

**DUE ANNUALLY ON OR BEFORE  
 December 31<sup>st</sup> of the current year**

Name of Broker-Dealer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code \_\_\_\_\_  
 Tax ID Number (FEIN) \_\_\_\_\_  
 Check if your address has changed since your last renewal

Your Michigan Broker-Dealer number:  
 (This is Not your CRD number) NON- \_\_\_\_\_  
 Contact person name and title \_\_\_\_\_  
 Contact person phone number \_\_\_\_\_  
 Contact person email address \_\_\_\_\_

Does Broker-Dealer maintain a Michigan branch office?  
 Yes  No

*If yes, please attach a list of Michigan branch office locations.*

**Agent listing**

List each agent of this broker-dealer. You may use the space below or provide an attachment with the same information in the same order as the format below.

**1** Name of Agent \_\_\_\_\_  
 Home Address (must be street address—no PO Boxes) \_\_\_\_\_  
 City State Zip Code \_\_\_\_\_  
 Agent Social Security Number \_\_\_\_\_

**2** Name of Agent \_\_\_\_\_  
 Home Address (must be street address—no PO Boxes) \_\_\_\_\_  
 City State Zip Code \_\_\_\_\_  
 Agent Social Security Number \_\_\_\_\_

**3** Name of Agent \_\_\_\_\_  
 Home address (must be street address—no PO Boxes) \_\_\_\_\_  
 City State Zip Code \_\_\_\_\_  
 Agent Social Security Number \_\_\_\_\_

**4** Name of Agent \_\_\_\_\_  
 Home address (must be street address—no PO Boxes) \_\_\_\_\_  
 City \_\_\_\_\_  
 Agent Social Security Number \_\_\_\_\_

**Renewal Fee Calculation**—Each Non-FINRA Broker-Dealer firm is subject to a \$300 renewal fee PLUS a \$65 per agent renewal fee. Complete table below.

	Quantity	Amount Due
Broker - Dealer Renewal	1	\$300
Agent Renewal (quantity x \$65.00)		
TOTAL-Make check for full amount due payable in US dollars to: State of Michigan		

C3 Validation Code: 8

*Mail completed form and any attachments with payment to:*

*Office of Financial and Insurance Regulation  
 Securities Division  
 PO Box 30701  
 Lansing, MI 48909-8201*

**Certification**

I swear under penalty of perjury that the information given in and attached to this application is true, complete and correct. I understand that Michigan requires broker-dealer audited financial statements to be submitted within 90 days from the end of the firm's fiscal year, and another unaudited financial statement with net capital computation as of a date six months after the audited statement.

Signature of officer, member or owner \_\_\_\_\_ Date Signed \_\_\_\_\_ Signer's name and title (typed or printed) \_\_\_\_\_



**Michigan Department of Licensing and Regulatory Affairs**  
 LARA is an equal opportunity employer/program.  
 Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
 Visit OFIR online at: [www.michigan.gov/ofir](http://www.michigan.gov/ofir) Phone OFIR toll-free at: 1-877-999-6442