

# Investment Adviser Representative (IAR) Certification and Consent

Our firm \_\_\_\_\_ IA Firm IARD # \_\_\_\_\_,

(Name of Investment Adviser (IA) Firm)

is hereby requesting a waiver of the examination requirements for the IAR listed below.

Name of IAR \_\_\_\_\_ IAR CRD# \_\_\_\_\_

Date IAR passed S65 or S66 examination \_\_\_\_\_

*REMINDER: THERE CANNOT BE A BREAK IN IAR EMPLOYMENT OF MORE THAN TWO YEARS.*

IAR's Employment Dates  
(since exam was taken)

IAR's Employers and job duties at each employer (Attach additional pages as needed)  
(since exam was taken)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, certify that I have been employed or engaged by one or more IA firms performing services for which IAR registration is required under the Act without a break in service lasting more than two years since I passed the Series 65 or the series 66 examination. After diligent review of records and information available, I further certify that the above material information is true and accurate to the best of my knowledge, information and belief, and I agree to entry of an order and imposition of a fine if OFIR determines that the information is not true and accurate. I have also read the Fourth Transition Order issued on March 11, 2010, and consent to all penalties to be assessed if false, inaccurate or misleading information is provided.

IAR Signature \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_, certify that the IAR identified above has been employed or engaged by one or more IA firms performing services for which IAR registration is required under the Act without a break in service lasting more than two years since he/she passed the Series 65 or the series 66 examination. After diligent review of records and information available, I further certify that the above material information is true and accurate to the best of my knowledge, information and belief, and I agree to entry of an order and imposition of a fine if OFIR determines that the information is not true and accurate. I have also read the Fourth Transition Order issued on March 11, 2010, and consent to all penalties to be assessed if false, inaccurate or misleading information is provided.

Chief Compliance Officer of IA Firm Signature \_\_\_\_\_

Date \_\_\_\_\_

I represent that I, \_\_\_\_\_, am authorized to execute this IAR Certification and Consent on behalf of the IA Firm identified above and certify that the IAR identified above has been employed or engaged by one or more IA firms performing services for which IAR registration is required under the Act without a break in service lasting more than two years since he/she passed the Series 65 or the series 66 examination. After diligent review of records and information available, I further certify that the above material information is true and accurate to the best of my knowledge, information and belief, and I agree to entry of an order and imposition of a fine if OFIR determines that the information is not true and accurate. I have also read the Fourth Transition Order issued on March 11, 2010, and consent to all penalties to be assessed if false, inaccurate or misleading information is provided.

IA Firm Owner or Officer Signature \_\_\_\_\_

Date \_\_\_\_\_

## RETURN COMPLETED FORM TO THE OFFICE OF FINANCIAL AND INSURANCE REGULATION

Office of Financial and Insurance Regulation  
Securities Division  
P.O. Box 30701  
Lansing, MI 48909-8201

Authority: PA 551 of 2008. This form is mandatory pursuant to the Fourth Transition Order No. 10-026-M.



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