

This Data Feed Request Form is for the Nasdaq Vendor Agreement for UTP Services and/or other applicable UTP agreements. Please submit a separate Data Feed Request Form for each Data Feed Provider.

All applicable policy details and pricing information may be accessed at: http://www.utpplan.com/data_admin.

CORPORATE INFORMATION

Vendor 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.

Data Feed Provider/Vendor Name:	
Vendor Account Number or Data Feed Location:	
Anticipated service start date: (Production start date)	

CONNECTION INFORMATION

Please select your firm’s Data Feed Connection/Source Type:

INDIRECT ACCESS – connections from a Retransmission Data Feed Provider. Please complete section A.	____ Yes ____ No
DIRECT ACCESS - including Extranet, Nasdaq Direct Circuit, Nasdaq POP and NASDAQ Co-Location connections. Please complete Section B.	____ Yes ____ No

A. For **INDIRECT ACCESS**, enter the Add Date.

UTP LEVEL 1 SERVICE (Nasdaq-Listed / FINRA OTC Equities)	Add Date
UTP Level 1 Real-time	
UTP Level 1 Delayed 15 minutes	

B. For **DIRECT ACCESS** please enter the Add Date for each specific Data Feed product.

UTP LEVEL 1 SERVICE (Nasdaq-Listed / FINRA OTC Equities)	Add Date
UTP Data Services (Nasdaq-Listed Tape C Eligible Securities)	
UTP Trade Data Feed (UTDF)	
UTP Quotation Data Feed (UQDF)	
UTP Snap-Shot (optional add-on service) Requires Direct Access of UTP Services	
FINRA OTC Data (FINRA OTC Equity Securities Rule 6400)	
FINRA - Bulletin Board Dissemination Service (BBDS)	
FINRA - Trade Data Dissemination Service (TDDS)	

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 1
System Name 1:
If the above system has not been previously approved, please submit a SYSTEM APPLICATION, either Online or Hard Copy

System 1 Type	
<input type="checkbox"/>	Internal Use Only [Employees]
<input type="checkbox"/>	External Use Only [Non-Employees]
<input type="checkbox"/>	Both Internal and External Use

Approval Type	
<input type="checkbox"/>	Previously Approved
<input type="checkbox"/>	New System

System 2
System Name 2:
If the above system has not been previously approved, please submit a SYSTEM APPLICATION, either Online or Hard Copy

System 2 Type	
<input type="checkbox"/>	Internal Use Only [Employees]
<input type="checkbox"/>	External Use Only [Non-Employees]
<input type="checkbox"/>	Both Internal and External Use

Approval Type	
<input type="checkbox"/>	Previously Approved
<input type="checkbox"/>	New System

USAGE INFORMATION

Please indicate the Unit of Count for Usage Reporting for each System that distributes UTP Level 1 Information.

Unit of Count/Usage Reporting	System Name 1:	System Name 2:
REAL-TIME USAGE		
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
Other	Describe:	Describe:
DELAYED USAGE		
Delayed Data Usage	<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:	