



## Office of Consumer Protection

50 Sanatorium Road, Building A, 5<sup>th</sup> Floor, Pomona, NY 10970  
Phone: (845) 364- 3901 Email: CPLCAL@co.rockland.ny.us

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Director and Public Advocate

## NON-BANK ATM REGISTRATION

### PART I. REGISTRATION INFORMATION

Answers to all questions must be accurate and complete. Please do not leave blank spaces. Write N/A as needed. False statements made herein are punishable by a Class A Misdemeanor pursuant to 210.45 of the NYS Penal Law.

Check box to indicate Registration Type:

- Initial Registration (\$55)
- Adding ATM Machine (\$25/machine)
- Moving Registered ATM (\$10 per machine/location)

If not your first registration, provide the following

Registration Number: \_\_\_\_\_

Operator/Trade Name: \_\_\_\_\_

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Name of Operator or Trade Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_.com

Contact Person: \_\_\_\_\_

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**NOTE: The Contact Person and Phone Number will be placed on a decal which will be affixed to the ATM.**

### PART II. ATM INFORMATION

Name of ATM's Location: \_\_\_\_\_

ATM Street Address: \_\_\_\_\_

Town/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_.com

Contact Person: \_\_\_\_\_

If the operator/distributor of this private ATM is registered with an EFT network, please provide EFT Network information below:

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1. **What Types of Transactions Can the ATM Perform?**

- Dispense Cash
- Determine Account Balances
- Transfer Funds Within an Institution
- Other (Please Specify): \_\_\_\_\_

2. **Fee Assessed at ATM Per Transaction:** \$ \_\_\_\_\_

3. **Maximum amount that can be withdrawn:** \$ \_\_\_\_\_

4. **Indicate Make, Model and Serial Number of ATM:**

Make	Model	Serial Number

5. **Servicing Agent** [Note: 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** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town/Village:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_ @ \_\_\_\_\_ .com

**Contact Person:** \_\_\_\_\_

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Attach the completed application form and email to [CPLCAL@co.rockland.ny.us](mailto:CPLCAL@co.rockland.ny.us)

**NOTE: Once your application is reviewed, you will receive an invoice via email for online payment. Payment must be made immediately to avoid processing delays.**

**I hereby submit my ATM registration application in accordance with the above provisions and request that my application be approved.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Note: Digital / Typed signatures are not accepted.**