



DFI Use Only	
DATE RECEIVED _____	
LIC # _____	DFI ID # _____ \$ _____

MONEY TRANSMITTER LICENSE APPLICATION

ATTACH LICENSE APPLICATION FEE CHECK HERE

TO BE COMPLETED BY ALL APPLICANTS		
Name of Applicant		
Address (Number and Street)		
City, State, Zip Code	Telephone	Fax
HOME OFFICE NAME AND ADDRESS:		
Home Office Name		
Address (Number and Street)		
City, State, Zip Code	Telephone	Fax
Address of Where License is to be Sent	Contact Person	
	E-Mail	
City, State, Zip Code	Telephone	Fax
OTHER BUSINESS LOCATIONS AND PROPOSED AUTHORIZED DELEGATES		
Number of other business locations in Indiana _____. Number of proposed delegates in Indiana _____. Attach a list of the locations where applicant and agents propose to conduct activities in Indiana. Attach a sample authorized delegate contract.		
ASSUMED NAME		
If applicant operates under an assumed name, a certificate from the Corporation Division, Secretary of State showing compliance with the provisions of the laws of the State of Indiana pertaining to conducting business under an assumed name is to be included with the application.		
INDIVIDUALS (To be completed by those operating as sole proprietorships)		
Name		
Address (Number and Street)		
City, State, Zip Code	Telephone	

PARTNERSHIPS (To be completed by those operating as Partnerships)

NAME AND RESIDENCE ADDRESS OF EACH PARTNER:

Name

Address (Number and Street)

City, State, Zip Code

Telephone

Name

Address (Number and Street)

City, State, Zip Code

Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

CORPORATIONS / LIMITED LIABILITY COMPANIES (To be completed by those operating as Corporations / LLC)

Name

City, State, Zip Code

Telephone

Corporation / LLC Organized Under the Laws of What State?

Date of Incorporation / Organized

LIST OFFICERS AND DIRECTORS OR MEMBERS OF THE CORPORATION OR LLC WITH TITLE AND RESIDENCE ADDRESS:

Name

Address (Number and Street)

City, State, Zip Code

Telephone

Name

Address (Number and Street)

City, State, Zip Code

Telephone

Name

Address (Number and Street)

City, State, Zip Code

Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

IF A CORPORATION OR LLC, LIST ALL PERSONS OR ENTITIES OWNING 10% OR MORE OF THE COMPANY. FOR ENTITIES MEETING THIS TEST, LIST THE PERSONS OWNING THAT ENTITY.

Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone
Name	Title
Address (Number and Street)	
City, State, Zip Code	Telephone

ATTACH AN ADDITIONAL SHEET IF NECESSARY

REFERENCES

Give three (3) names and addresses of references as to your "financial responsibility, character, and fitness." One shall be a representative of a financial institution. **Reference letters on business stationery should be submitted with your license application.**

Individual's Name	Title
Address (Street, City, State, Zip Code)	Telephone
Individual's Name	Title
Address (Street, City, State, Zip Code)	Telephone
Individual's Name	Title
Address (Street, City, State, Zip Code)	Telephone

THE FOLLOWING INFORMATION MUST BE ATTACHED TO ALL APPLICATIONS

1. History of material litigation and criminal convictions for the five (5) years before the date of application for each individual, partner, officer, or director.
2. Description of: activities conducted by applicant; business plan; history of operations; and business activities in which the applicant seeks to be engaged in Indiana.
3. A sample form of payment instrument, if applicable.
4. Name and addresses of clearing banks.
5. List of other states where you are operating as a money transmitter, giving State Agency, date licensed, contact person, and telephone number.
6. Documents revealing a net worth of the lesser of one hundred thousand dollars (\$100,000);
 - a) plus a net worth of fifty thousand dollars (\$50,000) for each location and for each authorized delegate in Indiana; or
 - b) a net worth of six hundred thousand dollars (\$600,000).
7. A security device as provided for in Section 27 of the Act or a deposit as provided for in Section 29 of the Act.
8. POLICY OF INSURANCE AGAINST LOSS BY A CRIMINAL OR DISHONEST ACT: When a license is granted, each licensee shall maintain a policy of insurance which insures the applicant against loss by a criminal act or act of dishonesty issued by an insurer authorized to do business in Indiana. The principal sum of the policy shall be equivalent to the amount of the required security device required under section 27 or the deposit required under section 29.
9. **THE APPLICABLE INFORMATION FROM THE CHECK LIST ON PAGE 5.**

