



**State Retirement System Investment Officer
(SRSIO)
2020 Renewal Form
Due June 30, 2019**

Date: _____

- 1. SRSIO License Number: _____
- 2. Applicant's Name: _____
- 3. Work Phone: _____ Work Email: _____
- 4. State Retirement System: _____
- 5. Applicant's Address: _____

6. Is the applicant's Form SRSIO on file with the Division current with all updated information?
 _____ Yes _____ No (If the response is no, an amended form SRSIO with all current information must be attached.)

7. A \$50.00 check payable to the **Treasurer State of Ohio** must be enclosed.

NOTE: The license of every state retirement system investment officer licensed under section 1707.163 of the Revised Code shall expire on the thirtieth day of June of each year, if the state retirement system investment officer does not file with the Division an application for renewal.

SIGNATURE

8. Applicant states that the information on this application is accurate and complete to the best of his/her knowledge after reasonable and diligent inquiry, and is furnished for the purpose of procuring for the applicant and state retirement system investment officer license pursuant to R.C. §§ 1707.01 to 1707.45, inclusive

Applicant's Name

Applicant's Signature

Date