



Arkansas Securities  
Department



Department of  
Commerce

**ARKANSAS AFFIDAVIT OF INVESTMENT ADVISER ACTIVITY**

The Arkansas Securities Department (“Department”) received your application to registered as an investment adviser in the State of Arkansas. In connection with your 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 investment activity, as defined by the Arkansas Securities Act, Ark. Code Ann. § 23-42-102 (9) prior to the filing of the application?

Yes      No

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 registered in Arkansas? Yes No
- c. At the time of the activity, is applicant asserting that a registration was not required under the Act? If yes, explain: \_\_\_\_\_

**2.** If applicant engaged in investment activity, other than while registered or otherwise not required to be registered, please provide the following list for Arkansas clients only: The list should include: (Separate sheet if needed)

- a) Full name on the account and complete address
- b) Date the account was opened
- c) Current account value

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 of the applicant

Printed Name: \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_