ACKNOWLEDGMENT

The applicant executed this application on _____ and acknowledges that all statements made herein and supporting schedules, to the best of my/our knowledge and belief, are true and is a true and complete statement in accordance with the law.

IF A CORPORATION, PRESIDENT AND ONE OFFICER MUST SIGN; IF A LLC, MEMBERS MUST SIGN; IF A PARTNERSHIP, ALL PARTNERS MUST SIGN; IF SOLE PROPRIETORSHIP, OWNER MUST SIGN.

By:	Title
Printed Signed Name:	
By:	Title
Printed Signed Name:	
By:	Title
Printed Signed Name:	
By:	Title
Printed Signed Name:	

ATTACH AN ADDITIONAL SHEET IF NECESSARY.

CHECK LIST FOR MONEY TRANSMITTER LICENSE

CORPORATIONS – SECTION 25 OF THE MONEY TRANSMITTER ACT (IC 28-8-4-25)

The applicant must provide the following items and information relating to the applicant's corporate structure:

- State of incorporation
- Date of incorporation
- Certificate of good standing from state of incorporation
- Description of corporate structure:
 - Identity of the parent of the applicant
 - Identity of each subsidiary of applicant

Stock exchanges where applicant, parent, and subsidiaries are publicly traded.

For each executive office, key shareholder, and person in charge of licensed activities:

- Name
- Business Address
- Residence address

Employment history for the 5 years preceding the date of application.

For each executive officer, key shareholder, and director:

- History of material litigation for 5 years preceding date of application
- History of criminal convictions for 5 years preceding date of application.

Copies of audited financial statements for the current year and the preceding 2 years, including:

- Balance sheet
- Statement of income or loss
- Statement of changes in shareholder equity
- Statement of changes in financial position

Management letter. A copy of the most recent peer review letter that the CPA has received.

Or, if applicant is a wholly owned subsidiary of: a corporation publicly traded in the United States; financial statements for the current year or the parent corporation's Form 10K reports filed with the United States Securities and Exchange Commission for the preceding 3 years may be submitted with the applicant's unaudited financial statements; or a corporation publicly traded outside the United States; similar documentation filed with the parent corporation's non-United States regulator may be submitted with applicant's unaudited financial statements. A copy of the most recent peer review letter that the CPA has received.

Copies of filings, if any, made with the United States Securities and Exchange Commission, or with a similar regulator outside the United States, not more than one year before the date of filing of the application.

NON-CORPORATIONS – SECTION 26 OF THE MONEY TRANSMITTER ACT (IC 28-8-4-26)

The applicant must provide the following for each principal and each person who will be in charge of the applicant's licensed activities.

- Name
- Business Address
- Residence Address
- Personal financial statement for the 5 years preceding the date of the application

Employment history for the 5 years preceding the date of the application.

Evidence that the applicant is registered or qualified to do business in Indiana.

Date registered or qualified to do business in Indiana.

For each individual having an ownership interest in the applicant and each individual who exercises supervisory responsibility with respect to the applicant's activities the:

- History of material litigation for 5 years preceding date of application

History of criminal convictions for 5 years preceding date of application.

Copies of the applicant's audited financial statements for the current year and, if applicable, for the preceding 2 years, including:

- Balance sheet
- Statement of income or loss
- Statement of changes in financial position
- Management letter.

