

July 31, 2019

Board of Governors of the Federal Reserve System



Federal Deposit Insurance Corporation  
Office of the Comptroller of the Currency

## Uniform Application for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer—Form MSD-4

The Board of Governors of the Federal Reserve System, the Federal Deposit Insurance Corporation, and the Office of the Comptroller of the Currency are authorized to collect this information pursuant to the authority contained in the following statutes: 15 U.S.C. §§ 78o-4, 78q, and 78w.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information provided by each respondent is considered to be confidential.

### PRIVACY ACT NOTICE

The Federal Reserve Board is authorized to request this information from you by Sections 3, 15B(c), 15C, 17 and 23 of the Securities Exchange Act of 1934 (15 U.S.C. 78c, 78o-4, 78o-5, and 78q and 78w); and Section 11 of the Federal Reserve Act (12 U.S.C. 248). The purpose for collecting the information is to comply with the registration requirements of municipal securities dealers, municipal securities representatives, and U.S. Government securities brokers or dealers and associated persons contained in the Securities Exchange Act of 1934, and to support the Board's regulatory and supervisory functions. Furnishing the requested information is mandatory. Failure to provide the requested information in whole or in part may delay or prohibit the determination of your compliance with applicable registration and professional qualification requirements. The information you provide is protected by the Privacy Act, 5 U.S.C. 552(a). The information may be furnished to third parties as authorized by law and used according to any of the routine uses described in the Municipal or Government Securities Principals and Representatives System of Records (BGFRS-17), available at <https://www.gpo.gov/fdsys/pkg/PAI-2013-BGFRS/xml/PAI-2013-BGFRS.xml#bgfrs17>. If you have any questions or concerns about the collection or use of the information, you may contact the Secretary of the Board, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue, NW, Washington, DC 20551.

xx/2017

# Uniform Application for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer

1. Applicant Name:

\_\_\_\_\_  
Last First Middle (if none, write "N/A")

2. Bank Municipal Securities Dealer:

3. Office of Employment Applicant:

A. \_\_\_\_\_  
Name

\_\_\_\_\_  
Name

B. \_\_\_\_\_  
Registration Number

4. Date of Employment with MSD:

C. \_\_\_\_\_  
Main Street Address

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
City State Zip Code

5. To be filed with the following (check one):

- Board of Governors of the Federal Reserve System  Federal Deposit Insurance Corporation  Comptroller of the Currency

6. Types(s) of Qualification Requested (check all that apply):

- Municipal Securities Representative  Municipal Securities Principal  
 Municipal Securities Sales Limited Representative  Government Securities Representative  
 Municipal Securities Fund Sales Limited Representative  Government Securities Supervisor

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

	CAPACITY	
	Supervisory	Non-Supervisory
A. Underwriting, trading or sales of municipal securities	<input type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with issuance of municipal securities	<input type="checkbox"/>	<input type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above	<input type="checkbox"/>	<input type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above	<input type="checkbox"/>	<input type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities	<input type="checkbox"/>	<input type="checkbox"/>
F. Maintenance of records involving activities described in items 7.A through 7.E above	<input type="checkbox"/>	<input type="checkbox"/>
G. Training of municipal securities principals or municipal securities representatives	<input type="checkbox"/>	<input type="checkbox"/>

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

Employer	Person Contacted	
	Name	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Acceptance of this form for filing shall not constitute any finding that the information submitted herein is true, current, complete, or not misleading. Intentional misstatements or omissions of fact may constitute federal criminal violations. (See 18 U.S.C. §§ 1001 and 1005, and 15 U.S.C.78ff.)**

\_\_\_\_\_  
Print Name of Municipal Securities Principal Signature of Municipal Securities Principal Date (MM/DD/YYYY)

# Personal History of Applicant

Not applicable (remove text and filing line from form)

9. \_\_\_\_\_  
Name (Last, First, Middle)

10. \_\_\_\_\_  
~~Social Security Number (optional)~~

11. \_\_\_\_\_  
Resident Street Address

13. \_\_\_\_\_  
Date of Birth (Month/Day/Year)

12. \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
City

14. \_\_\_\_\_  
Place of Birth (City, State(if applicable), Country)

15. Any other name ever used by which known: \_\_\_\_\_

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education.) For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From (MM/YYYY)	To (MM/YYYY)	Position Held	Full-time or Part-time	Reason for Leaving
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

17. RESIDENTIAL HISTORY.  
The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address	From (MM/YYYY)	To (MM/YYYY)
Street _____ City/Town _____ State/Province _____ Zip/Postal Code _____ Country _____	_____	_____
Street _____ City/Town _____ State/Province _____ Zip/Postal Code _____ Country _____	_____	_____
Street _____ City/Town _____ State/Province _____ Zip/Postal Code _____ Country _____	_____	_____
Street _____ City/Town _____ State/Province _____ Zip/Postal Code _____ Country _____	_____	_____
Street _____ City/Town _____ State/Province _____ Zip/Postal Code _____ Country _____	_____	_____

# Personal History of Applicant—Continued

and passed

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? .....  Yes  No

If Yes, state below the type of examination and the approximate date taken.

Type of Examination \_\_\_\_\_ Approximate Date \_\_\_\_\_  
(MM/YYYY)

Type of Examination \_\_\_\_\_ Approximate Date \_\_\_\_\_  
(MM/YYYY)

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? .....  Yes  No

If Yes, state below the type of examination and the approximate date taken.

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date \_\_\_\_\_  
(MM/YYYY)

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date \_\_\_\_\_  
(MM/YYYY)

19. Are you currently bonded? .....  Yes  No

**If the answer to any of the following questions is Yes, attach complete details:**

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? .....  Yes  No

21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? .....  Yes  No

22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? .....  Yes  No

23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:  
A. Was your registration denied, suspended or revoked? .....  Yes  No  
B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? .....  Yes  No

24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? .....  Yes  No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? .....  Yes  No

Signature of Municipal Securities Principal

Date (Month/Day/Year)

**Acknowledgment for:**     **Form MSD-4**     **Form G-FIN-4**

26. \_\_\_\_\_  
Applicant Name

27. \_\_\_\_\_  
Bank Municipal Securities Dealer Name

28. \_\_\_\_\_  
Bank Municipal Securities Dealer Address

\_\_\_\_\_  
City    State    Zip Code

29. \_\_\_\_\_  
Attention

**Receipt Stamp**

**When the Form MSD-4 is received by the appropriate regulatory agency, this acknowledgment will be stamped to show receipt and returned to the person named in item 29. The stamped acknowledgment should be retained to substantiate filing.**

MAIL THE FORM TO THE REGULATOR INDICATED IN ITEM 5.

**Board of Governors of the Federal Reserve System**

Submit completed forms in Portable Document Format (PDF) to the Federal Reserve's secure email address:  
MSD-GSD-Registration@frb.gov

**Federal Deposit Insurance Corporation**

Policy & Program Development Section  
550 17th Street, NW, Room MB-5100  
Washington, DC 20429

~~The Office of the Comptroller of the Currency~~

Upload completed forms via the OCC's BankNet website www.banknet.gov  
For assistance call (202) 649-6360

**Submit completed forms in Portable Document Format (PDF) to the Federal Deposit Insurance Corporation's secure email address: msg-gsd-registration@fdic.gov or, alternatively, mail the form and any attachments to:  
(space)  
Federal Deposit Insurance Corporation (non-bold text)**

**The Office of the Comptroller of the Currency**