PRE-HIRE AUTHORIZATION FORM

Member FINRA & SIPC
KOVACK SECURITIES
KOVACK ADVISORS
AN SEC REGISTERED INVESTMENT ADVISOR

I understand that Kovack Securities, Inc., and/or Kovack Advisors, Inc., must check my registration status with FINRA and various state jurisdictions with my written authorization. This information is most often reviewed through a check on FINRA's CRD system by entering my CRD or Social Security Number. As a result, I hereby authorize Kovack Securities and/or Kovack Advisors to investigate my background, including but not limited to, the information contained in this Application, the review of Credit Bureau Reports (Lexis/Nexis®), CRD records, IARD records, and any other databases or services that provide available information. I further authorize the investigation of all information contained herein concerning my previous employment and disciplinary history and release Kovack Securities, its officers, directors and employees, from all liability for any damages that may result from obtaining or furnishing the same.

I understand and agree that the results of the information obtained may be shared with employees of Kovack Securities, its affiliates, and with my proposed OSJ/Branch Manager solely for the purpose of making a decision to proceed with or condition my registration. The information obtained from the Credit Bureau Report will not be used to intentionally violate any federal or state law or regulation.

My signature below authorizes Kovack Securities and/or Kovack Advisors to obtain and review this information and to contact me with any questions they may have after reviewing the information. This action does not commence my registration process nor does it ensure that I will be licensed by Kovack Securities and/or Kovack Advisors. I understand that the decision to proceed with licensing will be made only after you review, at a minimum, my CRD record and Credit Bureau Report.

Name (First)_____ **(M.I.)**_____ **(Last)**_____

Phone Number_____ **Fax**_____

E-mail_____

SSN_____ – _____ – _____ **CRD#**_____ **Birth Date**_____ /_____ /_____ mm/dd/yyyy

_____ _____ _____ /_____ /_____

Representative Signature Print Name Date

PLEASE SCAN AND FAX THIS FULLY COMPLETED AND SIGNED AUTHORIZATION FORM TO:

Branch Development Department
Fax: (954) 343-0967
Attn: Carlo A. Bidone

Kovack Securities, Inc.
Branch Development Department
6451 N. Federal Highway, Suite 1201
Ft. Lauderdale, FL 33308
(866) JOIN-KSI