

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

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
503-378-4140 • Fax: 503-947-7862
<http://dfcs.oregon.gov>



REPRESENTATIVE/SALESPERSON RENEWAL

The employer and the representative must complete this form, which **should be received by the Division of Finance and Corporate Securities no less than 30 days before the expiration date of the current license** in order to ensure adequate processing time.

- Incomplete renewal forms will not be processed.
- The employer must complete and sign the Representative information and the Employer election and verification section.
- The representative must complete and sign the Disciplinary Reporting Disclosure Questionnaire: Pages 2 and 3.
- Send the completed form, Pages 1-3, together with a **check for the applicable fee payable to the Department of Consumer and Business Services**, to the address **below**.

Representative information

Employer: _____
Representative's name: _____ SSN: _____ - _____ - _____
Representative's title: _____ CRD number: _____
Representative's phone number: _____ Date of birth: _____
Representative's home address: _____
City: _____ State: _____ ZIP: _____

Employer election and verification

The undersigned has investigated the background of the applicant, has found the applicant to be of good character, and believes the applicant has sufficient knowledge of the employer's business affairs to sell its securities. The undersigned has read this application and all attached materials. To the best of employer's knowledge and belief, this information is true, correct, and complete.

Name (print): _____ Phone no.: _____
Signature: _____ Title: _____
Date: _____

Secure fax for credit card payments: 503-947-2333

If paying by credit card, applicant must sign credit card information box.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Phone: _____	
_____	_____
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 and Business Services. **Do not send cash.**

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

PCA code: 62110 Obj. code: 1001

Fiscal use only:



DISCIPLINARY REPORTING DISCLOSURE QUESTIONNAIRE

Review these questions carefully and report any disclosures that have not been previously reported.

- | | 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 any self-regulatory organization or any state or foreign financial regulatory authority regulating the sales of securities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been the subject of any investigation by any federal regulatory agency or any self-regulatory authority or any state regulating the sales 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 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 felony or misdemeanor? | <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. Has any federal regulatory authority, any self-regulatory organization, or any state or foreign financial regulatory authority ever: | | |
| a) Found you to have made a false statement or omission or been involved in a violation of its rules? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Found you to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked, restricted, or disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Found you to have willfully violated any provisions of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act or any rule or regulation under any such acts, or any of the rules of the Municipal Securities Rulemaking Board, or found you to have been unable to comply with any provision of such act, rule, or regulation? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|---|--------------------------|--------------------------|
| d) Found you to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act or any rule or regulation under any such acts, or any of the rules of the Municipal Securities Rulemaking Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Found you to have failed reasonably to supervise another person subject to your supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act or any rule or regulation under any such acts, or any of the rules of the Municipal Securities Rulemaking Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you now the subject of any complaint, investigation, or proceeding that could result in a “yes” answer to questions 2-16? | <input type="checkbox"/> | <input type="checkbox"/> |

For each “Yes” answer on questions 2-17, 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).