

NYSE Arca Options Floor Employee Application

FLOOR EMPLOYEE REGISTRATION REQUEST	
<p>Incomplete applications will not be accepted. Applications will not be approved without proper identification, fingerprint clearance, U-4 and WebCRD® registration. Accordingly, failure to respond accurately to the following questions will delay approval of your application and may result in denial of floor access.</p>	
APPLICANT PERSONAL INFORMATION	
Applicant Name: _____	CRD: _____
Title: _____	DOB: _____
Phone: _____	Email: _____
OPTIONS TRADING PERMIT ("OTP") FIRM INFORMATION	
OTP Firm Name: _____	CRD: _____
Primary Contact Name: _____	Title: _____
Phone: _____	Email: _____
TYPE OF BUSINESS ACTIVITY TO BE CONDUCTED	
<input type="checkbox"/> Trade Support Clerk <input type="checkbox"/> Floor Employee	
All individuals requesting access to the NYSE Arca Options ("the Exchange") Floor must register as ("FE") on WebCRD®	
APPLICATION CHECKLIST	
<input type="checkbox"/> A Form U-4 requesting FE registration has been submitted to FINRA through WebCRD®	
<input type="checkbox"/> A fingerprint card has been submitted to FINRA	
Do you have any reportable events on the U-4 submitted to FINRA through CRD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICANT ACKNOWLEDGEMENT	
<p>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.</p> <p>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.</p>	
_____ Signature of Applicant	_____ Date
OTP FIRM ACKNOWLEDGEMENT	
<p>The Undersigned OTP Firm certifies that the applicant named above is authorized to enter into the Exchange Floor as referenced above, on behalf of this OTP Firm. Additionally, the OTP Firm acknowledges that it is responsible for the applicant identified above, and as such actions of the applicant shall be binding on the OTP firm in all respects.</p>	
Signature on behalf of OTP Firm	
_____ Signature on behalf of Applicant Firm	_____ Date
_____ Print Name	_____ Date

Please email a completed copy of this form to Client Relationship Services at crs@nyse.com.