



Texas State Securities Board
P.O. Box 13167
Austin, Texas 78711-3167

**Request for Recognition of Out-Of-State License or Registration
Pursuant to Occupations Code §55.0041
(§115.18(h) or §116.18(h))**

1. Name of Applicant: _____

2. Capacity (check all that apply):

- Dealer (sole proprietor)
- Investment Adviser (sole proprietor)
- Agent
- Investment Adviser Representative

3. CRD No. of Applicant (if applicable): _____

4. Name of Employer: _____
Employer CRD or IARD No. (if applicable): _____

5. I, the Applicant: (check all that apply)

- am a military service member
 military spouse
as those terms are defined in §115.18(a) or §116.18(a).

- hold a current registration issued by another state, the District of Columbia, or a territory of the United States. Please list all such jurisdictions where the applicant holds a comparable current registration: _____

6. Please attach proof of residency in Texas and provide a copy of your military identification card.

I acknowledge that, before I will engage in business in the State of Texas in the capacity designated above, I must first receive confirmation from the Texas State Securities Board that I am authorized to engage in such activity in accordance with Occupations Code, Section 55.0041, and Board Rule 115.18(h) (if capacity is as a dealer or agent) or Board Rule 116.18(h) (if capacity is as an investment adviser or investment adviser representative). As required by Occupations Code, Section 55.0041(c), I shall comply with all other laws and regulations applicable to persons registered in the designated capacity in this state. If recognized in the capacity of a dealer or investment adviser, this includes being subject to inspection pursuant to §4007.105 (formerly Section 13-1) of the Texas Securities Act. I will notify the Securities Commissioner within 30 days if I become ineligible under Occupations Code, Section 55.0041, and Board Rule 115.18 or 116.18 to engage

in business in Texas without registration.

The undersigned affirms that to the best of his or her knowledge, information, and belief the statements made on this form are current, true, and complete.

Executed the ____ day of _____, 20____.

Signature

Printed name