OMB Number 3064-0022 Approval expires March 31, 2018 OMB Number 1557-0184 Approval expires May 31, 2016 Page 1 of 5

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.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time to gather and maintain data in the required form and to review instructions and to complete the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Management and Budget, Washington, DC 20503, and, depending on your primary federal regulator, to Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; or to Assistant Executive Secretary, Federal Deposit Insurance Corporation, Washington, DC 20429; or to Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, Washington, DC 20219.



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

Last First	Middle (if none, write	"N/A")
Bank Municipal Securities Dealer:	3. Office of Employment Applicant:	,
	. ,	
A. Name	Name	
В.	4. Data of Employee and with MCD.	
Registration Number	4. Date of Employment with MSD:	
C.		
Main Street Address	Month/Day/Year	
City State Zip Code		
To be filed with the following (check one):		
☐ Board of Governors of the Federal Reserve System ☐ Federal	I Deposit Insurance Corporation   Comp	troller of the Currence
Types(s) of Qualification Requested (check all that apply):		
Municipal Securities Representative	☐ Municipal Securities Principal	
☐ Municipal Securities Sales Limited Representative	Government Securities Representative	<b>1</b>
☐ Municipal Securities Fund Sales Limited Representative	☐ Government Securities Supervisor	
It is anticipated that the applicant will perform the following functions	s in the capacity indicated (check all that ar	vlac
		CAPACITY
		Non-
	•	Supervisory Supervis
<ul><li>A. Underwriting, trading or sales of municipal securities</li><li>B. Financial advisory or consultant services for issuers in connection</li></ul>	on with issuance of municipal securities	
C. Research or investment advice with respect to municipal securiti		
described in items 7.A and 7.B above  D. Activities other than those specifically mentioned that involve com	munication directly or indirectly with public	п п
investors in municipal securities in connection with the activities de	escribed in items 7.A and 7.B above	
<ul><li>E. Processing and clearing activities with respect to municipal secu</li><li>F. Maintenance of records involving activities described in items 7.</li></ul>		
G. Training of municipal securities principals or municipal securities	•	
For the purpose of verifying the information furnished on this applicated inquiry of all employers of the applicant during the immediate accuracy and completeness of the information provided, and conce ability to perform the duties for which employed or to be employed.	ly preceding three years, as set forth below	, concerning the
	Person Contacted	
Employer	Name	Position

ersonal Histo	ory of Applica	ant	10.			text and	olicable (rem d filing line fr
Name (Last, First, Middle)				Social Security Nu	ımber (optional)	form)	
			13.				
Resident Street Address				Date of Birth (Mon	th/Day/Year)		
			14.				
City	State	Zip Code		Place of Birth (City	, State(if applicabl	e), Country)	
Any other name eve	er used by which kno	wn:					
past ten years startir	D EDUCATION HISTON ng with my immediate full-time education.)	ely previous em	ployer. (Incl	ide full- and pa	rt-time work, s	elf employment,	military service,
Name of Employer and Complete Address	I	Type of Business	From (MM/YYYY)	To (MM/YYYY)	Position Held	Full-time or Part-time	Reason for Leaving
RESIDENTIAL HIST The following is a con	ORY. nplete, consecutive sta	atement of all my	y residential ad	ddresses for the	past five years	starting with my of From (MM/YYY	То
Street		(	City/Town				
State/Province	Zip/Posta	l Code	Co	untry			
Street			City/Town				
State/Province	Zip/Posta	l Code	Co	untry			
Street		- (	City/Town				
State/Province	Zip/Posta	l Code	Co	untry			
Street			City/Town				

Country

Zip/Postal Code

State/Province

## **Personal History of Applicant—Continued**

and passed

18.	A.	Have you ever taken a qualification examination for mun representatives, or financial and operations principals pro Rulemaking Board?	escribed by the Municipal Securities	☐Yes	□No
		If Yes, state below the type of examination and the appro	oximate date taken.		
		Type of Examination	Approximate Date		
				(MM/YYYY	′)
		Type of Examination	Approximate Date	(MM/YYYY	^
	В.	Have you ever been exempt from or received a waiver of examination of the nature specified in Question 18.A?	of the requirement to take and pass an		/ □ No
		If Yes, state below the type of examination and the appro	oximate date taken.		
		Type of Examination	Basis for Exemption or Waiver Approximate Date	(MM/YYYY	<u>')</u>
		Type of Examination	Basis for Exemption or Waiver Approximate Date	(MM/YYYY	<u> </u>
19.	Are	e you currently bonded?			/ □ No
lf th	ne a	answer to any of the following questions is Yes, attac	h complete details:		
		ve you ever been refused coverage under a fidelity bond your coverage or cancelled such coverage?		Yes	□No
	se	ve you ever been denied membership, registration, licens curities or federal or state bank regulatory agency, any na sociation, or registered clearing agency?	ational securities exchange, registerd securities	☐ Yes	□No
	fin aid ba	s any disciplinary action ever been taken against you, or ding that you were a cause of any disciplinary action or viler, abettor, or co-conspirator in any such violation, by any nk regulatory agency, any national securities exchange, raring agency?	iolated any law, rule or regulation or were an y federal or state securities or federal or state egistered securities association, or registered	☐ 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	$\square$ No
	В.	Was your membership in any national securities exchang clearing agency denied, suspended, or revoked, or was it		Yes	□No
	yo or aff	s any permanent or temporary injunction (including a ceau enjoining conduct as an investment advisor, underwriter as an affiliated person of any investment company, bank iliated person of any investment company, bank, insurance activities or any transactions in any security?	r, broker, dealer or municipal securities dealer dealer, or municipal securities dealer or as an ce company, or enjoining any conduct related to	☐ Yes	□No
25.	or co mi lar co	ave you been convicted within the past ten years of any fe sale of any security, the taking of a false oath, the making inspiracy to commit any such offense; (ii) arising out of the unicipal securities dealer, investment adviser, bank, insur- ceny, theft, robbery, extortion, forgery, counterfeiting, frau- niversion, or misappropriation of funds or securities; (iv) in the or claims, bribery in a bankruptcy proceeding, mail fra	g of a false report, bribery, perjury, burglary, or e conduct of the business of a broker, dealer, ance company, or fiduciary; (iii) involving idulent concealment, embezzlement, fraudulent prolying crimes of concealment of assets, false		
Sian	ra	dio, or television), fraud or false statements?		Yes	□No

Acknowledgment for: ☐ Form	n MSD-4 🗆 F	Form G-FIN-4	1 age 3 01 3
26.			
Applicant Name			
27.			
Bank Municipal Securities Dealer Name			Receipt Stamp
28.			Receipt Stamp
Bank Municipal Securities Dealer Address			
City	State	Zip Code	
29.			
receipt and returned to the person named in iter	n 29. The stamped	acknowledgment should b	e retained to substantiate filing.
MAIL THE FORM TO THE REGULATOR INDICATE	ED IN ITEM 5.		
Board of Governors of the Federal Reserve Syst Submit completed forms in Portable Document Forn		eral Reserve's secure email	address:
MSD-GSD-Registration@frb.gov	Su		
Federal Deposit Insurance Corporation Policy & Program Development Section	lFo	bmit completed forms rmat (PDF) to the Fed	s in Portable Document deral Deposit Insurance

(space)

The Office of the Comptroller of the Currency

The OfficeoftheComptrolleroftheCurrency

For assistance call (202) 649-6360

Upload completed forms via the OCC's Bankhet website www.bank

Federal Deposit Insurance Corporation (non-bold text)