

# Representative Application

## PERSONAL INFORMATION

Name (First, Middle, Last)		Social Security #
Address		City
State	Zip Code	Date of Birth
Home Phone	Cell Phone	Work Phone
Fax	Email Address	CRD#

## BUSINESS ADDRESS

Same as personal address?  Yes

Address		
City	State	Zip

## EMERGENCY CONTACT

Name	Phone
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## BROKER/DEALER HISTORY\*

(Current or Last Broker Dealer/Place of Business)

Name	Address	
City	State	Zip
Phone	Fax	Website (Please list all websites)

Employment Status:

Currently Employed  My Term Date was: \_\_\_\_\_

Why are you leaving your current broker dealer?

\* Please provide a copy of your most recent broker dealer firm's privacy policy and any Representative Agreements that restrict your activities.

Is your current office an OSJ? (Office of Supervisory Jurisdiction)  Yes  No

Is your branch located in a personal residence?  Yes  No

## LICENSING PROFILE

Licenses Held:

- Series 6       Series 7       Series 65       Series 66       Series 24
- Series 26       Series 22       Series 27       Series 63       Others: \_\_\_\_\_

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Industry Designations:

- LUTCF       CLU       ChFC       CEP       CFP  
 CFS       CMFC       CPA       None       Others: \_\_\_\_\_

Field Marketing Organization Used: \_\_\_\_\_

Insurance Licenses Held:       Life       Health       P&C

Have you completed Firm Element this year?       Yes\*       No

\*If yes, please include certificate of completion.

List states in which you are currently registered for securities transactions:

List states in which you are currently insurance licensed:

## PRODUCTION LEVEL

Gross Dealer Concession	Year to Date	Last Year	Year Before
Securities	\$	\$	\$
Insurance	\$	\$	\$

Most Recent Payout \_\_\_\_\_%

\* Please attach most recent commission statement or 1099's for the current year and year end statements for the prior 2 years.

Current broker dealer custodians:

## BUSINESS BACKGROUND

List as Business Mix Percentage:      Brokerage \_\_\_\_%      Mutual Funds \_\_\_\_%      Alternative Investments \_\_\_\_%  
Fixed Insurance \_\_\_\_%      Variable Products \_\_\_\_%

List Sponsor and Vendor Companies that you prefer to do business with: (e.g. mutual fund, insurance, alternative investment, etc.)

Disciplinary History/Customer Complaints:

\_\_\_\_\_ # of written complaints in the past 24 months

\_\_\_\_\_ # of verbal complaints in the past 24 months

Do you have any current or pending disclosure events ("Yes" answers) on your form U-4?       Yes\*       No

\*If yes, please list the details (including dates, allegations, and dollar amounts of claims) of any situation that has or will result in a "Yes" answer on your U-4:

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Are there any special supervisory procedures required for you?  Yes\*  No

\*If yes, please explain:

Are you a Investment Advisor Representative intending to affiliate with Concorde Asset Management?  Yes\*  No

\* If yes, please fill out the Prospective Advisor Information Request.

## OUTSIDE BUSINESS ACTIVITIES

Are you currently involved in the offer of, or otherwise participating in, any type of private placement?  Yes\*  No

\*If yes, please identify the private placement and describe your involvement.

Are you **currently** engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent, or otherwise? (Please exclude non investment-related activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.)

Yes\*  No

As a general rule, if you receive compensation for an activity, then it is recognized as "Outside Business."

\*If yes, please provide the following details for each outside business (use additional sheets if necessary):

\_\_\_\_\_ Is the Business Investment Related?  Yes  No  
Name of Business

\_\_\_\_\_ Nature of the Business  
Address of the Business

Your Position, Title or Relationship with the Business:

\_\_\_\_\_ Approx. Hours/Month Devoted to Business  
Start Date with Business

\_\_\_\_\_ Approx. Hours During Securities Trading Hours

Briefly Describe Your Duties:

Social Media Sites: (Please list all websites)

Do you intend to maintain registration with an unaffiliated "outside" Registered Investment Advisor?  Yes\*  No

\*If yes, are you registered with:  SEC  State

Date Registered: \_\_\_\_\_ Number of Clients: \_\_\_\_\_ Total Assets Under Management: \$ \_\_\_\_\_

\* Note: If you are a Registered Investment Advisor, you will be required to furnish copies of all your books and records concerning RIA activity to the Broker Dealer.

\* Please enclose a copy of part 1 and 2 of your ADV and Advisory Agreement. Also, please fill out the Prospective Advisor Information Request so that we may learn how best to supervise this investment related outside business activity.

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## TRANSITION PLAN

Do you have any restrictions on your activities from your current BD?  Yes\*  No

\*If yes, please attach a copy of the Agreement.

