



Texas State Securities Board
P.O. Box 13167
Austin, Texas 78711-3167

Waiver or Refund Request by a Military Spouse for a Renewal Fee
(§115.18(h) or §116.18(h))

A waiver or refund of a renewal fee may only be claimed in connection with a registration or notice filing that is filed on or after September 1, 2019.

1. Name of Applicant: _____

2. Application Type (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Dealer (sole proprietor) | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Investment Adviser (sole proprietor) | <input type="checkbox"/> Investment Adviser Representative |

3. CRD No. of Applicant (if applicable): _____

4. SSN of Applicant: _____

5. Name of Employer: _____

CRD or IARD No. of the Employer, if applicable: _____

6. Applicant: (check all that apply)

- is a military spouse as that term is defined in §115.18(a) or §116.18(a).
- holds a current registration issued by another state, the District of Columbia, or a territory of the United States. Please list all such jurisdictions where the applicant holds a comparable current registration:

7. Applicant is requesting: (check all that apply)

- WAIVER of the renewal fee.
- REFUND of the renewal fee. A refund request must be made within four years from the date the fee was collected or received by the Texas State Securities Board (Agency).

Please provide the following information to assist in processing the request for refund:

a. Person who tendered the fee (Original Payee). This may be different from the

Applicant if the fee was paid by a third party (usually an employer) on the Applicant's behalf. State law and procedures require that payment refunds be processed for repayment to the original payee.

b. Date the fee was collected or received by the Agency: _____

c. Amount of the fee: _____

d. If the Applicant is not the Original Payee:

Name of correspondent for the Original Payee: _____

Telephone number of correspondent: _____

Address of the Original Payee: _____

e. Please provide the Texas Identification Number for the Original Payee:

If not providing a Texas Identification Number, the Original Payee will need to complete Form AP-152 Application for Texas Identification Number (available on the Texas Comptroller's website: comptroller.texas.gov) and submit it to the Agency with this refund request.

The undersigned affirms that to the best of his or her knowledge, information, and belief the statements made on this form are true.

Date: _____

(Signature)

(Printed name)