



Firm Name Reservation Request Form

Date:		
Requestor's Name and Title:		
Company:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Request Type: Broker Dealer Funding Portal		
If this request is being made for a current FINRA member firm, please provide the firm's name and CRD Number:		

Please list the name(s) you wish to reserve below. You may provide up to three names in order of preference. FINRA will reserve the highest-ranked name that is acceptable.
Name(s) Requested:
1.
2.
3.

If the requesting firm has any affiliates that are registered with FINRA, please list the affiliate(s) below:	
1.	4.
2.	5.
3.	6.

If you believe the requested Broker Dealer name, though similar to the name of a current member firm, is unlikely to confuse retail investors based on the limited scope of the firm's business, please provide on a separate sheet of paper the necessary information described in our [Firm Name Guidelines](#).

Please send completed form by mail, fax or email to:
 FINRA
 Regulatory Review and Disclosure Department
 9509 Key West Avenue
 Rockville, MD 20850
 Fax: 301-216-3710
 Email: DisclosureReviewOrga@finra.org
 For questions, please contact the Gateway Call Center at 301-590-6500.