



**AFFIDAVIT OF MONEY TRANSMITTER
LICENSEE: PRIVACY OF FIREARMS**
State Form 57481 (08-24)
INDIANA DEPARTMENT OF FINANCIAL INSTITUTIONS

**INDIANA DEPARTMENT OF FINANCIAL INSTITUTIONS
CONSUMER CREDIT DIVISION**
30 S. Meridian St. Suite 200
Indianapolis, IN 46204
317-453-2566 (Direct - Licensing)
Email: DFILicensing@dfi.in.gov
Website: www.in.gov/dfi

INSTRUCTIONS:

*A person who engages in money transmission in Indiana as defined pursuant to I.C. 28-8-4.1-201 is required to comply with the provisions of [I.C. 24-5-27.5](#), Privacy of Firearms Financial Institutions. The Department requires submission of this Affidavit in connection with an application for a new license as an Indiana DFI Money Transmitter, and with each annual renewal of the license. Failure to provide the Affidavit may result in denial of a license application or license renewal.
Additional documentation may be required by the Department to verify the information contained in the Affidavit.*

COMPANY INFORMATION	
Company Name	
Company NMLS Number	The company is currently an Indiana DFI Money Transmitter: <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee

AFFIANT INFORMATION	
Affiant Name	Affiant Title
Affiant Mailing Address (<i>number and street, city, state, and ZIP code</i>)	
Affiant Email Address	

AFFIRMATION	
<p>By executing this affidavit under oath, the undersigned verifies the following with respect to the operations of the above-named company ("Company"):</p> <p>Affiant is employed by and is an officer or a control person of the Company.</p> <p>Affiant has read and understands I.C. 24-5-27.5, Privacy of Firearms Financial Institutions.</p> <p>Affiant asserts that the Company ensures compliance with I.C. 24-5-27.5, and</p> <ol style="list-style-type: none"> (1) does not retain a listing, file, or other determining information as to customers who have purchased firearms and/or where the firearms merchant category code has been transmitted <i>via</i> a merchant transaction; (2) has not disclosed a financial record that is related to a payment card transaction that includes protected financial information, including a firearms code that was used, collected, or assigned, in violation of IC 24-5-27.5; and (3) has not denied a customer transaction due to a firearms merchant category code. <p>The undersigned also hereby verifies that they are at least 18 years of age. In making the above representation under oath, the Affiant understands that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation shall be guilty of a violation of I.C. 28-8-4.1 and face criminal penalties as allowed pursuant to I.C. 28-8-4.1-1109. I affirm that the above information is true and correct.</p>	
Executed in (City, County, State):	
Affiant Signature	Affiant Printed Name