

Application for Market Maker* Registration

New York Stock Exchange LLC, NYSE American LLC, NYSE Arca, Inc., NYSE National, Inc.
(Collectively, “NYSE” or the “Exchanges”)

**Includes Market Maker, Lead Market Maker (“LMM”), Designated Market Maker (“DMM”),
Electronic Designated Market Maker (“eDMM”), Specialist and Electronic Specialist (“eSpecialist”)*

INDICATE EXCHANGE(S) FOR WHICH APPLICANT IS SEEKING MARKET MAKER MEMBERSHIP (CHECK ALL THAT APPLY)	
<input type="checkbox"/> New York Stock Exchange	<input type="checkbox"/> NYSE American
<input type="checkbox"/> NYSE Arca	<input type="checkbox"/> NYSE National

INDICATE TYPE OF MARKET MAKING TO BE CONDUCTED WITH THIS APPLICATION (CHECK ALL THAT APPLY)	
Equities	Options
<input type="checkbox"/> New York Stock Exchange <input type="checkbox"/> Designated Market Maker <input type="checkbox"/> Equity Market Maker	<input type="checkbox"/> NYSE American <input type="checkbox"/> Options Market Maker <input type="checkbox"/> Options Specialist <input type="checkbox"/> Options eSpecialist
<input type="checkbox"/> NYSE American <input type="checkbox"/> Equity Market Maker <input type="checkbox"/> Electronic Designated Market Maker	<input type="checkbox"/> NYSE Arca <input type="checkbox"/> Options Market Maker <input type="checkbox"/> Options Lead Market Maker
<input type="checkbox"/> NYSE Arca <input type="checkbox"/> Equity Market Maker <input type="checkbox"/> Equity Lead Market Maker	
<input type="checkbox"/> NYSE National <input type="checkbox"/> Equity Market Maker	

SECTION 1 – ORGANIZATIONAL PROFILE

Date: _____ SEC #: _____ CRD #: _____
LEI #: _____ MPID: _____

GENERAL INFORMATION

Name of Applicant Broker-Dealer: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Website: _____

CONTACT INFORMATION

Contact Name: _____ Title: _____
Phone: _____ Contact Email: _____
Billing Contact Name: _____ Title: _____
Billing Contact Phone: _____ Billing Contact Email: _____

SECTION 2 – NET CAPITAL

Amount: _____ As of Date: _____ Focus Report Line Item: _____

Source of Net Capital (check all that apply):

- Long Proprietary Positions Interest/Dividends/Commissions Secured Demand Note
 Subordinated Loan Clearing/Good Faith Deposits Cash

Other: _____

SECURITIES

List the number of securities for which your firm requests approval: _____

SECTION 3 – OTHER AFFILIATIONS

Is the Applicant a Dealer/Specialist or Market Maker on another registered national securities exchange(s) or association? If yes, please provide the relevant information below.

Yes No

SRO: _____

Operating Capacity: _____

List Securities

SRO: _____

Operating Capacity: _____

List Securities

SRO: _____

Operating Capacity: _____

List Securities

SECTION 4 – REQUIRED ACKNOWLEDGEMENT

The undersigned, applying for registration as a Market Maker, accepts full responsibility for having knowledge of and adhering to all rules and regulations governing the the applicable Exchanges. The undersigned acknowledges the following requirements:

1. Maintain the net capital requirements as prescribed by SEC Rule 15c3-1, whichever is greater. The net capital requirements apply only to the registered market maker/specialist rather than to each individual market maker/specialist.
2. Provide monthly financial statements consisting of FOCUS Form X-17A-5 to FINRA for Market Maker capital compliance review.
3. Provide detailed financial reports and such other operational reports to FINRA as it may require.
4. Disclose promptly any material change in financial or operational condition, or in personnel in accordance with the rules and procedures of the applicable Exchanges.
5. Establish, maintain, and enforce written procedures to supervise the business in which it engages and to supervise the activities of its associated persons that are reasonably designed to ensure compliance with applicable federal securities laws and regulations of the applicable Exchanges. Such written procedures shall at all times be available for inspection by FINRA or Exchange staff.

AUTHORIZED ACKNOWLEDGEMENT OF THE CONTENTS HEREIN

The undersigned attests that the contents submitted on behalf of the Applicant are complete and agrees to update information as required. Further, the Applicant will abide by all rules of the applicable Exchanges, as may be amended from time to time.

Authorized Signatory of the Firm

Date

Print Name of Authorized Signatory of the Firm

Title

APPLICATION CHECKLIST

- NYSE Application for Membership, if new to market or business* (including all supplemental documents)
- Application for Market Maker Registration
- Most recent Focus Report
- Market Maker Authorized Trader Registration Form for each individual Market Maker
- Form U4 and fingerprint cards for each individual Market Maker are available on CRD

* An approved NYSE Arca Equity Market Maker firm wanting to act as a NYSE Arca Equity Lead Market Maker is not required to complete this form.

EXCHANGE-SPECIFIC REQUIREMENTS

New York Stock Exchange DMM Applicants

- Rule 98 - Operation of a DMM Unit must be addressed within firm's Written Supervisory Procedures
- Rule 103.20 - Net Capital Requirements and DMM Capital System
- Rule 123E - DMM Combination Review Policy (if applicable)
- Compliance Officer of DMM Unit must hold the Series 14a exam and have the CF Registration on CRD
- Firm to provide Reg SHO compliance
- DMM GUI must accurately handle 15c3-5 requirements

NYSE Arca LMM Applicants

- Approved LMMs must confirm in writing that they have tested and are able to maintain continuous two-sided quotes.