

**ALTERNATE SITE RECORDKEEPING APPROVAL REQUEST FORM UNDER THE CONSUMER
CREDIT CODE RELATED TO MOTOR VEHICLE SALES FINANCE**

1. To request approval for alternate site recordkeeping, licensees must: (1) complete the Approval request form for Alternate Site Recordkeeping pursuant to the Consumer Credit Code related to Motor Vehicle Sales Finance by filling in the blanks with the requested information and (2) mail or e-mail a signed copy to:

Non-Depository Licensing Office
Attn: Alternate Site Records/Jennifer Cox
Pennsylvania Dept. of Banking and Securities
17 N. 2nd St, Ste 1300
Harrisburg, PA 17101
jencox@pa.gov

2. Approval Requests that are incorrectly or not fully completed and/or unsigned will be returned to the Licensee.
3. Upon receipt of the Approval Request form the Pennsylvania Department of Banking and Securities (Department) will review the request and determine whether or not to approve the request.
4. **A Request for Alternate Site Recordkeeping is not approved until the licensee receives an approval letter from the Department.**
5. You will be notified in writing if the alternate site recordkeeping request is not approved and the reasons for any non-approval.



REQUEST FOR APPROVAL OF ALTERNATE SITE RECORDKEEPING LOCATION PURSUANT TO THE CONSUMER CREDIT CODE RELATED TO MOTOR VEHICLE SALES FINANCE

Licensee requests that the Department approve alternate site recordkeeping for its books, accounts and records of the business (collectively the “Records”) under the Consumer Credit Code related to motor vehicle sales finance (Code).

1. Licensee: _____, License No.: _____, under the Code is requesting alternate site recordkeeping by submitting to the Licensing Office this signed Approval Request for Alternate Site Recordkeeping.

2. Licensee currently retains its Records at its place of business designated on its Department license (the “Licensed Location”):

_____ Street
_____, _____ Zip
City State

3. Licensee requests that it be permitted to store some or all of its Records at (the “Alternate Location”):

_____ Street
_____, _____ Zip
City State

Please mail or e-mail this completed form to:

Non-Depository Licensing Office
Attn: Alternate Site Records/Jennifer Cox
Pennsylvania Dept. of Banking and Securities
17 N 2nd St, Ste 1300
Harrisburg, PA 17101
jencox@pa.gov

Date: _____ Name of Licensee: _____

Officer Signature: _____

Officer Name (Printed): _____

Title of Officer: _____