

Request for Additional Time Based on Limited English Proficiency (LEP)

Please print clearly and complete this form in its entirety. FINRA will not process an incomplete form.

CANDIDATE INFORMATION AND ATTESTATION

Name:		
Residential Mailing Address:		
City:	State:	Zip Code:
Employment Address:		
City:	State:	Zip Code:
Email Address:		Telephone: ()
CRD #* or FINRA ID # (U10 #):		Exam/CE Series #(s):
*FINRA will only process hard copy LEP forms candidate, your firm must submit your LEP Recofficer for more details.		
	limited ability to read, s t to my LEP eligibility o	
Signature:	Date:	
FINRA MEMBER FIRM^ OR SPONSORING ORG Select box if there is no FINRA Member Firm or Sp		
Firm/Organization Name:		Firm CRD # (if applicable):
Name/Title of Authorized Representative/FINRA re	gistered principal or of	ficer:
·		CRD # (if applicable):
Firm/Organization Address:		, ,
		Zip Code:
		Telephone: ()
I represent and certify that, to the best of my knowl has limited English proficiency. I understand that at the information provided on this form may result in organization, or state or bank regulator, as appropri	ny misrepresentation v a disciplinary action or	vith respect to this candidate's LEP status or any of
Signature:		Date:
^Note for FINRA Member Firms: The authorized re firm.	presentative signing th	nis form must be a registered principal or officer of the
Sponsored (CRD) Candidates – Your firm must sul LEP form for sponsored, (CRD) candidates.	omit your LEP Reques	t via Web CRD. FINRA will not process a hard copy

Unsponsored (U10) Candidates - Send the completed LEP Request to FINRA - Attention: LEP Support Services Team via:

(1) Email (only PDF file format will be accepted) to LEPRequest@finra.org; or (2) facsimile to (202) 689-3487.