

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

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OREGON BROKER-DEALER AFFIDAVIT
ORS 59.165, ORS 59.175

Date: _____

Full name of broker-dealer: _____

Firm CRD number: _____

I, _____, being first duly sworn upon oath, depose and say based on
(Printed name of affiant)
my personal knowledge, information, and belief:

1. I am employed by: _____ (applicant) as its
_____ (title).
2. I am authorized to execute this Affidavit on behalf of the applicant.
3. The applicant has applied to be licensed as a broker-dealer firm with the director of the Oregon Department of Consumer and Business Services, Division of Financial Regulation (the director).
4. I acknowledge that the director wishes to determine whether the applicant has engaged in the offer and/or sale of securities in Oregon. I have conducted a review of the applicant's records and made diligent inquiry in this regard.
5. I understand that this affidavit constitutes a statement to the director pursuant to ORS 59.245(2), and that filing a false statement to the director is, pursuant to ORS 59.135(4) and ORS 59.451, a violation of the Oregon Securities Law and grounds for action against the affiant and the applicant.
6. The affiant and the applicant hereby certify:
 A. The applicant, by or through any of its securities salespersons, has made NO offers or sales of securities in the state of Oregon and will not engage in the securities business in Oregon until duly licensed with the director.
 B. The applicant, by or through any of its securities salespersons, has offered or sold securities in Oregon, and attached to this affidavit is a listing of the names, addresses, and phone numbers of all Oregon customers; transaction dates; descriptions of the Oregon transactions; specific exemptions relied upon, if any, for each transaction; and the amount of commissions generated from each Oregon customer.

Dated this _____ day of _____, 20 ____.

(Signature of affiant)

(Printed name of affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20 ____.

(Signature of notary public)

(Printed name of notary public)

County of: _____

Notary public for the state of: _____

My commission expires: _____

