

OMB APPROVAL	
OMB Number:	3235-0328
Estimated average burden hours per response:	0.15

FORM ID
UNIFORM APPLICATION FOR ACCESS CODES TO FILE ON EDGAR
PART I—APPLICATION FOR ACCESS CODES TO FILE ON EDGAR

Name of applicant (Applicant's name as specified in its charter, except, if individual, last name, first name, middle name, suffix [e.g., "Jr."])

Mailing Address or Post Office Box No.

City State or Country Zip

Telephone number (include Area and, if Foreign, Country Code)

Applicant is (see definitions in the General Instructions):

<input type="checkbox"/> Individual (if you check this box, you must also check another box that appropriately describes you)	<input type="checkbox"/> Municipal Securities Dealer
<input type="checkbox"/> Clearing Agency	<input type="checkbox"/> Nationally Recognized Statistical Rating Organization
<input type="checkbox"/> Filer	<input type="checkbox"/> Non-Investment Company Applicant under the Investment Company Act of 1940
<input type="checkbox"/> Filing Agent	<input type="checkbox"/> Security-Based Swap Data Repository
<input type="checkbox"/> Institutional Investment Manager (Form 13F Filer)	<input type="checkbox"/> Security-Based Swap Dealer and Major Security-Based Swap Participant
<input type="checkbox"/> Investment Company, Business Development Company or Insurance Company Separate Account	<input type="checkbox"/> Security-Based Swap Execution Facility
<input type="checkbox"/> Large Trader	<input type="checkbox"/> Training Agent
<input type="checkbox"/> Municipal Advisor	<input type="checkbox"/> Transfer Agent

PART II—FILER INFORMATION (To be completed only by filers that are not individuals)

Filer's Tax or Federal Identification Number (do not enter Social Security Number)

Doing Business As

Foreign Name (if Foreign Issuer Filer and applicable)

Primary Business Address or Post Office Box No. (if different from mailing address)

City State or Country Zip

State of Incorporation Fiscal Year End (mm/dd)

PART III—CONTACT INFORMATION (To be completed by all applicants)

Person to receive EDGAR Information, Inquiries and Access Codes

Telephone Number (Include Area and, if Foreign, Country Code)

Mailing Address or Post Office Box No. (if different from applicant's mailing address)

City State or Country Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
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E-Mail Address

PART IV—ACCOUNT INFORMATION (To be completed by filers and filing agents only)

Person to receive SEC Account Information and Billing Invoices

Telephone Number (Include Area and, if Foreign, Country Code)

Mailing Address or Post Office Box No. (if different from applicant's mailing address)

City State or Country Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PART V—SIGNATURE (To be completed by all applicants)

Signature

Type or Print Name

Position or Title

Date

NEXT STEPS

Once this form has been completed, please email to Highland Business Services at all@highlandfilings.com or fax to (602) 375-0888.

Please contact us with any questions.

