



Association of Public Treasurers
of the United States and Canada

Investment Policy Certification Application

ENTITY TYPE _____ Municipality (population) _____ Other Public Entity (no. of employees)

PERSON SUBMITTING APPLICATION

Entity Name (as it will appear on the Certification Award) _____

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

ADDITIONAL PERSON TO NOTIFY OF CERTIFICATION (if any)

Name _____ Title _____

Phone _____ Email _____

PORTFOLIO INFORMATION

Total investment portfolio \$ _____

Portfolio Composition:

Treasuries	\$ _____	Agencies	\$ _____
CDs	\$ _____	BAs	\$ _____
Government Pool	\$ _____	Repos	\$ _____
Mutual Funds	\$ _____	Other	\$ _____

POLICY INFORMATION

Has the investment policy been adopted by the appropriate legislative body (not a requirement prior to submission)

Yes _____ No _____

Does your state/province or jurisdiction specifically mandate the adoption of an investment:

Yes _____ No _____

Does your state/province or jurisdiction specifically outline types of authorized investments, (if yes, upload a copy of the legislation or provide a summary of types of authorized investments when completing online form)

Yes _____ No _____

List name/title/phone of Investment Staff (if different than above)

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

If the policy permits investment in repurchase agreements, does your entity have a signed Master Repurchase Agreement:

Yes _____ No _____ (if yes, upload a copy of the agreement when completing online form)

Do you employ an active or passive approach to investing:

Active _____ Passive _____

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