NYSE Amex Options

CLERK REGISTRATION REQUEST

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. APPLICATIONS WILL NOT BE APPROVED WITHOUT PROPER IDENTIFICATION, FINGERPRINT CLEARANCE, U-4 AND CRD REGISTRATION. ACCORDINGLY, FAILURE TO RESPOND ACCURATELY TO THE FOLLOWING QUESTIONS WILL DELAY APPROVAL OF YOUR FLOOR ACCESS APPLICATION AND MAY RESULT IN DENIAL OF FLOOR ACCESS.

GENERAL INFORMATION

Name of Applicant: _____ Applicant CRD#: _____

Member Firm: _____ Member Firm CRD#: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Member Firm Contact: _____ Title: _____ Phone: _____

Email Address: _____

APPLICANTS PERSONAL INFORMATION:

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____ Mobile Number: _____

Badge #: _____ Floor Location: _____

TYPE OF BUSINESS ACTIVITY TO BE CONDUCTED

❑ Specialist Clerk (SC) ❑ Floor Clerk (FE) ❑ Public Clerk (PC)*

**Clerk of a firm conducting a public business on NYSE Amex Options floor. Requires a valid Series 7.*

APPLICANT ACKNOWLEDGEMENT:

I authorize NYSE AMEX Options to give any information they may have concerning me to any employer or prospective employer, any federal, state or municipal agency, or any other SRO, and I release the NYSE AMEX Options and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I swear or affirm that I have read and understand the items and instructions on this form and that my answers are true and complete to the best of my knowledge.

_____ _____

SIGNATURE OF APPLICANT DATE

ATP FIRM ACKNOWLEDGEMENT:

I hereby certify that _____ is authorized to enter into the NYSE
(Name of applicant)
AMEX Options trading floor as referenced above, on behalf of this ATP Firm _____.
(Name of ATP Firm)

Start Date: _____

_____ _____

(Authorized Signature) **(Date)**

CLIENT RELATIONSHIP SERVICES APPROVAL:

_____ _____

(Approved By) **(Date)**