

## BROKER DIRECTIVE RESPONSE FORM

Brokerage Entity (list full entity name)

(Brokerage Entity License Number)



For Principals of Registered Broker Business:

Full name of each Principal	Current Status (indicate Employed, Terminated, Separated or On Leave)	Employment Start Date (MM/DD/YYYY)	Employment End Date (MM/DD/YYYY)	Date Employee Became Principal (MM/DD/YYYY)	Date Employee Ceased Acting as Principal (MM/DD/YYYY)

For Employees of Registered Broker Business:

Full name of each Employee	Current Status (indicate Employed, Terminated, Separated or On Leave)	Employment Start Date (MM/DD/YYYY)	Employment End Date (MM/DD/YYYY)

(Principal Name)

(Official job/principal title)

, acting in his/her official capacity as

has compiled the foregoing list, and the information contained therein is complete, true and accurate.

(Signature)

(Print Name)

(Date)



**When complete, please scan and email this  
document (using additional pages if necessary) to [medallionauction@tlc.nyc.gov](mailto:medallionauction@tlc.nyc.gov).**