



Common Application Coversheet

Request to Provide Selling Group Member Underwriting Services
for State-Supported Debt (NYS)

Completed forms should be sent to:

Portia Lee, Managing Director Public Finance & Portfolio Monitoring
Dormitory Authority – State of New York
515 Broadway
Albany, NY 12207
or via e-mail at plee@dasny.org

POSITION APPLYING FOR: Selling Group Member

DATE OF APPLICATION: _____

GENERAL INFORMATION ON FIRM:

Legal Name of Firm: _____

Firm's Mailing Address: _____

Firm's Website Address: _____

Firm's Main Telephone Number (including area code): _____

Federal Tax ID Number: _____

Is your firm registered under NASD and SEC regulations? Yes No

If yes, registration number _____

Is your firm a Minority and/or Women-Owned Business Enterprise (MWBE)? Yes No

If yes, registration number _____



MAIN CONTACT INFORMATION:

Please list the individual that will be the main contact:

Contact Name: _____

Title: _____

Address (if different from Firm's main address): _____

Contact Telephone Number (including area code): _____

Contact E-mail Address: _____

Contact Facsimile Number (including area code): _____

PRIMARY STAFF PERSON(S):

Please list the primary staff person(s) who will provide services relating to the Authority. Attach additional sheets if necessary.

Contact #1

Contact Name: _____

Contact Telephone Number (including area code): _____

Contact E-mail Address: _____

Contact Facsimile Number (including area code): _____

Contact #2

Contact Name: _____

Contact Telephone Number (including area code): _____

Contact E-mail Address: _____

Contact Facsimile Number (including area code): _____

Contact #3

Contact Name: _____

Contact Telephone Number (including area code): _____

Contact E-mail Address: _____

Contact Facsimile Number (including area code): _____