

STATE OF WISCONSIN
DEPARTMENT OF FINANCIAL INSTITUTIONS

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Division of Securities



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Division of Securities
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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 the registration was granted:

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

_____ Solicitation only, no sales

_____ Agent of Issuer sales for:

_____ Registered Securities

_____ Exempt Offering

(Series 63 Exam Results & Proof of Applicable FINRA Exam Attached)

QUALIFICATION EXAMINATIONS:

Each **AGENT FOR ISSUER** registration applicant must have passed the Uniform Securities Agent State Law Examination (Series 63) 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 [Wis. Stat. s. 551.614\(2\)](#).

This document can be made available in alternate formats upon request to qualifying individuals with disabilities. This form is required under [Wis. Stat. s. 551.406\(1\)](#). 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: _____