

Application for Financial Services Commercial Solicitation

(Please check box below for new or revalidation)

New

Revalidation

Name _____ Date _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Work Phone Number _____ Home Phone Number _____

E-mail Address: _____

Firm FINRA/CDR Number: _____

Individual FINRA/CDR Number: _____

Firm SEC Number: _____

Firm NAIC Number: _____

Type of Business (Be specific): _____

Past Employment Last Five (5) Years: _____

Last Approval Date: _____

Copy of valid New York State License is required

ACKNOWLEDGEMENT

- I have read and understand the content of Army Regulation AR 210-7, Personal Commercial Solicitation on Army Installations and DoDI 1344.07. I understand that any violation of or noncompliance with regulation may result in the suspension or withdrawal of the privilege to solicit by myself, my employer, or both.
- I have checked with the Office of Business Permits and Regulatory Assistance, concerning state tax, licensing, and other requirements for operating a business in the State of New York and have completed the necessary steps to ensure compliance with all Federal, state, and local tax, certification, licensing and other requirements.
- I understand that the privilege to solicit commercial activity is subject to approval by the Office of the Garrison Commander. I further understand that such approval is valid for one year and that a request for renewal must be submitted 30 days prior to the expiration of my authorization
- It must be understood that a knowing and willful false statement is punishable by fine or imprisonment (18 USC 1001).
- This application takes approximately 6-8 weeks to process. You will receive your letter of authorization upon approval by the Office of the Garrison Commander.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE

**COMMERCIAL SOLICITATIONS PRIVELEGES
AT THE UNITED STATES MILITARY ACADEMY**

PERSONNEL BACKGROUND CHECK

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These instructions explain how to fill out the “Personnel Background Check”. Each column heading’s data is explained below:

Last Name First Name MI Suffix	These 4 items must be the legal name of the individual. Nick names and unofficial aliases are not acceptable. “MI” stands for Middle Initial. Suffixes are things like “Jr., Sr., III, ect.” These are required if they are part of the legal name of the individual
Date of Birth (DOB)	Employee’s date of birth. Formant as mm/dd/yyyy
City, State, Country of Birth	All three of these items must be provided
US NC LR TV	<u>Documentation maybe required:</u> United States Citizen Naturalized Citizen Legal Resident Temp Visa
State Driver License	<u>Valid copy of NYS Driver License</u>

PRINCIPAL PURPOSES(S): To obtain information for background investigations on personnel employed by the businesses applying for commercial solicitations privileges

ROUTINE USES: The Directorate of Plans, Training, Mobilization, and Security office and the Military Police will use information to conduct periodic background checks.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in individuals not being granted solicitation privileges and/or entry to the installation.

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COMMERCIAL SOLICITATIONS PRIVILEGES
AT THE UNITED STATES MILITARY ACADEMY

PERSONNEL BACKGROUND CHECK

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As per Army Regulations 210-7 "Commercial Solicitations on Army Installations" a review of past employment/activities is required prior to granting solicitation privileges. A back ground check will be performed before privileges are granted. Solicitation privileges are granted for up to one year or less, as determined by the West Point Army Garrison (type or print, unreadable documents will not be accepted)

Date:	Business Name:
Business Address	Phone: Fax: E-mail
Type of Business:	
Owner's Name:	Owner's Address:
Phone:	Emergency Contact:
Print Name:	Signature:
Official Use:	Receiving Officer:
Date Received:	

**COMMERCIAL SOLICITATIONS PRIVELEGES
AT THE UNITED STATES MILITARY ACADEMY**

PERSONNEL BACKGROUND CHECK

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Last Name	First Name	MI	Suffix	DOB	City, State, Country of Birth	US/NC/LR/TV	Drivers License # & Expiration Date

By signing this form, I certify that the above subject's information is accurate and that I have informed the individuals of its use in conducting a background investigation for the purpose of determining suitability for issuance of identification. Identification issuance requires that all employees pass a background check. Furthermore, I certify that proper installation clearance procedures are established and implemented to address the termination of personnel to include, but not limited to, written notification to the Directorate of Morale, Welfare, and Recreation Office.

Business Owner/Applicant

Print

Date