

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

Declaration of Intent to Engage in Deferred Presentment Transactions

GENERAL INSTRUCTIONS

Form OFR-560-03 is the form used by Money Services Business applicants or licensees to notify the Office that the applicant or licensee intends to engage in deferred presentment transactions (DPP).

Businesses intending to engage in deferred presentment transactions must be licensed as a money services business under Chapter 560, Florida Statutes, and have filed this form and the appropriate fee with the Office prior to engaging in DPP transactions.

When filing this form as an initial notice to engage in deferred presentment transactions, include a check in the amount of \$1000. If filing this form along with an initial application to become licensed as a money services business, the fee for the DPP notice and the application fees can be included in one check. Make the check payable to:

Department of Financial Services

Return the completed form to:

**Office of Financial Regulation
Division of Finance
200 East Gaines St
Tallahassee, FL 32399-0376**

This form is divided into the following sections:

1. Type of Notification (Initial or Terminate)
2. Licensee Information
3. Signature/Title/Date of Signature

1. Type of Notification

Check the appropriate box for the type of notification. Check only one box. **NOTE: If the box labeled "Initial Declaration" is checked, include a \$1000 non-refundable fee.**

If terminating declaration to engage in DPP transactions, enter the effective date the business ceased to engage in DPP transactions.

**Enter the date in the following format:
MM/DD/YYYY**

2. Licensee Information

File number – Only required for active registrants. Applicants may leave this field blank. This is a number assigned by the Office of Financial Regulation.

Applicant's/Licensee's FEID# - This is a nine digit number assigned by the IRS. If the applicant/registrant is a sole proprietor using a social security number in lieu of a FEID#, then enter the social security number in the box at the bottom of the form in the space labeled "Applicant's/Licensee's SSN#".

Name of Applicant/Licensee – business name under which license is requested or has been issued.

Contact Person – Provide the name of the person who can answer questions about the information provided on the form.

Telephone and Fax Number – Provide the telephone and fax number of the contact person for questions regarding the form.

3. Signature/Print Name/Title/Date

This form must be signed by an authorized person of the registrant. This includes an officer, partner, member, joint venturer, controlling shareholder or responsible person of the registrant. Include the authorized signor's printed name, title and date signed.

**STATE OF FLORIDA
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DECLARATION OF INTENT TO ENGAGE IN DEFERRED PRESENTMENT TRANSACTIONS

TYPE OF NOTIFICATION

- Initial Declaration (*Include \$1000 non-refundable fee*)
- Terminate Declaration (Date ceased engaging in DPP transactions: _____)
(MM/DD/YYYY)

APPLICANT/LICENSEE INFORMATION (Answer all questions listed below)

1. FILE NUMBER (If currently licensed): _____
2. APPLICANT'S/LICENSEE'S FEID #: _____
3. NAME OF APPLICANT/LICENSEE: _____
4. CONTACT PERSON REGARDING THIS FORM: _____
5. CONTACT PERSON PHONE #: (____) ____ -- ____ FAX #: (____) ____ -- ____

I, the undersigned authorized person, hereby swear/affirm that I have full authority to sign and verify this notification, that I have read this notification and have knowledge of the information stated herein, and that this notification, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

The authorized person or authorized person's agent has typed his or her name under this section to attest to the completeness and accuracy of this form. The authorized person recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

Signature

Title

Print Name

Date

SSN Section (If Applicant is a Sole Proprietor)
Applicant's/Licensee's Social Security Number _ _ _ - _ - _ _ _ _