



**COMMONWEALTH OF PENNSYLVANIA**  
**OFFICE OF ATTORNEY GENERAL**  
 Bureau of Consumer Protection  
 15th Floor Strawberry Square  
 Harrisburg, PA 17120  
 Phone: (717) 783-1992  
<http://www.attorneygeneral.gov>

## Telemarketing Registration Application

### PART I: Identification

Name of Telemarketer			
Location of Telemarketer (Preferred mailing address for notices? <input type="checkbox"/> Yes <input type="checkbox"/> No)			
City	State	Zip Code	County
Name of Corporation, LLC, Partnership or Individual Owner			
Address (Preferred mailing address for notices? <input type="checkbox"/> Yes <input type="checkbox"/> No)			
City	State	Zip Code	County
Name of Contact Person		Fax Number	
Telephone Number		Email Address	
Name & Addresses of Registered Agent (If Owner is located outside of PA)			Current Registration Number (if applicable)

**This Form is (check one):**

- A registration for a new telemarketing entity not previously registered in PA
- A change to the registered telemarketer's ownership or address information
- A change to a different Bond or Letter of Credit for a registered telemarketer
- Other (please indicate): \_\_\_\_\_

*Please submit the original copy of the bond or letter of credit.*

**Location(s) of Call Centers for calls placed to PA residents**

Name	Address - Line 1		
Address - Line 2	City	State	Zip Code
Name	Address - Line 1		
Address - Line 2	City	State	Zip Code
Name	Address - Line 1		
Address - Line 2	City	State	Zip Code

**PART II: Telemarketing Campaign**

On whose behalf will the telemarketing entity make calls into Pennsylvania? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What name and number will be displayed on the consumer's caller id? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List the names of all telemarketers currently employed by the telemarketing entity.  
 (Attach additional sheets, if necessary.)

Name		Title	
Home Address	City	State	Zip Code
Name		Title	
Home Address	City	State	Zip Code
Name		Title	
Home Address	City	State	Zip Code
Name		Title	
Home Address	City	State	Zip Code
Name		Title	
Home Address	City	State	Zip Code
Name		Title	
Home Address	City	State	Zip Code
Name		Title	
Home Address	City	State	Zip Code

**PART III: Ownership Information**

1. The Telemarketer identified in paragraph 1 above is a: (check one)
- Corporation. State of registration:  Pennsylvania  Other: \_\_\_\_\_  
 Date of incorporation: \_\_\_\_\_  
 If not a PA Corporation, have you obtained a certificate of authority to do business in Pennsylvania?  Yes  No  
 Have you filed a Fictitious Name Statement with the Department of State?  
 Yes  No
  
  - Limited Liability Company (LLC). Date of formation: \_\_\_\_\_  
 State of formation:  Pennsylvania  Other: \_\_\_\_\_  
 If not a PA LLC, have you obtained a certificate of authority to do business in Pennsylvania?  Yes  No  
 Have you filed a Fictitious Name Statement with the Department of State?  
 Yes  No
  
  - Sole Proprietorship. Have you filed a Fictitious Name Statement with the Department of State?  Yes  No
  
  - Partnership. Have you filed a Fictitious Name Statement with the Department of State?  Yes  No
  
  - Other. Please specify type of business and state the form of business which operates the telemarketing entity: \_\_\_\_\_  
 \_\_\_\_\_

2. Please state the names, titles and business addresses of all officers and directors of a corporation; members and managers of an LLC; general partners of a partnership; or in the case of a sole proprietorship, any person with an ownership interest in the telemarketing entity. (Attach additional sheets if necessary):

Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code
Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code
Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code
Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code

**PART IV: Financial Security Information**

1. The telemarketing entity has satisfied the financial security requirement of the Telemarketer Registration Act as follows (check one, and complete the blanks):

- Obtained surety bond in the amount of \$50,000.00 from \_\_\_\_\_ . Include the original surety bond with this application.  
Name of Contact Person at the Financial Institution \_\_\_\_\_  
Telephone number \_\_\_\_\_
  
- Obtained a Certificate of Deposit in the amount of \$50,000.00 from \_\_\_\_\_ . Include the certificate of deposit with this application.  
Name of Contact Person at the Financial Institution \_\_\_\_\_  
Telephone number \_\_\_\_\_
  
- Enclosed a check in the amount of \$50,000.00 made payable to the Office of Attorney General to be held on deposit.

**PART V: Certifications**

Please check the boxes to indicate that you have read and understand the requirements.

- I understand that the telemarketing entity identified in paragraph 1 must comply with the Do Not Call list requirements contained in the Telemarketer Registration Act.
  
- I understand that my registration is valid for two years from the date of issuance and that I must re-register prior to its expiration.
  
- I have enclosed a cashier's check, certified check or money order made payable to the Office of Attorney General to satisfy the \$500.00 application fee requirement.
  
- I understand that I am under a **continuing obligation** to notify the Bureau of Consumer Protection in writing of any change in the information provided in this registration application within 14 days.

\_\_\_\_\_  
I hereby certify that the information contained in the Registration Application is true and correct. I further certify that I have actual authority to make this certification on behalf of the Telemarketing Entity identified in paragraph 1. I also understand that any false statements made herein are subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S. Section 4904.

Signature of Authorized Party: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_