



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:

- am a
- military service member
 - military spouse
 - military veteran
- as those terms are defined in §115.18(a) or §116.18(a).

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



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**Request for Recognition of Out-Of-State License or Registration
Pursuant to Occupations Code §55.0041
(§115.18(h) or §116.18(h))**

1. Name of Applicant: _____

2. Capacity (check all that apply):

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

3. CRD No. of Applicant (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
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: _____

6. Please attach a copy of the applicant's or applicant's spouse's military orders, as applicable, showing relocation to Texas.

7. Please attach a copy of the applicant's marriage license if the applicant is a military spouse.

I acknowledge that, before I will engage in business in the State of Texas in the capacity designated above, I must first receive notification from the Texas State Securities Board that I am recognized to engage in such activity in accordance with Occupations Code, Section 55.0041, and Board Rule 115.18(h) (if capacity is as a dealer or agent) or Board Rule 116.18(h) (if capacity is as an investment adviser or investment adviser representative). I affirm under penalty of perjury that I am the person described and identified on this form; that all statements made on this form are true, correct, and complete; that I understand the scope of practice for registration in Texas in the capacity or capacities I have marked in this form; that I will not perform outside that scope of practice; and that I am in good standing in each jurisdiction that I have indicated above where I hold

or have held an applicable registration. As required by Occupations Code, Section 55.0041(c), I shall comply with all other laws and regulations applicable to persons registered in the designated capacity in this state. If recognized in the capacity of a dealer or investment adviser, this includes being subject to inspection pursuant to §4007.105 (formerly Section 13-1) of the Texas Securities Act. I will notify the Securities Commissioner within 30 days if I become ineligible under Occupations Code, Section 55.0041, and Board Rule 115.18 or 116.18 to engage in business in Texas without registration.

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.

Signature

Printed name

Subscribed and sworn to before me the _____ day of _____, 20____

(NOTARY SEAL)

Notary Public's Signature

PROPOSED