



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF BANKING
PO Box 040
TRENTON, NJ 08625-0040

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

THOMAS B. CONSIDINE
Commissioner

DATE:

**RE: PAWBROKER EXAMINATION
REF #**

Dear Licensee:

Pursuant to the authority granted to the Commissioner by the laws of the State of New Jersey, the Department of Banking and Insurance has scheduled an examination of your operations conducted under the above captioned authorities.

The Examiner-in Charge, _____ has scheduled your examination date for _____. You may contact the examiner via email at _____@dobi.state.nj.us or telephone number _____.

Please refer to the enclosed instructions and have the requested information **(Scope)** available for the examiner.

In addition to furnishing the requested information, please have responsible contact person available during the course of the examination. Also, please provide **adequate private working space** for the examiner(s) with a convenient electrical outlet for their computer equipment.

Your immediate attention to the above is requested. If you have any questions please contact Maryann Moticha at 609-292-7272, ext. 50219.

Sincerely,

John S. Pavlovsky Jr.
Field Manager
Office of Consumer Finance

SCOPE

INSTRUCTIONS

Please have the following items ready for the examiner's review. The review period includes the time since the previous examination or _____ to the present day_____.

1. A sample of blank documents (i.e. pawn ticket).
2. Please have available statements of all checking or other transactional type accounts with cancelled checks (copies are acceptable) for the period under review as requested by the examiner.
3. A copy of the most recently prepared financial statements and the most recently filed annual report for years ended 20 and 20 .
4. Supporting documentation showing total dollar amount \$ of pledges for the period_____ to_____.
5. Auction sales information including advertisement.
6. Unclaimed pawn and lost pawn ticket information.
7. Current insurance policy showing effective coverage dates and \$ dollar amount of coverage. Copy of current Bond coverage.
8. A sample of pawned items will be reviewed as selected by the examiner.
9. All files concerning any enforcement actions issued by the Department.
10. All files containing any complaints received during the review period.
11. All files containing any pending litigation.



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Acting Commissioner

AFFIDAVIT OF PRINCIPAL OFFICER OR LICENSEE

I, _____, Principal officer/licensee of _____,

do solemnly affirm that, to the best of my knowledge and belief, the information provided in response to the Scope is complete and correct at the time of the commencement of the examination and that any changes thereto will be immediately reported to the Examiner-in-Charge before the completion of the examination.

Principal Officer/Licensee

Title

Date