



ROGER C. BOGSTED  
COMMISSIONER

**2009**

**COUNTY OF NASSAU**  
**OFFICE OF CONSUMER AFFAIRS**  
200 County Seat Drive, Mineola New York 11501  
516-571-2600

**ATM REGISTRATION FORM**

NEW REGISTRATION       RENEWAL

**LOCATION OF ATM**

STORE/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (    ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

**ATM INFORMATION**

24 HOUR TOLL FREE SERVICE NUMBER FOR CUSTOMER SERVICE: \_\_\_\_\_

ATM FEE ASSESSED PER TRANSACTION: \$ \_\_\_\_\_

WHAT TYPES OF TRANSACTIONS CAN THE ATM PERFORM?:

- DISPENSE CASH                                       DETERMINE ACCOUNT BALANCES
- TRANSFER FUNDS WITHIN AN INSTITUTION (If checked, see category A below)
- OTHER (PLEASE SPECIFY): \_\_\_\_\_

A. IS THIS ATM REGISTERED WITH AN "EFT" NETWORK:      YES              NO

NAME OF "EFT" INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

IS THE ATM IN COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS:

YES                                      NO

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

**SERVICING AGENT**

(THIS IS THE PERSON OR COMPANY WHICH "CONTRACTS WITH AN OPERATOR TO PROVIDE CUSTOMER RELATIONS, FINANCIAL RECORD KEEPING, REPAIRS OR SERVICE")

NAME OR TRADE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (    ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

**(SEE REVERSE SIDE)**

**OWNER/OPERATOR OF ATM**

NAME OF CORPORATION/OPERATOR: \_\_\_\_\_  
CORPORATE ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE NUMBER: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_  
FEDERAL EMPLOYERS' IDENTIFICATION NUMBER: \_\_\_\_\_  
NEW YORK STATE EMPLOYERS' IDENTIFICATION NUMBER: \_\_\_\_\_  
24 HOUR TOLL FREE SERVICE NUMBER FOR CUSTOMER SERVICE: \_\_\_\_\_

**OFFICERS**

THIS IS THE PERSON OR COMPANY WHICH "CONTRACTS WITH AN OPERATOR TO PROVIDE CUSTOMER RELATIONS FINANCIAL RECORD KEEPING , REPAIRS OR SERVICE")

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

**MAILING INFORMATION**

Where should the sticker (s) be mailed:  Location  Owner/Operator  Servicing Agent  
 Other Location (see below)

Other location: \_\_\_\_\_

**\*\*Please remember to enclose one of the following with this application as per Local Law 2-2005:**

- 1. Copy of the Operation/lease Agreement between Store and Operator**
- 2. Proof of ownership of ATM by merchant**

I have received and read a copy of Local Law 2-2005 regarding the Rules and Regulations of registering all Non-bank location ATM's with the Nassau County Office of Consumer Affairs. I understand the law, rules & regulations as stated and agree to comply. **FAILURE TO COMPLY WITH THE LAW OR FALSIFICATION OF THIS DOCUMENT MAY RESULT IN A VIOLATION PUNISHABLE UP TO \$5000.00 AND CRIMINAL PROSECUTION.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE OF REGISTRATION: \_\_\_\_\_ REGISTRATION CODE # \_\_\_\_\_  
ATM STICKER #: \_\_\_\_\_  RENEWAL  NEW REGISTRATION  
OCA AUTHORIZATION: \_\_\_\_\_ AMT PAID: \$ \_\_\_\_\_ CHECK #: \_\_\_\_\_  
ATM LEASE / PROOF OF OWNERSHIP ATTACHED: YES NO