

AFFIDAVIT OF PRIOR AUTOMATED TELLER MACHINE ACTIVITY

GENERAL INFORMATION: The District of Columbia [Department of Insurance, Securities and Banking \(DISB\)](#) requires Applicants to file this Affidavit in connection with the application for an initial automated teller machine (ATM) license submitted via the Nationwide Multistate Licensing System (NMLS). Questions about this Affidavit may be directed to DISB Banking Bureau staff by phone at 202.727. 8000 or via email to bankingbureau@dc.gov.

DELIVERY INSTRUCTIONS: Submit the completed Affidavit and any attachments (*if applicable*) via **EMAIL** to Disb.ATMLicensing@dc.gov. Include the Applicant's legal name and NMLS ID in the subject line of the email.

APPLICANT'S NAME: _____

APPLICANT'S NMLS Company ID: _____

Has the Applicant **acted** as an automated teller machine operator (D.C. Code § 26-131.02(18)) as defined by the District of Columbia Automated Teller Machine Act **WITHOUT A D.C. AUTOMATED TELLER MACHINE OPERATOR LICENSE** prior to the filing of the initial application?

☐ Yes ☐ No

If the Applicant answered **Yes**, please provide the following information:

- Applicant first **acted** as an ATM operator on: ____/____/____.
- The total number and dollar amount of transactions: **No.** _____ **\$** _____.
- The total dollar amount of fees generated: **\$** _____.
- If the Applicant relied upon an exemption pursuant to Title 26-C DCMR § 1800.02 to act as an ATM operator, provide a description of the activity the Applicant conducted and reference the specific exemption along with a detailed supporting explanation (*separately as an attachment*).

I, _____,

PRINTED NAME of Authorized Signer (*i.e., Direct Owner or Executive Officer*) listed in NMLS

hereby certify, under penalty of perjury, the statements and representations in this Affidavit and any attachments thereto, are true and correct to the best of my knowledge, information and belief. I understand that any false or fraudulent representations in connection with this Affidavit may be cause for denial of the application or regulatory enforcement action against the Applicant.

Signature

_____/_____/_____
Date

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public Signature _____ **My Commission Expires** ____/____/_____
Date