

**STATE OF WISCONSIN**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**

**Courier Address:**  
4822 Madison Yards Way  
North Tower  
Madison, WI 53705

**Division Of Securities**



**Mailing Address:**  
Department of Financial Institutions  
Division of Securities  
PO Box 1768  
Madison, WI 53701-1768  
(608) 266-2139; TTY:711  
[DFISecurities@dfi.wisconsin.gov](mailto:DFISecurities@dfi.wisconsin.gov)  
[dfi.wi.gov](http://dfi.wi.gov)

**WISCONSIN INVESTMENT ADVISORY ACTIVITY OF APPLICANT**

Pursuant to [Wis. Stat. s. 551.403\(1\)](#), it is unlawful for any person to transact business in Wisconsin as an investment adviser unless so registered, except that registration is not required under any the following circumstances:

1. The person effects transactions or provides investment advice in this state exclusively for the account of persons specified in [Wis. Stat. s. 551.403\(2\)](#) or [Wis. Admin. Code s. DFI-Sec 5.13\(1\)](#).
2. The person has no place of business in Wisconsin and in the last 12 months has had fewer than six clients in Wisconsin.
3. The person is now, or was at the time of the transactions in question, a federal covered adviser and not subject to state registration requirements.

The fact that a person may have transacted business as an investment adviser in Wisconsin in violation of [Wis. Stat. s. 551.403\(1\)](#), does not mean that a person's Wisconsin application for registration will automatically be denied.

As part of the Wisconsin Investment Adviser Registration Application, the applicant must respond as to whether or not the applicant has engaged in investment advisory business in Wisconsin without being properly registered. To facilitate your response, please complete the questionnaire below and return the completed form to this Division.

- ☐ **NO**, this applicant is not now transacting and has never transacted investment advisory business in Wisconsin.
- ☐ **YES**, this applicant has transacted investment advisory business in Wisconsin under an exemption described in #1-3 above. Please fill in or select the applicable exemption from the drop down list. Choose an item.
- ☐ **YES** , this applicant has transacted non-exempt or unregistered investment advisory business in Wisconsin prior to this application. (Do not include services performed during any period when the applicant was registered as a federal covered adviser.) **If yes, list all transactions effected in Wisconsin:**

Name & Address of Customer	Date of Transaction	Description of Transaction	Date of Client Agreement	Name of IA Rep	Total Advisory Fees Charged
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(Attach additional pages if space provided is insufficient.)

Name of Applicant: \_\_\_\_\_

Firm's Authorized Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name and Title of Signatory: \_\_\_\_\_ Firm IARD Number: \_\_\_\_\_

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.