

**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 payment 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 will be combined in one payment.

Submit all forms and fees to the Office of Financial Regulation through the REAL System.

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 licensees. 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/licensee 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 licensee. This includes any individual currently listed in question 5G of Form OFR-560-01 (Application for License as a Money Services Business). Include the authorized signor's printed name, title and date signed.

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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, have full authority to sign and verify this notification. I have read this notification and have knowledge of the information stated herein. This notification, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

Section 837.06, Florida Statutes, states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

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 ____ - ____ - ____

*** Notice Regarding Collection and Use of Social Security Numbers**

This form requests the social security numbers of licensee's and authorized vendors formed as sole proprietors. In accordance with sections 119.071(5)(a)2.a. and b., Florida Statutes, the Office gives the following notice regarding the Office's collection and use of social security numbers:

(a) The Office's collection of social security numbers in this form is not expressly authorized by or mandatory under federal or state law, but it is imperative for the performance of the Office's duties and responsibilities to supervise all money services businesses pursuant to section 560.105, Florida Statutes, which includes verifying the identity of a licensee for the purpose of taking administrative action pursuant to section 560.114, Florida Statutes, verifying the identity of a licensee for the purpose of conducting examinations and/or investigations pursuant to section 560.109, Florida Statutes, and verifying the identity of a licensee for the purpose of bringing legal action pursuant to section 560.113, Florida Statutes.

(b) Social security numbers collected by the Office may not be used by the Office for any purpose other than the purpose provided in this notice.

(c) Social security numbers held by the Office are confidential and exempt from section 119.07(1), Florida Statutes, and Section 24(a), Article I of the State Constitution. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

(d) Social security numbers held by the Office may be disclosed if any of the following apply:

1. The disclosure of the social security number is expressly required by federal or state law or a court order;
2. The disclosure of the social security number is necessary for the receiving agency or governmental entity to perform its duties and responsibilities;
3. The individual expressly consents in writing to the disclosure of his or her social security number;
4. The disclosure of the social security number is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224;
5. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. sections 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. sections 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. sections 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph;
6. The disclosure of the social security number is for the purpose of the administration of health benefits for an agency employee or his or her dependents;
7. The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the agency employee's retirement fund, deferred compensation plan, or defined contribution plan; or
8. The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code chapters 670 through 680, Florida Statutes by the office of the Secretary of State.