



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
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 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: _____
- vi. Entity(ies) conducting money transmission: _____

Note: The term “applicant” for purposes of the above representations shall include applicant’s owners, its affiliates and subsidiaries, whether owned or controlled, directly or indirectly.

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: _____