ALL APPLICANTS: Three reference letters, one must be a Financial Institution.
Indiana Business Plan.
List other State that Applicant has a License for Money Transmission.
List addresses of branch locations.



30 South Meridian Street, Suite 300
Indianapolis, Indiana 46204-2759
Telephone: (317) 232-3955
FAX: (317) 232-7655
WEB SITE <http://www.in.gov/dfi>

TO APPLICANTS FOR A MONEY TRANSMITTER LICENSE:

Enclosed is an application for a Money Transmitter License (IC 28-8-4). To be considered for a license, the applicant must complete the application and submit it to the Department of Financial Institutions. There is an initial license application fee of \$1,000 to be included with the application. The check or money order is to be made payable to the Department of Financial Institutions. A license renewal fee of \$600, plus \$10 per location or delegated agent, up to a total maximum fee of \$2,000 is due by March 31 each year.

The department will investigate the financial condition and responsibility, business and financial experience, character, and general fitness of the applicant. An on-site investigation may be conducted, the cost of which shall be borne by the applicant.

CRIMINAL BACKGROUND CHECK: A nationwide criminal background check based on fingerprints will be completed for each owner (sole proprietorship), partner (partnership), or officer (corporation) as well as the manager for an Indiana location. The State of Indiana now uses L-1 Identity Solutions to take and/or process fingerprint cards for the State and FBI background checks required for all license applications for the Indiana Department of Financial Institutions (DFI). The procedures will differ depending on whether you are located in Indiana or in other parts of the country. Detailed instructions for the fingerprinting process are on-line at: http://www.in.gov/dfi/DFI_Fingerprint_Instruct.pdf Please read through this information and if you have any questions, please contact DFI at 800-382-4880 or 317-232-3955. DO NOT send fingerprint cards to the DFI as this will only delay the processing of your license application. Each applicant should include with their jurisdiction specific documents a list of all personnel to be fingerprinted for background checks.

FINANCIAL STATEMENT: An audited Financial Statement or most recent 10K filing with the Securities Exchange Commission (SEC) revealing a net worth of the lesser of \$100,000 plus a net worth of \$50,000 for each location and for each authorized delegate in Indiana; or a net worth of \$600,000. An audited Financial Statement is to be attached to the application including a balance sheet, a statement of income or loss, a statement of changes in shareholder's equity, management letter, and a statement of changes in financial position; or if the licensee is a wholly owned subsidiary, the consolidated audited annual financial statement of the parent corporation filed with the licensee's unaudited annual financial statement. A copy of the most recent peer review letter that the CPA has received must also be included. If the named applicant for the license is a limited liability company or subchapter S corporation, then in addition to a CPA review or audit level financial statement on the corporate entity, any individuals who are members of the LLC or owners of the subchapter S corporation and own 10% or more of the LLC or subchapter S Corporation should submit a personal financial statement. These personal financial statements do not have to be prepared by a CPA, but must meet acceptable minimum accounting standards for personal financial information.

SECURITY DEVICE: An application for a license must be accompanied by a security device as required by Section 27 of the act or a deposit as required by Section 29 of the act. See Act for change in amount effective July 1, 2004.

PERMISSIBLE INVESTMENTS: A licensee must at all times possess permissible investments with an aggregate market value, calculated in accordance with generally accepted accounting principles, of not less than the aggregate face amount of all outstanding payment instruments issued or sold by the licensee or an authorized delegate of the licensee in the United States. The director may waive the permissible investments required if the dollar value of a licensee's outstanding payment instruments do not exceed the security device posted by the licensee under section 27 or the deposit made by the licensee under section 29 of the Act.

FinCEN INFORMATION: If you are an existing money transmitter in other states and are already filed with the Treasury Department /FinCEN, please send us a copy of your registration. If you are a new money transmitter, information regarding the BSA and FinCen is on the Internet. US Treasury registration forms and information are available at: http://www.fincen.gov/reg_guidance.html; statutes are at: <http://www.fdic.gov/regulations/laws/rules/8000-1400.html>. Information about FinCEN is at: <http://www.fincen.gov/>. You will need include a copy of your registration with your application.

