Courier Address: 4822 Madison Yards Way North Tower Madison, WI 53705 DEPARTMENT OF FINANCIAL INSTITUTIONS Division of Securities

STATE OF WISCONSIN



Mailing Address: Department of Financial Institutions Division of Securities PO Box 1768 Madison, WI 53701-1768 (608) 266-2139; TTY: 711 DFISecurities@dfi.wisconsin.gov dfi.wi.gov

Wisconsin Broker-Dealer Activity of Applicant

Pursuant to <u>Wis. Stat. s. 551.401(1)</u>, it is unlawful for any person to transact business in Wisconsin as a broker-dealer unless so registered under <u>Wis. Stat. Ch. 551</u>, 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 <u>Wis. Stat. s. 551.401(2)</u> and <u>(4)</u>, or <u>Wis. Admin. Code s.</u> <u>DFI-Sec 4.10(1)</u>, 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 <u>Wis. Stat. s.</u> <u>551.401(1)</u>, 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 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 the 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	Date of	Description of	Date of Client	Name of Agent	Total Commissions
of Customer	Transaction	Transaction	Agreement		Charged

(Attach additional pages if space provided is insufficient.)

Name of Applicant:

Signature:

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.

Form DOSBDAA (Revised November 2022)