



**COUNTY OF NASSAU**  
**OFFICE OF CONSUMER AFFAIRS**  
240 Old Country Road, Mineola New York 11501  
516-571-2600

**2015**

**EDWARD P. MANGANO**  
COUNTY EXECUTIVE

**MADALYN F. FARLEY**  
COMMISSIONER

**ATM REGISTRATION FORM**

(ALL SECTIONS MUST BE COMPLETED)

☐ NEW REGISTRATION (\$150) ☐ RENEWAL (\$100)

**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)**

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: \_\_\_\_\_

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Where should the sticker (s) be mailed:

☐ Location      ☐ Owner/Operator      ☐ Servicing Agent

☐ Other Location (see below)

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

1. **Copy of the Operation/lease Agreement between Store and Operator. (If not filed already)**
2. **Proof of ownership of ATM by merchant.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

ATM STICKER #: \_\_\_\_\_ ☐ RENEWAL ☐ NEW REGISTRATION

OCA AUTHORIZATION: \_\_\_\_\_ AMT PAID: \$ \_\_\_\_\_ CHECK #: \_\_\_\_\_

ATM LEASE / PROOF OF OWNERSHIP ATTACHED: YES NO