

Board of Governors of the Federal Reserve System  
OMB No. 7100-0100 Expires April 30, 2010  
Federal Deposit Insurance Corporation  
OMB No. 3064-0022 Expires June 30, 2015  
Office of the Comptroller of the Currency  
OMB No. 1557-0184 Expires April 30, 2007

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**Form MSD-4**  
**Uniform Application for**  
**Municipal Securities Principal or**  
**Municipal Securities Representative**  
**Associated with a Bank Municipal Securities Dealer**

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The Board of Governors of the Federal Reserve System, the Federal Deposit Insurance Corporation, and the Office of the Comptroller of the Currency are authorized to collect this information pursuant to the authority contained in the following statutes: 15 U.S.C. sections 78o-4, 78q, and 78w.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information provided by each respondent is considered to be confidential.

REPORTING BURDEN: Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time to gather and maintain data in the required form and to review instructions and to complete the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Management and Budget, Washington, DC 20503, and, depending on your primary federal regulator, to Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, N.W. Washington, DC 20551; or to Assistant Executive Secretary, Federal Deposit Insurance Corporation, Washington, DC 20429; or to Legislative and Regulatory Analysis Division, Office of the Comptroller of the Currency, Washington, DC 20219.

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**FORM MSD-4**  
**Uniform Application for**  
**Municipal Securities Principal or Municipal Securities Representative**  
**Associated with a Bank Municipal Securities Dealer**

1. APPLICANT NAME \_\_\_\_\_  
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:  
 A. NAME \_\_\_\_\_  
 B. REGISTRATION NUMBER \_\_\_\_\_  
 C. MAIN ADDRESS \_\_\_\_\_

3. OFFICE OF EMPLOYMENT OF APPLICANT \_\_\_\_\_

4. DATE OF EMPLOYMENT WITH MSD \_\_\_\_\_  
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):  
 Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  
 Municipal Securities Representative .....  Government Securities Representative.....   
 Municipal Securities Principal .....  Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

	<i>Capacity</i>	
	Supervisory	Non-Supervisory
A. Underwriting, trading or sales of municipal securities:	<input type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input type="checkbox"/>	<input type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input type="checkbox"/>	<input type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input type="checkbox"/>	<input type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED

\_\_\_\_\_  
 Date Print Name of Municipal Securities Principal Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)

## PERSONAL HISTORY OF APPLICANT

9. \_\_\_\_\_  
 Name: Last                      First                      Middle
10. \_\_\_\_\_  
 Social Security Number (optional)
11. \_\_\_\_\_  
 Resident Street Address
12. \_\_\_\_\_  
 City                                      State                                      Zip
13. \_\_\_\_\_  
 Date of Birth (Month/Day/Year)
14. \_\_\_\_\_  
 Place of Birth (City, State (if applicable), Country)
15. Any other name ever used or by which known: \_\_\_\_\_

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/yy	To mm/yy	Position Held	Reason For Leaving	Full Time or Part Time

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/yy	To mm/yy

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes  No

If yes, state below the type of examination and the approximate date taken.

Type of Examination \_\_\_\_\_ Approximate Date (mm/yy) \_\_\_\_\_

Type of Examination \_\_\_\_\_ Approximate Date (mm/yy) \_\_\_\_\_

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes  No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

19. Are you currently bonded? Yes  No

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:**

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes  No

21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:  
A. Was your registration denied, suspended or revoked? Yes  No

B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes  No

24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes  No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes  No

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Acknowledgement for**  
**FORM MSD-4**   
**FORM G-FIN-4**

26. Applicant Name \_\_\_\_\_

27. Bank Municipal Securities Dealer Name \_\_\_\_\_

**Receipt Stamp**

28. Bank Municipal Securities Dealer Address \_\_\_\_\_

29. Attention: \_\_\_\_\_

**WHEN THE FORM MSD-4 IS RECEIVED BY THE APPROPRIATE REGULATORY AGENCY, THIS ACKNOWLEDGEMENT WILL BE STAMPED TO SHOW RECEIPT AND RETURNED TO THE PERSON NAMED IN ITEM 29. THE STAMPED ACKNOWLEDGEMENT SHOULD BE RETAINED TO SUBSTANTIATE FILING.**

Mail the form to the Regulator indicated in item 5

The Office of the Comptroller of the Currency  
Treasury and Market Risk, (MS 7-1)  
250 E. Street, S.W.  
Washington, DC 20219

Board of Governors of the Federal Reserve System  
Market and Liquidity Risk Section  
Mail Stop 185  
20th and C Streets, N.W.  
Washington, DC 20551

Federal Deposit Insurance Corporation  
Division of Supervision of Consumer Protection  
Policy and Program Development Section  
Room F-6044  
550 17th Street, N.W.  
Washington, DC 20429