



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

INSTRUCTIONS FOR CLOSURE OF AN OFFICE:

1. Books and records must be accessible to DFI in compliance with RCW 31.45.060(2).
2. Check Sellers, contact the Department of Revenue, Unclaimed Property, for instructions about any unclaimed trust funds.
3. Complete the Closure Report attached to this form. Please note: no fee is due related to the Closure Report.
4. **If closing before April 15**, also file the prior year's assessment fee and report in addition to the closure report.
5. 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).
6. If you are a payday lender, complete the Small Loan Endorsement (Payday Lending) Closure Plan attached to this form (required for main office only).
7. 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.nationwidelicencingsystem.org/slr/resources/Pages/CompanyQuickGuides.aspx>

COMPANY FORM	WASHINGTON CHECK CASHER / CHECK SELLER / SMALL LOAN ENDORSEMENT CLOSURE FORM	<input type="checkbox"/> CHECK CASHER
		<input type="checkbox"/> CHECK SELLER
	Date of Filing: _____ Effective Date: _____	<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 _____



CLOSURE REPORT FOR CHECK CASHERS, SELLERS, AND SMALL LOAN ENDORSEMENTS

1. This report must be filed even if company did NO business in Washington State since the last report.
2. This report is due in our office immediately upon closure/license surrender.
3. The Reporting Period starts at the beginning of the most recent calendar year and ends on the closure/surrender date.

Authorities: RCW 31.45.090, RCW 31.45.095, WAC 208-630-880 (sellers), WAC 208-630-836, and WAC 208-630-890

Name of company as licensed in Washington: _____

Licensed as (enter number of licensed locations for each type):

_____ Check Casher License(s) _____ Check Seller License(s) _____ Small Loan Endorsement(s)

Effective Date of Closure/Surrender Date: _____

TABLE 1: REPORT ACTIVITIES

ANSWER EVERY QUESTION OR WRITE IN "NONE"

Business conducted under the WA Check Casher and Sellers Act during the period		Column A Check Cashing	Column B Check Selling*	Column C Small Loans	Column D WA Company Totals
1a	Total number of WA transactions	#	#	#	
1b	Total dollar volume of WA transactions	\$	\$	\$	
1c	Number of locations licensed for each activity	#	#	#	#
2	Total dollar amount of fees collected on WA transactions	\$	\$	\$	\$
3a	Number of charge-offs (losses), for the reporting period on WA transactions	#		#	#

3b	Dollar amount of charge-offs (losses), for the reporting period in WA	\$		\$	\$
4a	Number of borrowers that entered into installment plans for the reporting period			#	
4b	Number of borrowers who have defaulted on installment plans for the reporting period			#	
5	Dollar amount of open loans as of the closure date			\$	

* Complete this section even if you are selling checks as an "Agent" for _____ .(Name of Check Selling Company)

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