



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Collateral Management

Department of Financial Services
Division of Treasury
Bureau of Collateral Management
200 East Gaines Street
Tallahassee FL 32399-0345

**APPLICATION OR REAPPLICATION
FOR DESIGNATION**

Instructions: Submit this completed form to the Chief Financial Officer by email at PublicDeposits@myfloridacfo.com.

Institutional Information (pursuant to sections 280.02, 280.04, and 280.05, Florida Statutes (F.S.))

Applicant's Legal Name:
Charter Type: ☐ Federal ☐ State
FEIN:
ABA #:
Main Office Address:
RSSD ID/Key:
Primary Regulator:
FDIC Certificate No. (if applicable):
NCUA Charter No. (if applicable):
Holding Company (if applicable):
Date Institution Established:
Total Assets from latest Call Report or 5300 Call Report: \$
Quarter of Call Report or 5300 Call Report:

Contact Information (pursuant to section 280.05, F.S.)

Application Contact (officer/employee responsible for application responses for designation)

Name: Title:
Phone: E-mail:

Designation Primary Contact (officer/employee responsible for the institution's overall participation in the public deposits program)

Name: Title:
Phone: E-mail:

Secondary Contact (optional, principal back-up to the primary contact)

Name: Title:
Phone: E-mail:

Minimum Requirements (pursuant to section 280.02, F.S.)

1. Is your institution organized under the laws of the United States, the laws of this state, or any other state of the United States? ☐ Yes ☐ No
2. Does your institution have its principal place of business in this state or has a branch office in this state which is authorized under the laws of this state or of the United States to receive deposits in this state? ☐ Yes ☐ No
3. Does your institution have deposit insurance by the Federal Deposit Insurance Corporation or the National Credit Union Share Insurance Fund? ☐ Yes ☐ No
4. Does your institution have procedures and practices for accurate identification, classification, reporting, and collateralization of public deposits? ☐ Yes ☐ No

Certification

By signing below, I am authorized to sign on behalf of the foregoing applicant, and certify that the facts stated in it are true to the best of my knowledge and belief.

Authorized Officer Signature: _____
Printed Name:
Title:
Date: