



Arkansas Securities
Department



Department of
Commerce

ARKANSAS AFFIDAVIT OF BROKER DEALER ACTIVITY

The Arkansas Securities Department (“Department”) received your application to register as a broker dealer in the State of Arkansas. In connection with this application, please complete this affidavit and return to the Commissioner with all other requested information.

Firm Name: _____ **CRD No.:** _____

1. Has the applicant engaged in Arkansas sales activity, as defined by the Arkansas Securities Act & Rules Code Ann. § 23-42-102 (3) prior to the filing of its application?
Yes No

2. If the answer to question 1 is “Yes,” complete the following:

a. When did this activity take place? _____

b. At the time of the activity, was the applicant licensed in Arkansas? Yes No
CRD No. _____

c. At the time of the activity, is applicant asserting that a license was not required under the Act? Yes No If “Yes,” explain: _____

If applicant engaged in investment sales activity, other than while licensed or otherwise not required to be licensed, please provide the following for Arkansas transactions only:

i. Total number of transactions: _____

ii. Type of transaction(s): _____

iii. Total dollar volume: _____

iv. Total fees generated: _____

v. Timeframe of transactions: _____

I, _____, an officer, director, or owner, of the applicant, state that the information on this document and any attachments thereto, is true, correct and complete.

Signature of officer, director, or owner of the applicant

Printed Name: _____ Title: _____

Date: _____

Notary Public: _____

My commission expires: _____