



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

Waiver or Refund Request by a Military Applicant
(§115.18(c) or §116.18(c))

1. Name of Applicant: _____

2. Application Type (check all that apply):

- Dealer (sole proprietor)
- Investment Adviser (sole proprietor)
- Agent
- Investment Adviser Representative

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

4. Name of Employer: _____

Employer CRD or IARD No. (if applicable): _____

5. I, the Applicant: (check all that apply)

- am a military service member
- military spouse
- military veteran

as those terms are defined in §115.18(a) or §116.18(a).

- hold 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: _____

- have filed Form 133.4 and provided verification of the military service, training, or education that I wish to apply towards the Texas registration requirements.

6. I, the Applicant, am requesting: (check all that apply)

- WAIVER of the: initial registration fee; fee to take the Texas Securities Law Examination.

- REFUND of the: initial registration fee; fee to take the Texas Securities Law Examination. 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, please provide the following information for the Original Payee:
Name of Correspondent for the Original Payee: _____
Correspondent telephone number: _____
Correspondent email: _____
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 current, true, and complete.

Executed the ____ day of _____, 20____.

Signature

Printed name