FINRA®

Financial Services Affiliate Waiver Program (FSAWP) Waiver Request Form

Pursuant to FINRA Rule 1210.09, eligible individuals who go to work for a financial services industry affiliate (FSA) of a member firm are permitted to return to the securities industry within a single, fixed seven-year waiver period without having to requalify by exam. This FSAWP Waiver Request Form must be completed in its entirety as FINRA will not process an incomplete form.

INDIVIDUAL'S INFORMATION

Name: _____ CRD #: _____

INDIVIDUAL'S FSA EMPLOYMENT HISTORY

FSA Name: _____

Employment Start Date: _____ Employment End Date: _____

FSA Name:_____

Employment Start Date:_____ Employment End Date: _____

*Note: The Employment History section of the applicant's Form U4 must be updated to document their employment information during the non-associated period.

INDIVIDUAL'S CE REGULATORY ELEMENT HISTORY DURING FSA EMPLOYMENT

Test Enrollment Services System (TESS) account #: _____

Completion Date: _____

Completion Date: _____

 *Note: This information is available in the individual's TESS account.

CERTIFICATION

Firm Name: _____ Firm CRD #: _____

*Name/Title of Authorized Firm Representative:

_____ CRD #: _____

Email Address: _____

I represent and certify that, to the best of my knowledge, the individual referenced above has maintained the eligibility requirements set forth in FINRA Rule 1210.09.

Signature: _____ **Date**: _____

Investor protection. Market integrity.

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*Note: A registered principal or officer of the firm must sign this form. A typed signature is sufficient for electronic submission.

Attach this signed FSAWP Request Form to the waiver request filed via Firm Gateway.