Secretary of State

Affidavit for Remittance Agent License

This space for use by Secretary of State.

Secretary of State
Vehicle Services Department
Dealer Services
501 S. Second St., Rm. 069
Springfield, IL 62756
217-782-2942
www.cyberdriveillinois.com

STATE OF ILLINOIS)
)
County of _____)

_____,
Affiant's Name

first being duly sworn, deposes and says:

1. That affiant is age 21 or older.
2. That affiant is now and has been for more than _____ years a continuous resident of the city of _____,

   County of _____ , State of Illinois.
3. That affiant is engaged in the business or occupation of _____.
4. That affiant is personally acquainted with _____.
   Name of Applicant
5. That affiant has known said applicant for at least two years and that the applicant is of good moral character, whose general reputation for honesty and business integrity in the community is good.

Further affiant sayeth not.

_____ _____
Affiant's Name Date

Subscribed and sworn to before me this _____ day of _____, _____.
Month Year

_____
Notary Public

Printed by authority of the State of Illinois. January 2007 — 3.25M — RA 6.7