Approximate number of:

Customers (# of households)

Account Registrations  
(total Individual, IRA, Joint Accounts)

Brokerage Accounts

Non-Brokerage Accounts

What date do you expect to register with Concorde? \_\_\_\_\_

Do you have an assistant or other clerical support that assists you with client information?  Yes\*  No

\*If yes, are they registered to sell securities products?  Yes  No

Please list the names and phone numbers for all your assistants below:

Do you maintain an email address that uses your company name (e.g. rep@ABCwealthmanagement.com)?  Yes  No

Do you maintain a separate domain for your email address (e.g. is your email address hosted with your website or other outside domain or is it hosted by your broker dealer)?  Yes  No

## Notification

Statements made within these documents are representations on which Concorde Investment Services ("Concorde") and its officers, directors, employees, affiliates, and related insurance agencies, or any insurance company ("Company"), may rely in considering your request for registration/ appointment as a representative of Concorde. Throughout this document, Concorde discloses to you that an investigative consumer report(s) is being obtained from a consumer reporting agency for the purpose of evaluating you and your financial responsibility for association with Concorde, and for consideration of your eligibility for any licenses, as required by law, necessary for your association with Concorde. This consumer report may contain information bearing on your creditworthiness, credit standing, credit capacity, character, general reputation, and/or mode of living, from public record sources. You have the right to request additional disclosures regarding the nature and scope of the investigation. Additional information as to the precise nature and scope of the investigation, if one is made, will be provided to you upon written request. This notification is made in accordance with the Fair Credit Reporting Act, as amended.

IN ORDER TO PERFORM A BACKGROUND CHECK, PLEASE PROVIDE THE FOLLOWING INFORMATION:

\_\_\_\_\_  
First/Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Residential Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Release and Authorization

I hereby authorize Concorde, or its authorized agents or affiliates ("Concorde"), to investigate and verify any of the information referenced on this Pre-Hire and Disclosure Form, and to search for and obtain copies of recorded information concerning me. These include but are not limited to the following: employment history, securities registration history, NYSE records, National Insurance Producer Registry records, FINRA CRD records, criminal records (felony and misdemeanor), bankruptcy records, consumer credit reports and educational background. And general character, through available sources including service bureaus and consumer reporting agencies. I authorize and request that former employers, insurance companies, or any other person, furnish to Concorde and/or its agents, any information in their possession concerning my creditworthiness, character, ability, business activities, educational background, general reputation, together with, in the case of former employers, a history of my employment and the reason(s) for the termination thereof.

I understand and agree that I may be the subject of an investigative consumer report(s) ordered by Concorde and I hereby waive any requirement of prior notification. I understand that I have a right to request in writing, disclosure of any investigation by Concorde, including the nature and scope of any such investigation and to be given the name, address and phone number and scope of the request, if applicable. I understand that I have the right to obtain a copy of such Credit Report, and I understand and agree that any misrepresentation of the facts contained herein constitute grounds for termination for cause.

If I signed a prior representative agreement that contains a covenant against competition and Concorde grants my application for association, I understand that I will be solely responsible for any violation or breach of such agreement that may arise out of my activities while associated with Concorde and I hereby agree to indemnify and hold Concorde harmless from any liability thereunder.

I understand that my application for association can only be approved by the registered principals of Concorde. I understand that all fees paid to Concorde are non-refundable. I hereby release Concorde from any liability arising out of the application process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[Return to Concorde via email to Nicole Woolson \(nwoolson@concordeis.com\)](mailto:nwoolson@concordeis.com)

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.**  
Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.**  
You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.**  
Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.**  
If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.**  
Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.**  
In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.**  
A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.**  
A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.**  
Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.**  
If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.**  
For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

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States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

## Type of Business

Consumer reporting agencies, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

State-chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

## Contact

Federal Trade Commission: Consumer Response Center - FCRA  
Washington, DC 20580 1-877-382-4357

Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219 800-613-6743

Federal Reserve Consumer Help (FRCH)  
P O Box 1200  
Minneapolis, MN 55480  
Telephone: 888-851-1920  
Website Address: [www.federalreserveconsumerhelp.gov](http://www.federalreserveconsumerhelp.gov)  
Email Address: [ConsumerHelp@FederalReserve.gov](mailto:ConsumerHelp@FederalReserve.gov)

Office of Thrift Supervision  
Consumer Complaints  
Washington, DC 20552 800-842-6929

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 703-519-4600

Federal Deposit Insurance Corporation  
Consumer Response Center, 2345 Grand Avenue, Suite 100  
Kansas City, Missouri 64108-2638 1-877-275-3342

Department of Transportation , Office of Financial Management  
Washington, DC 20590 202-366-1306

Department of Agriculture

How did you hear about us?

Signature \_\_\_\_\_

Date \_\_\_\_\_