



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. Email: _____
- 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, 2004, the applicant must have either:

Achieved a passing score on one of the following examinations:

	The series 63 examination administered by the Financial Industry Regulatory Authority, Inc.
	The series 65 examination administered by the Financial Industry Regulatory Authority, Inc.
	The series 66 examination administered by the Financial Industry Regulatory Authority, 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 (If yes, attach a sheet reporting the date, place and final disposition of the matter.)

No

2. Have you ever been refused a license or registration, or been censured or disciplined by any State or Federal Agency, Stock Exchange, or FINRA for any activity which would constitute a lack of "good business repute" as defined in O.A.C. 1301:6-3-19(D)?

Yes (If yes, attach a sheet reporting the date, place and final disposition of the matter.)

No

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 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	

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