County of El Paso, Texas
Broker/Dealer Questionnaire

Name of Firm: _____

Name of Parent Company (*if applicable*): _____

Local Address: _____

National Address: _____

_____

Phone: (___) _____-_____ (800) _____-_____

Fax: (___) _____-_____ E-Mail _____

Registered principal: _____

Title: _____

Account Representative: _____

Title: _____ CRD# _____

Backup Representative: _____

Title: _____ CRD# _____

Do you have an office of the firm for brokerage or other services located within our area? _____

Address of office _____

_____

_____

Has/have the representative(s) listed above been authorized by the firm to be the account representative(s)

for the County of El Paso, Texas? _____

By Whom? _____

Identify all personnel who will be trading with the El Paso County cash/investment management staff
(additional back-ups)

Name	Title	CRD number
_____	_____	_____
_____	_____	_____

PLEASE ATTACH RESUMES of all the above persons.

Have all of the above personnel read our investment policies and procedures and signed our
certification?

Yes [　]　　　No [　]

If the above answer is no, please explain: _____

_____

If you are a broker/dealer or subsidiary of a national bank, is your firm licensed to do business in Texas?

        Yes [   ]   No [   ]

If you are a broker/dealer or subsidiary of a national bank, is your firm a member of Financial Industry Regulatory Authority (FINRA) in good standing?

        Yes [   ]   No [   ]

Please provide your firm's CRD number _____

What was your firm's trading volume in United States Government and Agency securities for the most recent fiscal year?

Firm-wide? $_____
Number of Transactions   _____
Local Office $_____
Number of Transactions   _____

Which instruments are offered regularly by your local desk?

        [   ]   Treasury Bills
        [   ]   Treasury notes/bonds
        [   ]   Agencies-specify

_____
_____

        [   ]   Commercial paper
        [   ]   Other-specify

_____
_____

Please identify at least three of your most directly comparable public sector clients in Texas who have done business with the primary representative

Entity	Contact Person	Telephone No.	Client since
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your firm or any of your employees ever been investigated by a regulatory or state agency for alleged improper, fraudulent, disreputable, or unfair business practices in the sale of securities or money market instruments? If yes, please explain:

_____
_____
_____

Please provide the most recent AUDITED financial statements for your firm.

Please provide your most recent FOCUS report.

Is your firm a subsidiary of another firm? [ ] yes [ ] no. if yes please provide the most recent audited financial statements for your parent corporation.

How long has the direct representative been an institutional governmental securities broker? _____

How long has the direct representative been an institutional fixed-income broker? _____

Is your firm a member of FINRA (Financial Industry Regulatory Authority)? _____

If not, why? _____

Place an X by each regulatory agency that your firm is examined by and/or subject to its rules and regulations.

FDIC _____   SEC _____   NYSE _____   Federal Reserve System _____

Comptroller of Currency _____

Do you have full SIPC (Securities Investor Protection Corporation) insurance coverage? _____

SIPC policy number _____\

Does the business organization have additional insurance coverage? _____ if yes, provide name of

company, policy number, and amount _____

_____

Please provide information on a separate sheet regarding additional coverage for your customers in case of default or failures.

Does the firm have primary dealer status with the Federal Reserve Bank of New York? _____

How long has the firm had primary dealer status? _____

Are the firm and the account representative(s) registered with the Texas State Securities Board?

_____

Since? _____

Please provide references from at least four comparable public sector clients. We would prefer public sector clients located in the State of Texas, if possible.

Client Name _____

Address _____

Person to contact _____

Telephone Number _____ Length of relationship _____

Client Name _____

Address _____

Person to contact _____

Telephone Number _____ Length of relationship _____

Client Name _____

Address _____

Person to contact _____

Telephone Number _____ Length of relationship _____

Client Name _____

Address _____

Person to contact _____

Telephone Number _____ Length of relationship _____

The following section is to be completed by any firm that does not currently hold primary dealer status.

In which market sectors does the local firm/desk specialize, if any? _____

_____

_____

Please identify your most directly comparable public sector clients. _____

_____

How long has your firm been in business? _____

Are you a subsidiary of another firm? _____

If yes, which firm? _____

How long have the two firms been associated? _____

What was the firm's total volume in United States Treasuries and agencies for the last fiscal year?

Firm wide: $ _____

This office: $ _____

Is your firm an inventory dealer? _____

Do you take a position in securities that you sell or buy? _____

Does your firm comply with the SEC (Securities Exchange Commission) net capital guidelines on a continuous basis? _____ How much excess capital do you maintain? _____

Through which firm do you clear? _____

Do you clear on a fully disclosed basis, i.e., will the clearing firm be acting as principal on the transaction?

_____

Please attach a separate sheet with your full delivery instructions.

Please return to:

El Paso County Auditor
320 S. Campbell St., Suite 140
406 El Paso, Texas 79901