



STATE OF FLORIDA OFFICE OF FINANCIAL REGULATION
Division of Consumer Finance

MONEY SERVICES BUSINESS ATTESTATION FORM

APPLICANT/LICENSEE INFORMATION

1. APPLICANT/LICENSEE FEID#: _____
2. APPLICANT/LICENSEE NAME: _____
3. FILE NUMBER: _____

Attestation of Compliance

I {Applicant/Licensee's Executive}, as {Title} of {Name of Applicant/Licensee}, on whose behalf this attestation is submitted hereby attests pursuant to Section 560.1115(3), Florida Statutes, that {Name of Applicant/Licensee} ___ is/ ___ is not acting in compliance with Sections 560.1115(1) and (2), Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Money Services Business Attestation Form and that the facts stated in it are true.

Signature of Authorized Officer

Printed Name of Authorized Officer

Title of Authorized Officer

Date