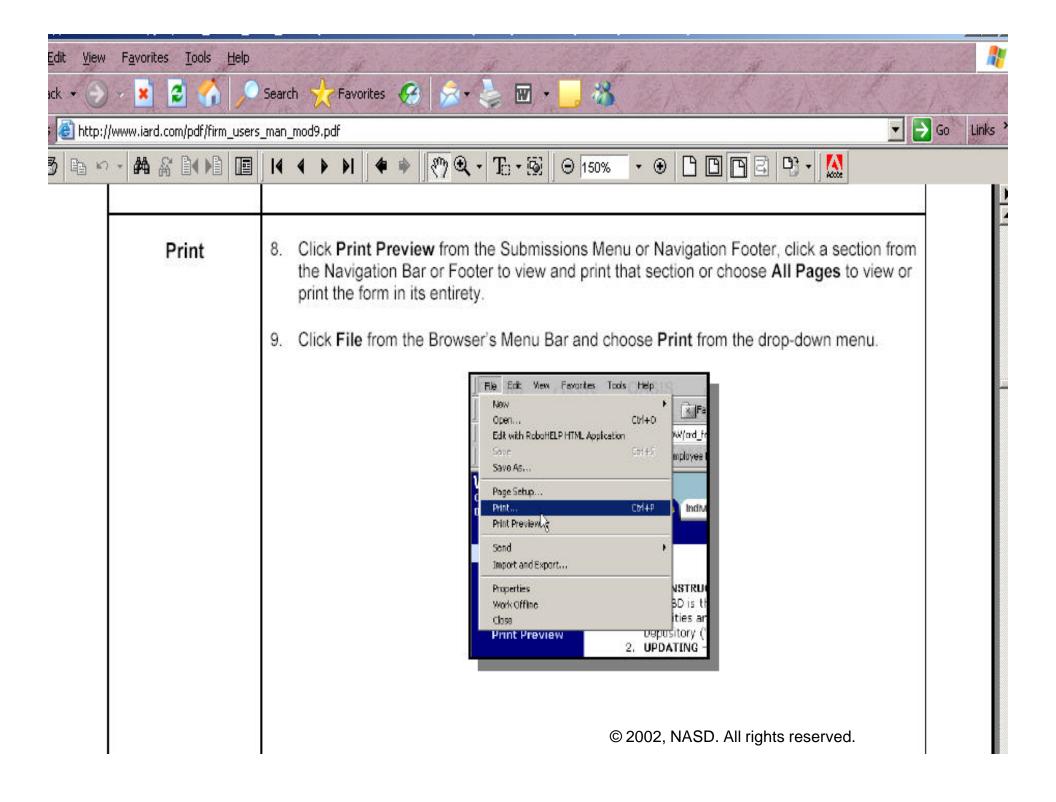
Information	03/22/2002				
Registration with	Rev. Faim U-4(03/2				
affiliated Firms	2. FINGERPRINT INFORMATION				
RO Registrations	Electronic Filing Representation				
5. Jurisdiction Registration	C By selecting this option, I represent that I am submitting or promptly will submit to the appropriate SRO fingerprint cards as required unc applicable SRO rules.				
i. Registration Requests with ffiliated Firms	Fingerprint card barcode				
. Examination Requests	Exceptions to the Fingerprint Requirement O By selecting this option, I affirm that:				
. Professional Designations	<ul> <li>I have been employed continuously by the <i>filing firm</i> in an unregistered capacity since the last submission of a fingerprint card; or</li> <li>I am exempt from the fingerprint requirement because I meet one or more of the exemptions established by Rule 17f-2 under the</li> </ul>				
9. Identifying ormation/Name Change	Securities Exchange Act of 1934.				
). Other Names	Investment Adviser Representative Only Applicants				
1. Residential History	I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied to become a broker-dealer representative. If this radio button/box is selected, continue below.				
2. Employment History	<ul> <li>I am applying for registration only in <i>jurisdictions</i> that do not have fingerprint card filing requirements, or</li> </ul>				
Other Business	O I am applying for registration in <i>jurisdictions</i> that have fingerprint card filing requirements and I am submitting the appropriate fingerprint card directly to the <i>jurisdictions</i> for processing.				
14. Disclosure Questions					
15. Signatures	© 2002, NASD. All rights				
DRPs	reserved.				
All Pages					
Back to Top	<ol> <li>General Information   2. Fingerprint Information   3. Registration with Unaffiliated Firms   4. SRO Registrations   5. Jurisdiction Registration   6. Registration Requests with Affiliated Firms   7. Examination Requests   8. Professional Designations   9. Identifying Information/Name Change   10. Other Names   11. Residential History   12. Employment History   13. Other Business   14. Disclosure Questions   15. Signatures   DRPs   All Pages</li> </ol>				
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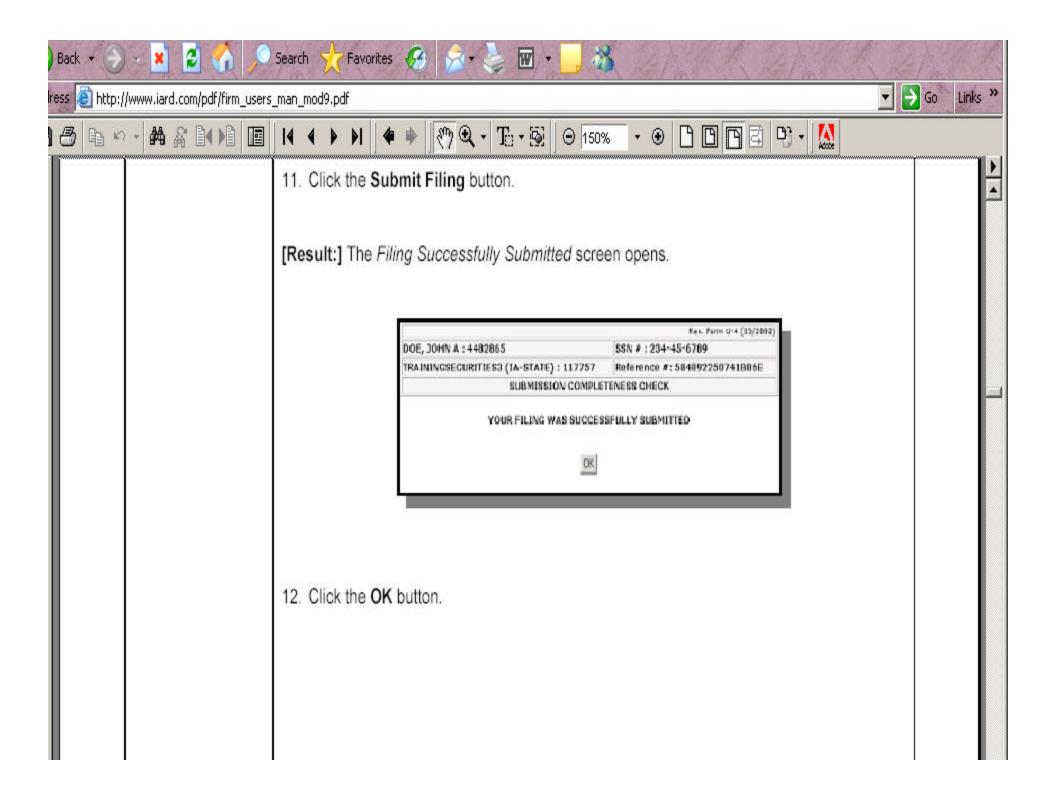




