Ä551.402(1) & (4), Wis. Stats. and 4.01(1) & (4)(c), Wis. Adm. Code

STATE OF WISCONSIN
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF SECURITIES

You can fill out this form online by clicking on the Firm Name line, filling in the required information, and using the TAB key to advance to the next question. You must then print out the completed form for submission to the Division. Use the RESET button at the bottom to clear all fields.

4822 Madison Yards Way North Tower
PO Box 1768
Madison, WI 53701-1768
(608) 266-2139 TTY: 711
Internet: www.wdfi.org

WISCONSIN AGENT FOR ISSUER U4 SUPPLEMENTAL INFORMATION

1. Name of Issuer: _____

2. Name of Offering:_____

3. Full name, residence and Social Security number of agent applicant:

_____
(*Last*) (*First*) (*Middle*)

_____
(Street Address or Route Number)

_____ _____
(City) *(State)* *(Zip)* *(Social Security Number)*

4. Has applicant previously been registered in Wisconsin? _____Yes _____ No

   If "yes", provide name of broker-dealer or issuer for whom registrationd:
   _____

5. Applicant's Wisconsin securities activities will consist of:

   _____Solicitation only, no sales

   _____Agent of Issuer sales for:
   _____Registered Securities
   _____Exempt Offering
   (S-63 Exam Results & Proof of Applicable FINRA Exam Attached)

Reset Form

QUALIFICATION EXAMINATIONS:
Each **AGENT FOR ISSUER** registration applicant must have passed the Uniform Securities Agent State Law Examination (S63) and the FINRA Representative's Examination applicable to the type of securities business the applicant will transact.

UNDERTAKING: Each application must be accompanied by an Undertaking outlining the training and supervision that will be provided by the issuer.

FEES: Each applicant must include the $80 filing fee prescribed by sec. 551.614(2), Wis. Stats.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.
This form is required under Section 551.406(1) Wis. Stats. ***Failure to comply within 30 days may result in the denial of a registration.*** Personally identifiable information collected on this form may be matched against tax information, outstanding child and family support data and information from law enforcement agencies. Other information requested may also be used for secondary purposes.

FOR SECURITIES OFFICE USE ONLY

Filing Fee: _____ Registration Number: _____

Receipt Number: _____ Registration Date: _____ Limitations: _____