



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

**Request for Consideration of a Registration Application by a Military Applicant**  
(§115.18 or §116.18)

1. Name of Applicant: \_\_\_\_\_

2. Application Type (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Dealer             | <input type="checkbox"/> Agent                             |
| <input type="checkbox"/> Investment Adviser | <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 service member;  military spouse;  military veteran; as those terms are 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- was previously registered in Texas within the last five years preceding the date of the application for registration for which expedited review is requested.
- wishes to resolve any pending and/or deficient items identified in connection with my registration before my registration becomes effective.
- wishes to become registered at the earliest possible date and acknowledges that any pending and/or deficient items identified in connection with my registration application must be corrected within 12 months after my registration is granted or my registration will be automatically terminated after that 12-month period.

Form  
133.4

- has attached verification of the military service, training, or education that I wish to apply towards the Texas registration requirements, other than the Texas examination requirements contained in §115.3 or §116.3 of the Board rules.

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)