

**Oregon Department of Consumer & Business Services
Division of Finance & Corporate Securities**

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
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www.oregondfcs.org



REPRESENTATIVE RENEWAL OR TERMINATION

To **RENEW** the license of a representative shown as active on the attached computer print-out, the employer and employee must complete this form, which **must be received by the Securities Section no less than 30 days before the expiration date of the current license**. Incomplete renewal forms will not be processed. The employer must complete the employee information section and sign the election and verification. The employee must complete and sign the disciplinary reporting disclosure questionnaire. Send the completed form, with a check for \$50 payable to Department of Consumer & Business Services, to the address above.

To **TERMINATE** a license, the employer must complete the employee information section, complete and sign the termination section, and return the form to the address above.

Employee information

Employer: _____

Representative's name: _____ SSN: _____ - _____ - _____

Representative's birth date: _____ CRD number: _____

Representative's phone number: _____

Representative's home address: _____

City: _____ State: _____ ZIP: _____

Employer election and verification

Employer has investigated the background of this person and believes this person to be of good repute and to have the knowledge, experience, and ability to sell on behalf of the employer. Employer has read this application and all attached materials. To the best of employer's knowledge and belief, this information is true, correct, and complete.

Phone number: _____ Date: _____ Name (type or print): _____

Title (type or print): _____ Signature: _____

Termination

To terminate this license, check here , sign, and submit.

Phone number: _____ Date: _____ Name (type or print): _____

Title (type or print): _____ Signature: _____

<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 Oregon Division of Finance and Corporate Securities. **If paying by credit card, applicant must sign credit-card-information box.**

**DCBS — Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445**

**Fiscal use only: 62110/1001
Fee: \$50**



DISCIPLINARY REPORTING DISCLOSURE QUESTIONNAIRE

Have any of the following occurred or materially changed in the last 12 months?

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you currently employed by two or more of the following Oregon-licensed entities: broker-dealer, investment adviser, securities issuer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list entities here: _____ | | |
| Has an undertaking (Form 440-2131) been executed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been the subject of any order or administrative action by the director of the Oregon Department of Consumer and Business Services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been given qualified authority or been denied authority to sell securities in any state or country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been the subject of any revocation, cancellation, withdrawal, suspension, or other adverse order or directive of the National Association of Securities Dealers; any securities exchange; or any state, province, or federal agency regulating the sale of securities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you, to the best of your knowledge, been the subject of any investigation by the National Association of Securities Dealers; any securities exchange; or any state, province, or federal agency regulating the sale of securities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been the subject of a U.S. Postal Service fraud order or action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you been permanently or temporarily enjoined or restrained by any court from engaging in or continuing any conduct or practice involving any aspect of the securities business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you, to the best of your knowledge, been charged with fraud in any civil action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been convicted of or indicted for the commission of any crime or crimes other than traffic violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been suspended or barred from the practice of any trade or profession? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you been the subject of any insolvency or bankruptcy proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is your current financial condition such that you cannot meet your obligations as they mature? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any organization owned or controlled by you, or in which you were or are an officer, director, or partner, been the subject of any insolvency or bankruptcy proceeding or become defunct or inoperative during the period of your association with such organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are there any unsatisfied judgments or suits against you for collection of obligations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you been the subject of an investment-related consumer-initiated complaint? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you now the subject of any complaint, investigation, or proceeding that could result in a "yes" answer to questions 2-15? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer "Yes" to any of questions 2-16, attach a Disclosure Reporting Page (from Form U-4) for each.

Representative verification

I hereby attest that, to the best of my knowledge, information, and belief, the information contained in this application and in the attached materials is true, correct, and complete.

Date: _____ Signature: _____

Reminder: Amendments to Form U-4 must be submitted within 30 days of any material change (OAR 441-175-0105).