

Internal Use
TCC Code

# FORM DCC-4419A

## Application for Magnetic Reporting of Suspicious Activity Report (SAR)

1. Name and address of organization (street, city, state, zip code)	2. Person to contact about this request  Name  Title  Telephone Number: (Include area code)
3. Employer Identification Number (EIN)	4. Calendar year for which you will begin to file on magnetic media
5a. Transmitter name and address if different from item 1	5b. Employer Identification Number (EIN)
	5c. Transmitter control code (TCC)

6. Type of magnetic media to be used:

5 1/4" Diskette

3 1/2" Diskette

7. Person responsible for DCC-Form 4419a

7a. Name	7b. Title
7c. Signature	7d. Date