



**NON-FINRA BROKER-DEALER RENEWAL APPLICATION**  
**ORS 59.185**

Name of licensee: \_\_\_\_\_ License number: **BD-** \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Phone: (    )    - \_\_\_\_\_  
 Title of contact person: \_\_\_\_\_ Fax: (    )    - \_\_\_\_\_  
 Email: \_\_\_\_\_

The non-FINRA broker-dealer firm identified above hereby applies for renewal of its license in Oregon.

All material changes as defined in OAR 441-175-0105 have been filed with the Division of Financial Regulation for the past year or are shown on the amended Form BD filed with this renewal application.

The name of the person who is the firm's supervisor of operations in Oregon:

The licensee files financial statements with the SEC on Form 10K.     Yes     No

If no, please provide the name and phone number of a contact person from whom to request these statements.

**VERIFICATION**

I declare, under penalty of perjury, that I am \_\_\_\_\_ (*title or position*) of the licensee and I am fully authorized to file this renewal for and on behalf of the licensee. I have read and am familiar with the information in this renewal and with all materials or documents accompanying it. To the best of my knowledge and belief, the information contained in this renewal and the accompanying documents is true, correct, and complete.

By (*type or print name*): \_\_\_\_\_ Date: \_\_\_\_\_

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

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover    Phone: _____								
<table border="0" style="width:100%"> <tr> <td style="width:70%">Credit card number _____</td> <td style="width:30%">Expiration date _____</td> </tr> <tr> <td colspan="2">Name of cardholder as shown on credit card _____</td> </tr> <tr> <td>Cardholder signature _____</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>Amount</td> </tr> </table>	Credit card number _____	Expiration date _____	Name of cardholder as shown on credit card _____		Cardholder signature _____	\$ _____		Amount
Credit card number _____	Expiration date _____							
Name of cardholder as shown on credit card _____								
Cardholder signature _____	\$ _____							
	Amount							

**Make check or money order payable to Oregon Division of Financial Regulation.** 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 97309-0445

**Fiscal use only: 93110/1001**  
**Fee: \$250**

