

**NYS REQUEST FOR CARD SCAN SERVICES – INFORMATION FORM
(PLEASE PRINT CLEARLY)**

Contributor Agency Section:

ORI: NY921822Z Contributor Agency: **NYS Dept. of Financial Services – Licensed Financial Services**

Job or License Type (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Budget Planner | <input type="checkbox"/> Check Casher - Commercial | <input type="checkbox"/> Check Casher - Retail |
| <input type="checkbox"/> Licensed Lender | <input type="checkbox"/> Money Transmitter | <input type="checkbox"/> Premium Finance Agency |
| <input type="checkbox"/> Sales Finance Company | | |

Agency ID Number (if assigned by contributor): _____

Applicant Section:

- Resubmission New Submission

Last Name: _____ First: _____ Middle: _____

Alias / Maiden Name(s): _____

Street Address: _____

City, State, & Zip Code: _____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Age: ____ Sex: Female Male Race: _____

Ethnicity: Hispanic Non-Hispanic Height: ____ ft. ____ in. Weight: ____ lbs. Skin Tone: _____

Eye Color: _____ Hair Color: _____ State/Country of Birth: _____

Country of Citizenship: _____ Social Security Number: _____

Applicant Affirmation Section:

I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law.

Applicant Signature: _____ Date: _____

Payment Section:

Payment options include; personal or business check, certified check, bank check, money order or credit card. If paying with a 3rd party check, clearly print the applicant's name at the top of the check.

Check or money order (payable to "MorphoTrust USA") Check Number: _____

Visa Master Card American Express Discover
NOTE: credit card must have U.S. billing address

Credit Card Number: _____ Expiration Date: _____

Mailing Instructions: Please mail this form, your fingerprint card and payment to your civil contributor agency at the address below. Please make sure you have signed the applicant affirmation section of this form.

**NYS Dept. of Financial Services
Licensed Financial Services
One State Street
New York, NY 10004-1511**