



Financial Industry Regulatory Authority

## Broker-Dealer Firm Name Reservation Request Form

Date:		
Requestor's Name and Title:		
Company:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
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 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 [Broker-Dealer 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.