



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

Request for Reduced Fees for Certain Persons Registered in Multiple Capacities

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Social Security Number: _____ CRD Number: _____

Applicant's Dealer or name under which applicant will conduct business as a sole proprietor
Dealer: _____

Applicant's Investment Adviser or name under which applicant will conduct business as a sole
proprietor Investment Adviser: _____

I, _____, certify that I am currently registered in Texas as either an agent of the above named dealer or as the above named sole proprietor dealer and that I am seeking to be or currently am registered in Texas as either an investment adviser representative of the above named investment adviser which has less than five investment adviser representatives or as the above named sole proprietor investment adviser who has less than five investment adviser representatives. I hereby request that the Securities Commissioner, pursuant to §115.8 and §116.8, grant a reduction in my registration fees. I further certify that I will notify the Securities Commissioner, within 30 days, of any cessation of dual registration or if any of the criteria enumerated in these Board Rules cease to be applicable.

(Signature)

Subscribed and sworn to before me the _____ day of _____, 2____.

Notary Public in and for the County of _____
State of _____

(NOTARY SEAL)

My commission expires _____