

**Oregon Department of Consumer and Business Services  
Division of Financial Regulation**

350 Winter St. NE, Room 410, Salem, Oregon 97301-3881  
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www.dfr.oregon.gov



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**Trade Name or Assumed Business Name Application**

ORS 59.175(8) and OAR 441-175-0171

New  Amended

**Instructions:** Any person holding a license or applying for a license issued under ORS 59.005 to 59.370 who wants to operate under a trade name or an assumed business name must submit this application to the director for each name to be used.

**I. REQUESTED TRADE OR ASSUMED BUSINESS NAME**

Requested trade or assumed business name: \_\_\_\_\_

**II. LICENSEE INFORMATION**

Name of licensee: \_\_\_\_\_

CRD number: \_\_\_\_\_

Principal address: \_\_\_\_\_

Contact name (if the licensee is a firm or entity): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_



### III. ADDITIONAL QUESTIONS

1. Has the requested trade or assumed business name been registered with the Oregon Secretary of State? Yes \_\_\_ No
  
2. Has the licensee amended their NASAA Form U-4, Form BR, and/or Form ADV Part 2 to reflect the use of the trade or assumed business name? Yes \_\_\_ No
  
3. Is the licensee a salesperson, investment adviser representative, independent contractor, or associated person that is subject to the supervision of a broker dealer or investment adviser firm? Yes \_\_\_ No
  - a. List the name of the supervising broker dealer, investment adviser firm, or both.  
\_\_\_\_\_
  
  - b. Has the use of the trade or assumed business name been disclosed and approved by the supervising broker dealer, investment adviser firm, or both? Yes \_\_\_ No

### IV. EXECUTION AND SIGNATURE

I declare, under penalty of perjury, that I am authorized to sign this application and, to the best of my knowledge and belief, the information contained in this document is true, correct, and complete. I understand that making false statements in this document is a violation of ORS Chapter 59 and may be subject to civil penalties, criminal sanction, or both.

The requested trade or assumed business name has been registered with the Oregon Secretary of State and will not be used to fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents of the licensee.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title  
(if applicable): \_\_\_\_\_

Date: \_\_\_\_\_



### ADDITIONAL INSTRUCTIONS

- Complete this application by submitting this form to the director and paying a \$50 filing fee. The form may be submitted by mailing it to the address on this form or by emailing it to DFR.repreg@oregon.gov.
- Upon the receipt of a complete application, the division will issue an order authorizing the licensee to operate under the trade name or assumed business name. The order will remain in effect until it is canceled, suspended, or revoked.
- The fact that the director has issued an order authorizing the use of a trade or assumed business name does not in any way mean that the director has made a finding that the statements in this application are true, complete, and not misleading. Any representation to the contrary is a criminal offense.
- The fact that the director has issued an order authorizing the use of a trade or assumed business name does not remove the need for the licensee to comply with any laws or rules promulgated by the Oregon Secretary of State, FINRA, the compliance procedures of the licensee's firm (if applicable), or the laws or rule of any other jurisdiction.
- Any person using a trade name or assumed business name under an order issued by the director must notify the director in writing of any change in address, contact name, phone number, or fax number within 30 days after any change.
- Any person making a change to the trade name or assumed business name must submit a new application and filing fee.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Credit card number	Expiration date
Name of cardholder as shown on credit card	
Cardholder signature	\$ Amount

**Make check or money order payable to  
Department of Consumer & Business Services.**  
If paying by credit card, applicant must sign  
credit-card information box.

**Mail application with payment to:**  
DCBS — Fiscal Services  
P.O. Box 14610  
Salem, OR 97309-0405

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**Fiscal use only: 92300/93110/1002 \$50.00**

