

**Form MA**  
**APPLICATION FOR MUNICIPAL ADVISOR REGISTRATION**

**DOMESTIC MUNICIPAL ADVISOR EXECUTION PAGE**

You must complete the following execution page to Form MA. This execution page must be signed and attached to your initial application for *SEC* registration and all amendments to registration.

**Appointment of Agent for Service of Process**

By signing this Form MA, you, the undersigned advisor, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business*, as your agents to receive service, and agree that such *persons* may be served any process, pleadings, subpoenas, or other papers in (a) any *investigation* or administrative *proceeding* conducted by the *Commission* that relates to the applicant or about which the applicant may have information; and (b) any civil suit or action brought against the applicant or to which the applicant has been joined as defendant or respondent, in any appropriate court in any place subject to the jurisdiction of any state or of the United States or of any of its territories or possessions or of the District of Columbia, where the *investigation, proceeding* or cause of action arises out of or relates to or concerns *municipal advisory activities* of the *municipal advisor*. The applicant stipulates and agrees that any such civil suit or action or administrative *proceeding* may be commenced by the service of process upon, and that service of an administrative subpoena shall be effected by service upon the above-named Agent for Service of Process, and that service as aforesaid shall be taken and held in all courts and administrative tribunals to be valid and binding as if personal service thereof had been made.

**Signature**

I, the undersigned, sign this Form MA on behalf of, and with the authority of, the *municipal advisor*. The *municipal advisor* and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA, including exhibits and any other information submitted, are true and correct, and that I am signing this Form MA as a free and voluntary act.

I certify that the advisor's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having custody or possession of these books and records to make them available to federal regulatory representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Advisor *CRD* Number: \_\_\_\_\_

Self-Certification

I, the undersigned, sign this self-certification on behalf of and with the authority of the *municipal advisor*.

The *municipal advisor* and I both certify that the *municipal advisor* and every natural person associated with it has met, or within any applicable required timeframes will meet, such standards of training, experience, and competence, and such other qualifications, including testing, for a *municipal advisor* and natural persons associated with it, required by the *Commission*, the *MSRB* or any other relevant self-regulatory organization.

The *municipal advisor* and I certify that the *municipal advisor* has conducted an initial or annual review, as applicable, of the *municipal advisor*'s business and has reasonably determined that the municipal advisor: 1) can carry out the activities described in the items that are checked in Item 4.K (Applicant's Business Relating to Municipal Securities) of this form; 2) can comply with all applicable regulatory obligations; and 3) has met such regulatory obligations during the last year (or such shorter period if this is an initial application for registration). For these purposes, such applicable regulatory obligations are obligations under the federal securities laws and rules promulgated thereunder and applicable rules promulgated by the *MSRB*, or any other relevant self-regulatory organization. The *municipal advisor* has documented this review process and will maintain all documents relating to such review in accordance with rule 15Ba1-7(a)(8) under the Exchange Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Advisor *CRD* Number: \_\_\_\_\_

**Form MA**  
**APPLICATION FOR MUNICIPAL ADVISOR REGISTRATION**

**NON-RESIDENT MUNICIPAL ADVISOR EXECUTION**

You must complete the following execution page to Form MA. You must also complete Form MA-NR. This execution page must be signed and attached to your initial application for *SEC* registration and all amendments to registration.

*Non-Resident Municipal Advisor Undertaking Regarding Books and Records*

By signing this Form MA, you agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the *Commission*, or at any one of its offices in the United States, as specified by the *Commission*, correct, current, and complete copies of any or all records that you are required to maintain by law. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

**Signature**

I, the undersigned, sign this Form MA on behalf of, and with the authority of, the *non-resident municipal advisor*. The *municipal advisor* and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA, including exhibits and any other information submitted, are true and correct, and that I am signing this Form MA as a free and voluntary act.

I certify that the *municipal advisor's* books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having custody or possession of these books and records to make them available to federal regulatory representatives. Further, attached as an exhibit to this Form MA is an opinion of counsel that the municipal advisor can, as a matter of law, provide the Commission with access to the books and records of such municipal advisor, as required by law, and that the municipal advisor can, as a matter of law, submit to onsite inspection and examination by the Commission.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Advisor *CRD* Number: \_\_\_\_\_

**Self-Certification**

I, the undersigned, sign this self-certification on behalf of and with the authority of the *municipal advisor*.

The *municipal advisor* and I both certify that the *municipal advisor* and every natural person associated with it has met, or within any applicable required timeframes will meet, such standards of training, experience, and competence, and such other qualifications, including testing, for a *municipal advisor* and natural persons associated with it, required by the *Commission*, the *MSRB* or any other relevant self-regulatory organization.

The *municipal advisor* and I certify that the *municipal advisor* has conducted an initial or annual review, as applicable, of the *municipal advisor*'s business and has reasonably determined that the municipal advisor: 1) can carry out the activities described in the items that are checked in Item 4.K (Applicant's Business Relating to Municipal Securities) of this form; 2) can comply with all applicable regulatory obligations; and 3) has met such regulatory obligations during the last year (or such shorter period if this is an initial application for registration). For these purposes, such applicable regulatory obligations are obligations under the federal securities laws and rules promulgated thereunder and applicable rules promulgated by the *MSRB*, or any other relevant self-regulatory organization. The *municipal advisor* has documented this review process and will maintain all documents relating to such review in accordance with rule 15Ba1-7(a)(8) under the Exchange Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Advisor *CRD* Number: \_\_\_\_\_