UNITED STATES
COMMODITY FUTURES TRADING COMMISSION
Washington, DC 20581

FORM WB-APP
APPLICATION FOR AWARD FOR ORIGINAL INFORMATION PROVIDED PURSUANT TO SECTION 23 OF THE COMMODITY EXCHANGE ACT

A. TELL US ABOUT YOURSELF (Required for All Submissions)

1. Last Name	First Name	M.I.	SSN Last Four Digits

2. Street Address	Apartment/Unit #

City	State/Province	ZIP/Postal Code	Country

3. Telephone	Alt. Phone	E-mail Address

B. YOUR 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

Please be advised that pursuant to 5 CFR 1320.5(b)(2)(i), you are not required to respond to this collection of information unless it displays a currently valid OMB control number.