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	14. I 4	27	14			
Check	Completeness Check       6. Click Completeness Check from the Submissions Menu or Navigation Footer.         NOTE:       You can perform a Completeness Check at any time during the Form Filing process by selecting Completeness Check. In addition, attempting to submit the form filing with incomplete fields will open the Completeness Check error screen. If the filing passes a Completeness Check, go to step 8.         [Result:]       The following Error Location and Error Description screen opens.					
		DOE, JOHN : 4083779	(#1/7)(T)	# : 001-23-4567		
		TRAININGSECURITIES3 (IA-STATE): 117757 Reference #: 5852183653418871 ON-LINE COMPLETENESS CHECK				
		Error Location	Error (	Description		
		General Information	The Complete Employment Address (Street 1, City, State/Country and Zip) is required			
		General Information	The Employment date in General Information is mandatory.			
		Other Business	The question pertaining to whether or not the applicant is involved with another business must be explicitly answered YES or NO.			
			01 11-01			
		Residential History	Current address is mandatory	(		



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	Submit Filing	<ol> <li>Click Submit Filing from the Submissions Menu or Navigation Footer when ready to submit the filing to CRD.</li> </ol>
		NOTE: When Submit Filing is selected prior to running a Completeness Check, CRD will automatically run a Completeness Check to verify that all required information has been provided. If information has not been completed in the required fields, the Completeness Check will display the error screen with links to the required fields to be completed. To correct Completeness Check errors, see Steps for Creating a Form U-4 Filing, page 124, step 7.
		[Result:] The Submit Filing screen opens.
		M++. Ferm U+4 (93/2092) D-0E, JOHN A : 4482865 SSN # : 204-45-6789
		TRAININGSECURITIES3 (IA-STATE) : 117757 Reference #: 584892250741886E SUBMISSION COMPLETENESS CHECK
		U4 SUBMISSION COMPLETENESS CHECK PASSED SUCCESSFULLY. PLEASE SELECT THE 'SUBMIT FILING' BUTTON BELOW TO SUBMIT TO CRD.



**Please Note**: If the RA has a Form U-4 on the CRD because he submitted a Form U-4 when he became a registered representative for a broker-dealer, the IA may need only to amend each section of the Form U-4 that is currently on file with the NASD. The CRD system retains all Form U-4 filings. The CRD system will automatically repopulate the name of the RA's BD firm on the Form U-4 with their IA firm when the Form U-4 Amendment for that RA is filed.

## Contact Numbers for (State Name) IAs and BD/IAs

(State Name) Help Desk
 Ist (Contact Name)
 (Area Code and Phone No.)
 e-mail address: (

2nd (Contact Name) (Area Code and Phone No.) e-mail address: (



IARD Hotline (240) 386-4848 (IA Only Firms)

Gateway Call Center (301) 590-6500 or (301) 869-6699 (BD/IA Firms) This presentation was compiled and edited by Richard Unangst and Linda Madryk of the Arizona Corporation Commission Securities Division.