

# NYSE American Options Floor Employee Application

## FLOOR EMPLOYEE REGISTRATION REQUEST

Incomplete applications will not be accepted. Applications will not be approved without fingerprint clearance, U-4 and WebCRD®. (“CRD”) registration. Accordingly, failure to respond accurately to the following questions will delay approval of your application and may result in denial of floor access.

## APPLICANT PERSONAL INFORMATION

Applicant Name: \_\_\_\_\_ CRD: \_\_\_\_\_  
Title: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## AMERICAN TRADING PERMIT (“ATP”) FIRM INFORMATION

ATP Firm Name: \_\_\_\_\_ CRD: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## TYPE OF BUSINESS ACTIVITY TO BE CONDUCTED

Trade Support Clerk  Floor Employee

All individuals requesting access to the NYSE American Options (“the Exchange”) Floor must register as (“FE”) on CRD

## APPLICATION CHECKLIST

- A Form U-4 requesting the “FE” registration has been submitted to FINRA through CRD  
 A fingerprint card has been submitted to FINRA

Do you have any reportable events on the U-4 submitted to FINRA through CRD?  Yes  No

## APPLICANT ACKNOWLEDGEMENT

I authorize the Exchange and its affiliates 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 Exchange, its affiliates 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

The undersigned ATP Firm certifies that the applicant named above is authorized to enter into the Exchange Floor as referenced above, on behalf of this ATP Firm. Additionally, the ATP Firm acknowledges that it is responsible for the applicant identified above, and as such actions of the applicant shall be binding on the ATP Firm in all respects.

\_\_\_\_\_  
Signature on behalf of Applicant Firm

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

\_\_\_\_\_  
Print Name

Please email a completed copy of this form to Client Relationship Services at [crs@nyse.com](mailto:crs@nyse.com).