INSURANCE INFORMATION: When a license is granted, each licensee shall maintain a policy of insurance which insures the applicant against loss by a criminal act or act of dishonesty issued by an insurer authorized to do business in Indiana. The principal sum of the policy shall be equivalent to the amount of the security device required under section 27 or the deposit required under section 29 of the Act.

Upon granting the license, a duly authenticated and numbered license will be forwarded to the address designated in the application. The licensee should show the assigned license number in all correspondence or communications with the department subsequent to licensing.

Licenses under the Indiana Money Transmitter Act are issued on the basis of representations made in the application. Any substantial change in the information included in the application should be reported to the department within ten days after such change. Change in the name requires the submission of the license to the department for reissue. Change in ownership of the holder of the license terminates the license.

If you desire further information concerning specific questions, please contact this office.

CONSUMER CREDIT DIVISION
mtarpey@dfi.in.gov

28-8-4-38 Renewal of licenses

Sec. 38. (a) A licensee may renew a license by complying with the following:

(1) Filing with the director the annual report in the form that is prescribed by the director and sent by the director to each licensee not less than three (3) months immediately preceding the date established by the director for license renewal. The report must:

(A) include:

(i) a copy of the licensee's most recent audited consolidated annual financial statement, including a balance sheet, a statement of income or loss, a statement of changes in shareholder's equity, and a statement of changes in financial position; or

(ii) if the licensee is a wholly owned subsidiary, the consolidated audited annual financial statement of the parent corporation filed with the licensee's unaudited annual financial statement;

(B) the number of payment instruments sold by the licensee in Indiana, the dollar amount of those instruments, and the dollar amount of outstanding payment instruments sold by the licensee calculated from the most recent quarter for which data is available before the date of the filing of the renewal application, but in no event more than one hundred twenty (120) days before the renewal date;

(C) material changes to the information submitted by the licensee on its original application that have not been reported previously to the director on any other report required to be filed under this chapter;

(D) a list of the licensee's permissible investments; and

(E) a list of the locations within Indiana at which business regulated by the chapter will be conducted by either the licensee or its authorized delegate.

(2) Paying the annual renewal fee described under section 37 of this chapter.

(b) A licensee that:

(1) does not file a renewal report or pay the renewal fee by the renewal filing deadline set by the director; and

(2) had not been granted an extension of time to do so by the director;

shall be notified by the director, in writing, that a hearing will be scheduled at which the licensee will be required to show cause why its license should not be suspended pending compliance with these requirements. If after the hearing the license is not suspended, the director may require a daily late fee beginning with the date the renewal report or annual renewal fee is required by this chapter in an amount fixed by the department under IC 28-11-3-5. *As added by P.L.42-1993, SEC.85.*



**MONEY TRANSMITTER
SURETY BOND**

Part of State Form 48009 (R3/7-05)/ Form MT B

Bond Number _____,

Amount \$ _____

KNOW ALL PERSONS BY THESE PRESENTS, that we,

_____,
(applicant/licensee name)

of the City of _____, County of _____, State of

_____ as principal and obligor, and _____, as
Surety, are held and firmly bound unto the State of Indiana, Department of Financial Institutions (hereinafter
"the DFI") in the penal sum of \$ _____ for the use of the DFI for the recovery of
expenses, fines, and fees levied by the DFI, and for any and all expenses, fines, and fees that become lawfully
due pursuant to a final judgment or order and that are not promptly paid by the Principal, and for losses or
damages which are determined by the DFI to have been incurred by any borrower or consumer as a result of
the Principal's failure to faithfully comply with the provisions of Indiana law, including the requirements of the
Money Transmitters Act, IC 28-8-4 et seq. and amendments thereto, or any rule or regulation lawfully adopted
under said statute, for payment of which, well and truly to be made, we hereby bind ourselves and each of our
heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal is applying to become a licensed Money Transmitter pursuant to IC 28-8-4, and
seeks to establish, meet, and maintain the financial responsibility requirements of the DFI during the term of
the subject license by tender of the within bond,

