

NEW YORK REQUEST FOR CARD SCAN SERVICES – APPLICANT INFORMATION FORM

Contributor Agency: New York State Department of Financial Services

(PLEASE PRINT CLEARLY)

Service Code with corresponding License Type (Check one):

Service Code	License Type	Service Code	License Type
<input type="checkbox"/> 1544S3	Adjuster, Public/Independent	<input type="checkbox"/> 1544NR	Life Settlement Provider
<input type="checkbox"/> 154376	Bank/ Trust Company	<input type="checkbox"/> 1543BK	Trust Company, Limited Purpose
<input type="checkbox"/> 1544RN	Bondsmen (Professional) /Charitable Bail Organization	<input type="checkbox"/> 1543SR	Money Transmitter
<input type="checkbox"/> 1543N9	Budget Planner	<input type="checkbox"/> 15433B	Mortgage Banker
<input type="checkbox"/> 1543QT	Check Casher, Commercial	<input type="checkbox"/> 15434V	Mortgage Broker
<input type="checkbox"/> 1543VN	Check Casher, Retail	<input type="checkbox"/> 154358	Mortgage Loan Originator
<input type="checkbox"/> 15438Q	Credit Union	<input type="checkbox"/> 15436S	Mortgage Loan Servicer
<input type="checkbox"/> 1544H9	Employee Applicant	<input type="checkbox"/> 1543F2	Mutual Holding Company
<input type="checkbox"/> 1544Q5	Insurance Company Principal, Executive, Director	<input type="checkbox"/> 1543GH	Mutual Trust Investment Company
<input type="checkbox"/> 154394	Investment Company	<input type="checkbox"/> 1543T5	Premium Finance Agency
<input type="checkbox"/> 1543R7	Licensed Lender	<input type="checkbox"/> 1543HZ	Safe Deposit Company
<input type="checkbox"/> 1544JT	Life Settlement Broker	<input type="checkbox"/> 1543X3	Sales Finance Company
<input type="checkbox"/> 1544K7	Life Settlement Intermediary		

Applicant Information: Resubmission New Submission

Last Name: _____ First: _____ Middle: _____

Alias / Maiden Name(s): _____ Social Security Number: ____ - ____ - ____

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: _____

Applicant Affirmation: I hereby affirm that the information contained in the application and 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: _____

Mailing Instructions: Complete and mail this form, fingerprint cards and other required documents as a part of your application or affidavit, directly to the specific business unit at DFS related to your license type.