

## 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:		

<b>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.</b>
Name(s) Requested:
1.
2.
3.

<b>If the requesting firm has any affiliates that are registered with FINRA, please list the affiliate(s) below:</b>	
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](mailto:DisclosureReviewOrga@finra.org)  
 For questions, please contact the Gateway Call Center at 301-590-6500.