REGISTERED SECURITIES PRINCIPAL
for a Non-FINRA firm

APPLICANT CERTIFICATION

I, ______________________________, CRD number _____________, in connection with my application to register as a principal of ___________________________________________________________________, hereby certify to the Administrator of the Oklahoma Department of Securities that:

1. I have carefully reviewed the Oklahoma Uniform Securities Act of 2004, 71 O.S., §§ 1-101 through 1-701, as well as the rules and regulations adopted thereto, and I fully understand my responsibilities there under as a registered principal, including but not limited to, my responsibility for the supervision of all agents of said broker-dealer who are registered in the State of Oklahoma; and
2. All information concerning myself as filed on the Form U-4 with the Central Registration Depository (CRD) or as filed on the Form U-4 directly with the Administrator of the Oklahoma Department of Securities is true and correct and a correcting amendment shall be promptly filed when such information becomes inaccurate or incomplete in any material respect.

Dated this _____day of ____________. 20___.

____________________________________________
(Signature)

STATE OF......................................................)
) SS
COUNTY OF.....................................................)

Subscribed and sworn before me this _____ day of ____________, 20 ___.

My Commission Expires:____________________ Notary Public

MANAGEMENT CERTIFICATION

I, _______________________________________, an officer, director, partner or sole proprietor of ___________________________________________________________________, hereby certify to the Administrator of the Oklahoma Department of Securities that the above applicant for registration as a principal has been provided adequate instruction with respect to his/her responsibilities under the Oklahoma Uniform Securities Act of 2004, and the rules and regulations.

Dated this _____ day of ____________, 20 ___.

____________________________________________
(Signature)

____________________________________________
(Title)

STATE OF......................................................)
) SS
COUNTY OF.....................................................)

Subscribed and sworn before me this _____ day of ____________, 20 ___.

My Commission Expires:____________________ Notary Public