

STATE OF WISCONSIN
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF SECURITIES



Mail Specified Documents to: PO Box 1768
Madison, WI 53701-1768
(608) 266-2139
Internet: www.wdfi.org

WISCONSIN BROKER-DEALER ACTIVITY OF APPLICANT

Pursuant to §551.401(1), Wis. Stats., it is unlawful for any person to transact business in Wisconsin as a broker-dealer unless so registered under Chapter 551, Wis. Stats., except that a person who effects transactions in this state exclusively for the account of or exclusively in offers to sell or sales as specified in §551.401(2) and (4), Wis. Stats., or section DFI-Sec 4.10(1), Wis. Adm. Code, is not required to be so registered.

Transacting business includes effecting or attempting to effect transactions in securities and/or soliciting any person in the state to become a customer of the broker-dealer.

The fact that a person may have transacted business as a broker-dealer in Wisconsin in violation of §551.401(1), Wis. Stats., does not mean that a person's Wisconsin registration application will automatically be denied.

As part of the Wisconsin Broker-Dealer Registration Application, the applicant must respond as to whether or not the applicant has engaged in broker-dealer business in Wisconsin without being properly registered. To facilitate your response, please complete the questionnaire below and return the completed form to this Division.

NO, this applicant is not now transacting and has never transacted broker-dealer business in Wisconsin.

YES, this applicant has transacted broker-dealer business in Wisconsin prior to this application.
The applicant agrees to stop transacting such business immediately, until properly registered.

If **yes**, list all transactions effected in Wisconsin:

Name & Address of Customer	Date of Transaction	Description of Transaction	Date of Client Agreement	Name of Agent	Total Commissions Charged
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(Attach additional pages if space provided is insufficient.)

Name of Applicant _____

Firm's Authorized Signatory

Typed Name and Title of Signatory

Date _____ Firm CRD Number _____

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.