



Department of Commerce

Division of Securities
John R. Kasich, Governor
Andre T. Porter, Director

77 South High Street, 22nd Floor
Columbus, Ohio 43215-6131
Telephone: (614) 644-7381

File Number: _____
Office Use Only

FORM SRSIO
State Retirement System Investment Officer

PART I: State Retirement System

- 1. Full name: _____
- 2. Address of Principal Place of Business: _____

- 3. Telephone No.: _____
- 4. Facsimile No.: _____

PART II: Applicant

- 1. Full name: _____
- 2. Home Address _____

- 3. Telephone No.: _____
- 4. Facsimile No.: _____
- 5. Social Security No.: _____
- 6. Fingerprint Card: A fingerprint card properly completed by the applicant:
_____ is included with this Form SRSIO _____ will be filed separately

PART III: Qualifications

- 1. Indicate the qualification of the applicant:
 - A. The Division shall consider an applicant for licensing to have met this requirement if the applicant was employed by a state retirement system on, or before, September 14, 2004 and the applicant has satisfied one of the following education and experience requirements or achieved one of the following designations:
 - _____ A bachelor's degree from an accredited college or university and five years of relevant investment experience;
 - _____ A master's degree from an accredited college or university; or
 - _____ A doctorate degree from an accredited college or university.

_____ Earned, and is in good standing with the organization that issued, any one of the following credentials:

- _____ "Certified Financial Planner" awarded by the "Certified Financial Planner Board of Standards, Inc.";
- _____ Chartered financial analyst designation;
- _____ Chartered financial consultant;
- _____ Chartered investment counselor; or
- _____ Certified public accountant with a personal financial specialist designation.

B. For applicants employed by a state retirement system on, or after, September 15, the applicant must have either:

_____ Achieved a passing score on one of the following examinations:

- _____ The series 63 examination administered by the National Association of Securities Dealers, Inc.
- _____ The series 65 examination administered by the National Association of Securities Dealers, Inc.
- _____ The series 66 examination administered by the National Association of Securities Dealers, Inc.
- _____ The level one examination administered by the CFA Institute; or

_____ Earned, and is in good standing with the organization that issued, any one of the following credentials:

- _____ "Certified Financial Planner" awarded by the "Certified Financial Planner Board of Standards, Inc.";
- _____ Chartered financial analyst designation;
- _____ Chartered financial consultant;
- _____ Chartered investment counselor; or
- _____ Certified public accountant with a personal financial specialist designation.

PART IV: Disclosure

1. Have you ever been found guilty of any felony? Have you ever been found guilty of any misdemeanor involving theft, deception or moral turpitude?
Yes No
(If yes, attach a sheet reporting the charge and the date, place and final disposition of the charge.)
2. Have you ever been refused a license or registration, or been censured or disciplined by any State or Federal Agency, Stock Exchange, or NASD for any activity which would constitute a lack of "good business repute" as defined in O.A.C. 1301:6-3-19(D)?
Yes No (If yes, attach a sheet reporting the date, place and final disposition of the matter.)
3. Periods during which the applicant has previously been licensed by the Ohio Division of Securities. (If none, so state.) _____
4. Employment Record: Complete information must be given covering the ten year period immediately preceding the date of this application. Also include intervals of unemployment.

To avoid delays in processing, furnish correct names and addresses of all employers. State if former employer is out of business. For additional space please attach a separate sheet.

Period of Employment	Employer's Names & Address	Nature of Employment
From:	Name	
To:	Address	
From:	Name	
To:	Address	
From:	Name	
To:	Address	
From:	Name	
To:	Address	

PART V: Signatures

1. Applicant

The undersigned represents that the foregoing information is true and accurate to the best of the applicant's knowledge as of the date hereof, and agrees that this form constitutes a written statement for purposes of R.C. 1707.44(B).

Applicant's signature named in Part II

Date

2. Retirement System

The undersigned represents that he/she is duly authorized to do so, the foregoing applicant is employed or has been offered employment, and represents that the information provided in foregoing Parts I, II and III is true and accurate to the best of the retirement system's knowledge as of the date hereof, and agrees that this form constitutes a written statement for purposes of R.C. 1707.44(B).

State Retirement System named in Part I

By: _____

Signature (Cannot be the same person as Applicant named in Part II)

Print name and title _____ Date _____