



**STATE OF ARKANSAS  
SECURITIES DEPARTMENT  
HERITAGE WEST BUILDING, SUITE 300  
201 EAST MARKHAM STREET  
LITTLE ROCK, AR 72201**



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**FMLA Form 003**

**PRINCIPALS, PARTNERS, OFFICERS, TRUSTEES, DIRECTORS AND MANAGERS**

**NOTE: PLEASE SUBMIT ORIGINAL FORMS ONLY; THE DEPARTMENT WILL NOT ACCEPT FAXED COPIES. PLEASE RETAIN A COPY FOR YOUR RECORDS. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

**Copy this page as necessary and attach.**

Applicant/Licensee: _____	AR License Number* _____ <small>*Enter "PENDING" if license number has not yet been issued.</small>
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Type of Person (Check all that apply)	Owner- ship %	Last, First, Middle Name & Title	Telephone Number	SSN	Date of Employment
<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Explain)	_____ _____ _____ _____ _____ _____	Last _____ First _____ Middle _____ Title _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Explain)	_____ _____ _____ _____ _____ _____	Last _____ First _____ Middle _____ Title _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other (Explain)	_____ _____ _____ _____ _____ _____	Last _____ First _____ Middle _____ Title _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____