



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Banking and Securities  
 550 West Seventh Avenue, Suite 1850,  
 Anchorage, AK 99501  
 Telephone: 907-269-8140  
 Website: <http://commerce.alaska.gov/bsc/home.htm>

**ALASKA BROKER - DEALER AFFIDAVIT**  
 AS 45.56.300

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

Full name of broker-dealer: \_\_\_\_\_

Firm CRD number: \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn upon oath, depose and say based on  
(Printed name of affiant)  
 my personal knowledge, information, and belief:

1. I am employed by: \_\_\_\_\_ (applicant) as its  
 \_\_\_\_\_ (title).
2. I am authorized to execute this Affidavit on behalf of the applicant.
3. The applicant has applied to be licensed as a broker-dealer firm with the administrator of the Alaska Division of Banking and Securities.
4. I acknowledge that the administrator wishes to determine whether the applicant has engaged in the offer and/or sale of securities in Alaska. I have conducted a review of the applicant's records and made diligent inquiry in this regard.
5. I understand that this affidavit constitutes a statement to the administrator pursuant to AS 45.55, and that filing a false statement to the administrator is a violation of the Alaska Securities Law and grounds for action against the affiant and the applicant.
6. The affiant and the applicant hereby certify:
  - A. The applicant, by or through any of its securities salespersons, has made NO offers or sales of securities in the state of Alaska and will not engage in the securities business in Alaska until duly licensed with the administrator.
  - B. The applicant, by or through any of its securities salespersons, has offered or sold securities in Alaska, and attached to this affidavit is a listing of the names, addresses, and phone numbers of all Alaska customers; transaction dates; descriptions of the Alaska transactions; specific exemptions relied upon, if any, for each transaction; and the amount of commissions generated from each Alaska customer.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Signature of affiant)

\_\_\_\_\_  
(Printed name of affiant)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Signature of notary public)

County of: \_\_\_\_\_

Notary public for the state of: \_\_\_\_\_

My commission expires: \_\_\_\_\_