

# ATP Request Form

This form should be used to request an American Trading Permit ("ATP") and to assign that ATP to a designated individual of an ATP Firm. This form designates the below individual as an ATP Holder on behalf of that firm, and must be executed prior to the commencement of trading by that individual. This form must be approved by NYSE American Options ("the Exchange"). A separate form must be executed for each ATP Holder.

Please issue \_\_\_\_\_ ("ATP Firm")  
(name of ATP Firm)

\_\_\_\_\_ ATP(s), effective \_\_\_\_\_ (open of business).  
(number of ATPs being requested) (effective date)

(This)/(these) ATP(s) will be held in the name of

\_\_\_\_\_ ("ATP Holder"), hereby established as an ATP Holder, until further notice.  
(name)

(This is a) / (these are) new or additional ATP(s) of the ATP Firm

(This is an) / (these are) existing ATP(s) of the ATP Firm; this form is being executed to assign said ATP(s) to the above referenced ATP Holder.

## Type of Business activity to be conducted with this/these ATP(s):

Specialist/e-Specialist       Remote Market Maker (RMM)       Floor Market Maker (FMM)

Clearing Services       Order Sending

Floor Broker (FB) - If Floor Broker (FB) is checked, do you require a LiquidPoint Login?     Yes       No

The ATP Firm acknowledges that it will be held liable for all Exchange obligations, including all obligations arising in connection with transactions effected on the Exchange, all obligations owed to the Exchange or any subsidiary of NYSE American LLC, the payment of all Exchange fees and charges, and all obligations accruing in the course of the ATP Firm's and the ATP Holder's business on the Exchange.

The ATP issued pursuant to the Exchange's acceptance of this form will be associated with the ATP Firm until terminated pursuant to the termination provisions delineated in the rules of the Exchange.

**Signature of ATP Holder:** \_\_\_\_\_

**Telephone Number of ATP Holder:** \_\_\_\_\_      **Email Address:** \_\_\_\_\_

**Authorized Signature for ATP Firm:** \_\_\_\_\_

**Print Name of Authorized Signatory:** \_\_\_\_\_

**Telephone Number of Authorized Signatory:** \_\_\_\_\_      **Email Address:** \_\_\_\_\_

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

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Clearing member authorization for electronic collection of NYSE American Options invoices for this ATP:

Name of Clearing Firm \_\_\_\_\_

OCC Account Number \_\_\_\_\_