NOW, THEREFORE, the conditions of this bond are such that if the above bonded Principal will
faithfully conform to and abide by the provisions of all applicable law, including applicable provisions of the
Indiana Money Transmitters Act, as well as any rules and regulations lawfully adopted thereunder, and shall
pay any and all amounts which become due or owed thereunder, then this obligation is null and void, but
otherwise to remain in full force and effect,

PROVIDED that the Surety's aggregate liability for any and all claims which may arise under this bond
shall in no event exceed the amount of this bond, regardless of the number of claims or claimants, and

FURTHER PROVIDED that this bond shall remain effective continuously until released by the DFI.
The surety shall have the right to terminate or reduce its liability hereunder only by giving the Principal and the
DFI written notice of such termination via certified mail to the State of Indiana, Department of Financial
Institutions, at least thirty (30) days prior to the effective date of such termination; provided, however, that no
liability incurred while said bond is in force and prior to said effective date of termination or reduction of liability
shall be released or reduced by giving such notice, and

FURTHER PROVIDED, that after giving notice of termination or reduction of liability, the surety may
reinstate or increase its liability by the execution and filing of a new bond or by mailing written notice to the DFI
indicating that the surety desires to continue as surety for the licensee and that its prior notice of termination or
reduction of liability is withdrawn and rescinded.

FURTHER PROVIDED that, if this bond is not previously terminated as set forth above, the liability of
the surety shall expire two (2) years after the date of the surrender, revocation, or expiration of the subject
license, whichever shall first occur.

THIS BOND shall be effective on and after _____ or, if left blank, the day of execution by surety shall be the effective date of the bond. The bond shall be effective, if accepted by the DFI, without further notice.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this _____ day of _____, 200_.

LICENSEE:

[Corporate Seal]
(If Any)

(Licensee's Name)

(Signature)

(Print Signature Name)

(Title) (Date)

Surety Must Attach Power of Attorney

(Surety)

[SURETY SEAL]

(Signature)

(Print Signature Name)

(Telephone Number) (Date)

Name, address, and telephone number of the Surety representative to contact in the event a claim must be filed:



Fingerprinting in Indiana

Department of Financial Institutions

PLEASE READ ALL 4 PAGES OF INSTRUCTIONS



Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to www.L1enrollment.com and choose Indiana.
2. If you do not have access to the internet, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked the following questions instead of completing these steps yourself.
3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish)
4. Enter your first and last name and click "go"
5. Choose your Agency Name **Department of Financial Institutions** and click "go".
6. Choose the correct Applicant Category for your license type and click "go".
7. Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map, or enter a zip code to get a list of locations in a specific area. Press "go"
8. Click on the words "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week>>" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "go".
9. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click "Send Information"
10. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click "Send Information".
11. Complete your payment process and click "Send Payment Information".
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one** the following with you to your fingerprinting appointment: Valid Driver License, Valid State Issued Identification Card, Valid Passport, Student ID with Picture and DOB, Work ID with Picture and DOB, Valid Alien ID card with Picture and DOB. If you do not have the above identification, you will need **both** a valid Birth Certificate and a Social Security Card.
14. Arrive at the facility at your appointed date and time.
15. The Enrollment Officer at the site will check you ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session which can be provided to your agency for proof of fingerprinting, if needed.
17. All results will be processed and delivered to the Department of Financial Institutions. L-1 is never in possession of criminal record data results.

Indiana Card Scan Processing Procedures

Applicants who reside out of state, or are physically unable to go to a location to be fingerprinted may use L-1's Card Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location. The section below details the procedures for submitting fingerprints to the Card Scan Processing Unit.

