian contact information and records location:		
A. Full legal name of licensee (if sole proprietor, provide last, first and middle name) _____ B. IRS Employer Identification Number (Social Security # is allowed for sole proprietorship) _____		
B. (1) Trade Name under which business primarily was conducted, if different from Item 1A: _____		
C. Physical address of location closing:		
_____	_____	_____
Number & Street	City	State / Province & Country
Zip+4 / Postal Code _____		
D. Records Custodian contact and physical address of location where the official books and records of the applicant will be kept:		
_____	() - _____ ext _____	() - _____
Records Custodian Name	Business Phone	Fax Line
e-mail address _____		
_____	_____	_____
Number & Street	City	State / Province & Country
Zip+4 / Postal Code _____		
E. Mailing address of records custodian, if different::		
_____	_____	_____
PO Box or Number & Street	City	State / Province & Country
Zip+4 / Postal Code _____		

WASHINGTON SMALL LOAN ENDORSEMENT (PAYDAY LENDING) CLOSURE PLAN
(Required for Main Office Closures Only)

Date of Filing: _____ Effective Date: _____

Is it your intention to Sell or Merge the company, or portions of the company? Yes No

If Yes, include a description of the transaction:

How do you intend to communicate your plans to cease operations with your customers?

How do you intend to collect on open loans after you cease operations?

Advise DFI of any other information regarding the closing that may impact your customers or the general public.

Signature of a principal of the small loan licensee _____

TABLE 2: REPORT VOLUME Analysis of Dollar Volume of Business Conducted Under The Check Casher/Sellers Act & Small Loan Endorsement for WA during the reporting period		Dollar Volume
1	Total dollar volume of checks cashed in WA <i>(Get total from Table 1, Line 1b, Column A)</i>	\$
3	Total dollar volume of checks sold in WA <i>(Get total from Table 1, Line 1b, Column B, except enter zero if checks are sold as an agent of another company)</i>	\$
5	Total dollar volume of small loans made in WA <i>(Get total from Table 1, Line 1b, Column C)</i>	\$

DFI will assign the received date as the effective date of closure if management does not include a specific effective date in this closure report.

Prepared By: _____ **Phone Number:** _____

AFFIDAVIT OF COMPANY OFFICIAL:

I, _____ the undersigned being the _____
Type or Print Name of Company official *Title of Company Official*

Of _____, a Washington licensed Check Casher/Seller Company, hereby certify under penalty of
Print Company Name as Licensed

Perjury that the information contained in this Closure Report for Check Cashers, Sellers, and Small Loan Endorsement Companies is true and correct

Date and Place

Signature