



State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Banking and Securities  
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801  
Telephone: 907-269-8140  
Website: <http://www.commerce.alaska.gov/web/dbs>

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**ALASKA MONEY SERVICES BUSINESS  
STATE REGULATOR QUESTIONNAIRE FOR AS 06.60.55.103 APPLICANTS**

**APPLICANT: This form is for initial application only.** A copy of it must be mailed/emailed promptly to the states in which you are licensed to engage in money transmission or currency exchange. This state must have enacted the Uniform Money Services Act (UMSA) or have substantially similar laws as the State of Alaska. Complete the upper portion of the form by typing or printing the required information. Please request the receiving state submit this document to the State of Alaska via email at [moneytransmitters@alaska.gov](mailto:moneytransmitters@alaska.gov).

Date: \_\_\_\_\_

Full Name of Money Services Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

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State: \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License #: \_\_\_\_\_ Type of License: \_\_\_\_\_

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**STATE:** The above-named company has applied for a license to conduct money transmission and/or currency exchange in Alaska. The applicant purports to be licensed and regulated by you. As part of our review of the applicant's qualification and suitability for a license, we request information on your experience with this applicant. Please complete the following and return to us via email: [moneytransmitters@alaska.gov](mailto:moneytransmitters@alaska.gov)

**YES NO**

1. Is the above information accurate?
2. Did you conduct an investigation of this applicant prior to issuing a license?
3. Have you received any complaints about this applicant?  
(Please explain any trend of common complaints)
4. Have you taken action against this licensee for violations of your state's laws?  
(Attach a copy of the action or briefly describe the circumstances and resolution)
5. Have you conducted an examination or audit of the applicant's business?  
(Provide the date of the last examination and briefly describe the most serious exceptions)

This form completed by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_