Indiana Licensing and Certification

- Applicants must go online to the L-1 Enrollment website (www.l1enrollment.com) or call the toll free registration center at 1-877-472-6917 and complete the registration process. During the registration process, applicants should select "**Pay for Ink Card Submission**" on the Appointment Details page. This will identify to L-1 that a hard card will be mailed to them for conversion to an electronic fingerprint record which will then be submitted to the Indiana State Police.

Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

Pay for Ink Card Submission

Enter a zip code to determine the closest fingerprinting location.

go

or

Please choose the region you will be in for your enrollment appointment.

CENTRAL go



If you have any questions with the website, please contact L-1 Enrollment Services at 877-472-6917.

PRIVACY POLICY | PRIVACY STATEMENT
COPYRIGHT © 2004-2005 L-1 IDENTITY SOLUTIONS

- Applicants should complete the entire registration process; a confirmation number will be supplied at the end of the registration process. This number should be retained by the applicant for tracking purposes. This confirmation number must be recorded on the fingerprint card when it is submitted to L-1 for proper processing.

- Fingerprints may be submitted on standard FBI applicant cards (FD-258); use of other types of fingerprint cards may delay your processing. FBI applicant cards are available from your employing or licensing agency. *Due to agency specific information, L-1 does not provide fingerprint cards to applicants.*
- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards.
- Applicants need to make sure the following information is completed on the fingerprint card. **Required information includes: Full name, Date of Birth, and the confirmation number provided at the end of the registration process.**
- Applicants for Department of Children’s Services (DCS) must have approval from DCS COBCU to submit a hard card for processing via this method. Applicants must include a copy of their email from COBCU authorizing the submission of a hard card. Failure to include a copy of the email from COBCU will result in the card being returned to the applicant and will delay the process.
- If paying by Business Check or Money Order, include the full name of the applicant on each check or money order. If one Business Check or Money Order is being used as payment for more than one applicant, please include a list of all applicant names. Personal checks are not accepted.
- The fingerprint card along with the appropriate fee, if required and not paid by Escrow Account or Credit Card at the end of registration, should then be sent to the following address (for tracking & security reasons, it is recommended that a shipping service with tracking service be utilized):

*L-1 Enrollment Services
Indiana Processing
1650 Wabash Ave Suite D
Springfield, IL 62704*

- Please include at least two (2) means of contact for each applicant for which a fingerprint card is submitted where the applicant can be reached if there are any questions related to the processing of the fingerprint card (for example, a daytime and evening telephone number or a cell phone number and email address, etc).
- Applicants wishing to verify that a fingerprint card has been processed may call 877-472-6917 and speak with a customer service representative. Please allow 3 days from date of mailing before contacting L-1 regarding processing status.

Failure to complete the process as stated on these instructions will result in the card being returned to the applicant, which will delay the process.



Indiana Department of Financial Institutions Applicant Fingerprinting Form



Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Daytime Contact # _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Birthplace: _____
Month Day Year State

Citizenship: _____ Height: _____ Weight: _____

Original TCN (if this is a reprint) _____

CIRCLE CODES THAT APPLY

<u>SEX</u>	<u>HAIR COLOR</u>	<u>EYE COLOR</u>
MaleM	Bald BAL	Black BLK
Female F	Black BLK	Blue BLU
	Brown BRO	Brown BRO
<u>RACE</u>	Gray/Part Gray . . . GRY	Gray GRY
Asian or Pacific Islander . . . A	Red/Auburn RED	Green GRN
Black B	Sandy SDY	Hazel HAZ
American Indian or	White WHI	Maroon MAR
Alaskan I		Multicolored MUL
Unknown U		Pink PNK
White W		

Go to www.L1Enrollment.com or call 1-877-472-6917 to schedule fingerprinting appointments. Use requesting agency information below to ensure correct processing and fees.

Please bring your **Drivers License (or other State or Federal issued Photo ID)** to your fingerprint appointment

Requesting Agency Information
ORI Number - IN920130Z

Agency Name: **Department of Financial Institutions**