



This Data Feed Request Form is for the Nasdaq Vendor Agreement for UTP Level 1 Services and/or other applicable UTP Level 1 agreements. All applicable policy details and pricing information may be accessed at: http://www.utpplan.com/data_admin. Submit a separate Data Feed Request Form for each data feed provider.

CORPORATE INFORMATION

Distributor Name (Company Name) - (Required)		
Company Name	Telephone number	
Contact Name	Email address	Date
Primary Data Feed Installation Address (Required)		
Street Address (P.O. Box Numbers Not Accepted)	City, State, Province, Postal/ZIP	Country
Backup Data Feed Installation Address		
Street Address (P.O. Box Numbers Not Accepted)	City, State, Province, Postal/ZIP	Country

ORDERING INFORMATION

Please enter the Data Feed Provider information and select the market data services that your organization intends to receive.

Data Feed Provider/Vendor Name:	
Vendor Account Number or Data Feed Location:	

UTP LEVEL 1 SERVICE/FINRA SERVICE			
UTP Services	Receipt of Data Timing	Add Date	Delete Date
_____ Binary UTP Trade Data Feed SM (UTDF SM)	_____ Real Time _____ Delayed 15 minutes		
_____ Binary UTP Quotation Data Feed SM (UQDF SM)	_____ Real Time _____ Delayed 15 minutes		
Optional: FINRA/OTC Services	Receipt of Data Timing	Add Date	Delete Date
_____ FINRA - Bulletin Board Dissemination Service (BBDS SM)	_____ Real Time _____ Delayed 15 minutes		
_____ FINRA - Trade Data Dissemination Service (TDDS SM)	_____ Real Time _____ Delayed 15 minutes		

CONNECTION INFORMATION

Data Feed Connection/Source Type:	<input type="checkbox"/> Direct Access (from an Extranet or NASDAQ Co-Location) <input type="checkbox"/> Indirect Access (through a Data Feed Provider/Vendor)
Anticipated service start date: (Production start date)	_____

SYSTEM INFORMATION

What is the name of the System(s) your organization will use to distribute the UTP Level 1 Information?
Please submit a separate list if your firm has more than two (2) systems.

System Type	Approval Type	System Name
<input type="checkbox"/> Internal Use Only [Employees] <input type="checkbox"/> External Use Only [Non-Employees] <input type="checkbox"/> Both Internal and External Use	<input type="checkbox"/> Previously Approved <input type="checkbox"/> New System	System Name 1: _____ If the above system has not been previously approved, please submit a SYSTEM APPLICATION, either Online or Hard Copy
<input type="checkbox"/> Internal Use Only [Employees] <input type="checkbox"/> External Use Only [Non-Employees] <input type="checkbox"/> Both Internal and External Use	<input type="checkbox"/> Previously Approved <input type="checkbox"/> New System	System Name 2: _____ If the above system has not been previously approved, please submit a SYSTEM APPLICATION, either Online or Hard Copy

USAGE INFORMATION

Please indicate how each System will utilize the UTP Level 1 Information.

Usage Type	System Name 1: _____	System Name 2: _____
Internal Professional Subscribers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
External Professional Subscribers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
External Non-Professional Subscribers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Per Query	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voice Ports Or Cable Television	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Display Electronic Trading System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Display use on its own behalf	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Display use on behalf of customers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retransmission Data Feed Direct (Extranet/CoLo)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retransmission Data Feed Indirect	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION SIGNATURE & CERTIFICATION

I certify that the information provided on this UTP Data Feed Request Form is accurate.

Signature:	
Print Name:	
Title:	
Date:	