

Request for Additional Time Based on Limited English Proficiency (LEP)

CANDIDATE INFORMATION AND ATTESTATION

ne:			
idential Mailing Address:			
City:	State:	Zip Code:	
Employer Address:			
City:			
Email Address:		Telephone:	
CRD# or FINRAID #:		Exam/Series #(s):	
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* FINRA will only process LEP forms for Seco exam candidates. If you are a sponsored (Cl qualification exams. Please contact your reg	RD) candidate, you	r firm must submit your LEP Request via	
hereby request additional time to complete the	e SIE or qualification	exam(s) referenced above because I do not s	speak
English as my primary language and I have limit			
understand that any misrepresentation with res			
may result in a disciplinary action or other proc	eeding by FINRA, oth	er self-regulatory organizations or state or ba	ank
regulators, as appropriate.			
Signature:		Date:	
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FINRA MEMBER FIRM * OR SPONSORING ORGAN Select the box if there is no FINRA Member Firm			
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Select the box if there is no FINRA Member Firm Firm/Organization Name: Name/Title of Authorized Representative/FINRA r Firm/Organization Address:	n or Sponsoring Orga registered principal o	nization	
Select the box if there is no FINRA Member Firm Firm/Organization Name: Name/Title of Authorized Representative/FINRA r Firm/Organization Address: City: Email Address:	n or Sponsoring Orga registered principal o State:	nization Firm CRD# (if applicable): r officer: CRD#(if applicable): Zip Code: Telephone:	
Select the box if there is no FINRA Member Firm Firm/Organization Name: Name/Title of Authorized Representative/FINRA r Firm/Organization Address: City: Email Address: represent and certify that, to the best of my kr	registered principal o	nization Firm CRD# (if applicable): r officer: CRD#(if applicable): Zip Code: Telephone:, the candidate identified a	bove,
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