

UNITED STATES
COMMODITY FUTURES TRADING COMMISSION
 Washington, DC 20581

FORM WB-APP

**APPLICATION FOR AWARD FOR ORIGINAL INFORMATION SUBMITTED
 PURSUANT TO SECTION 23 OF THE COMMODITY EXCHANGE ACT**

A. APPLICANT'S INFORMATION (REQUIRED FOR ALL SUBMISSIONS)

1. Last Name	First	M.I.	Social Security No.
2. Street Address			Apartment/ Unit #
City	State/ Province	ZIP/ Postal Code	Country
3. Telephone	Alt. Phone	E-mail Address	

B. ATTORNEY'S INFORMATION (IF APPLICABLE – SEE INSTRUCTIONS)

1. Attorney's Name			
2. Firm Name			
3. Street Address			
City	State/ Province	Zip/ Postal Code	Country
4. Telephone	Fax	E-mail Address	

C. TIP/COMPLAINT DETAILS

1. Manner in which original information was submitted to CFTC
 CFTC website Mail Fax Other

2a. Tip, Complaint or Referral (TCR) Number	2b. Date TCR referred to in 2a submitted to CFTC ____/____/____
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2c. Subject(s) of the Tip, Complaint or Referral:

D. NOTICE OF COVERED ACTION

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