



NEW YORK STATE DEPARTMENT OF LAW
 INVESTOR PROTECTION BUREAU
 28 Liberty Street, 15th Floor
 New York, NY 10005
 1-800-771-7755
 www.ag.ny.gov

NY FORM CM-4

* NYS File Num./CRD Num.

SUPPLEMENTAL COMMODITY SALESPERSON STATEMENT

The Form M-3 Supplemental Commodity Broker-Dealer Statement must accompany any report of new employment.

Salesperson Last Name	First Name	Middle Name	Last four of SSN#	
Street Address		City	State	Zip

A Commodity Salesperson shall, not later than 30 days after occurrence, complete this statement to report

1. CHANGE OR TERMINATION OF EMPLOYMENT. If dual registration, so indicate.

Date Terminated _____ Reason Terminated _____

Name (Former Employer) _____

Address _____

Name (New Employer) _____ Date Commenced _____

Address _____

2. CHANGE IN NAME OR ADDRESS.

To: _____ From: _____ Date: _____

3. DISCLOSURE ITEMS. Specify nature of offense, dates, circumstances and final disposition for each occasion when salesperson is convicted of any criminal offense involving securities or commodities or of any felony whatsoever, or is restricted by any court or governmental agency from engaging in any practice involving securities or commodities or where any yes or no answer to any question on the Form CM-2 initially filed by the Salesperson would be changed.

4. [] CANCEL MY COMMODITY SALESPERSON REGISTRATION.

NOTE: No fee required by the salesperson to cancel registration. However, re-employment as a commodity salesperson after cancellation will require a new registration and payment of \$25 filing fee.

I hereby state and represent that I am the person who executed the foregoing Supplemental Commodity Salesperson Statement, that all the answers and facts contained therein are true and that I fully understand that any false statement shall constitute a violation of Article 23-A of the General Business Law.

Date: _____ Signature: _____

Fee for Supplemental Salesperson Statement..... \$10.00

Payment by Attorney's check, company check, certified check, bank check or money order. Personal checks not accepted.

Make check payable to the **NYS Department of Law.**

**Send remittance to: Investor Protection Bureau
 NYS Department of Law
 28 Liberty Street, 15th Floor
 New York, New York 10005**

*NYS File Number found on fee receipt for original filing