



## **AFFIDAVIT OF PRIOR ACTIVITY**

**Instructions:** Please complete and return this form as outlined below. This form is required in order to process the application. If additional space is needed, please submit an attachment.

Electronic Delivery: [dob.consumerfinance@nebraska.gov](mailto:dob.consumerfinance@nebraska.gov)  
Include applicant name and NMLS No. in the subject line.

U.S. Postal Service: P.O. Box 95006  
Lincoln, Nebraska 68509-5006

Overnight Delivery: 1526 K Street, Suite 300  
Lincoln, Nebraska 68508-2732

Contact Nebraska Department of Banking and Finance licensing staff by phone at 402-471-2171 or send your questions via email to [dob.consumerfinance@nebraska.gov](mailto:dob.consumerfinance@nebraska.gov) for additional assistance.

**NEBRASKA AFFIDAVIT OF PRIOR ACTIVITY**

Applicant Name: \_\_\_\_\_ NMLS No.: \_\_\_\_\_

1. Has the applicant engaged in Nebraska money transmission, as defined by the Nebraska Money Transmitters Act (“Act”), prior to the filing of its application?

Yes  No

2. If the answer to Question 1 is “Yes,” complete the following:

a. During what time frame did this activity take place?

\_\_\_\_\_

b. At the time of the activity, was the applicant licensed?

Yes  No

License No./NMLS No. \_\_\_\_\_

c. At the time of the activity, is applicant asserting that a license was not required under the Act?

Yes  No

If “Yes,” explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. None of the above. If applicant engaged in money transmission, other than while licensed or otherwise not required to be licensed, please provide the following for Nebraska transactions only:

i. The total number of transactions: \_\_\_\_\_

ii. Type of transaction(s): \_\_\_\_\_

iii. Total dollar volume: \_\_\_\_\_

iv. Total fees generated: \_\_\_\_\_

v. Time frame of transactions: \_\_\_\_\_

I, \_\_\_\_\_, an officer, director, or owner, of the applicant, state that the information on this document, and any attachments thereto, is true, correct and complete.

\_\_\_\_\_  
Signature of officer, director, or owner of the applicant

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_