## **Louisiana Public Service Commission**

## 2022 DEPENDENT TELEPHONIC SOLICITOR REGISTRATION APPLICATION

(Solicitor registration expires at the end of the applicable calendar year.)

Application is hereby made to obtain access to the Louisiana" Do Not Call Register" pursuant to Act 40 of the 2001 Regular Session and the LPSC Do Not Call Program General Order. Louisiana law requires that persons making telephone solicitations to Louisiana consumers first obtain a current Do Not Call listing comprised of the telephone numbers of consumers who object to receiving telephone solicitations. The database is maintained by the Louisiana Public Service Commission and may only be obtained through the registration process. To register as a Dependent Telephonic Solicitor, complete the four Dependent Solicitor sections of this application and **return it to your Principal Solicitor for completion of Principal sections and final authorization.** 

Registration submitted for January 1-December  $31^{st}$  of Calendar Year: 2022**Dependent Solicitor-General Information:** (Please print or type all the information requested below.) Check one: New registration\_\_\_\_\_Re-registering\_\_\_\_\_ Application Date: \_\_\_\_\_ Federal ID/S.S. # \_\_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Legal name of corporation, partnership, or proprietorship for which application is made. Trade name (DBA), assumed names or fictitious names used by applicant. Mailing address State City Nature of Business: Dependent Designated Contact Person: Mailing address for contact must be within US borders; phone numbers must be US area codes or toll free numbers. This person and the principal solicitor designated contact person are the only people authorized to make changes to your company information. This person is responsible for keeping all application information on file correct and updated with LPSC and their principal solicitor for this dependent solicitor. \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail address \_\_\_\_\_ Designated Contact Name. Mailing address Only one primary contact designation can be accepted, do not submit multiple addresses for this contact option. City Principal Solicitor- General Information: (All Dependent solicitors must have an authorized Principal Solicitor.) Name of Principal Solicitor Mailing address City State Federal ID/S.S. # Principal Designated Contact Person Name: Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_ E-mail address \_\_\_\_

Dependent Solicitor-Designated Emergency Contact: This person will be notified in the event of an emergency that suspends solicitation in LA  Name:  E-mail address (required)  Only one emergency contact designation can be accepted, do not submit multiple addresses for this contact option.			
		Principal Solicitor-Acknowledgment and Approval: (An applicant for Dependent Telephonic Solicitor Registration mee Solicitor relationship to our Principal Solicitor status.	ts the following requirements to achieve the requested Dependent
		solicitor, and shall not use the Do Not Call Register for Principal and Dependent solicitors.	al solicitor, is authorized to work as an agent of the Principal any purpose unrelated to the shared solicitation purposes of the
The Principal Solicitor hereby authorizes and approves this applicati	on for Dependent Telephonic Solicitor status.		
Signature of Designated Contact for Principal :	Date:		
Notary Signature:	Date:		
My Commission is for:			
Dependent Solicitor-Compliance Statement:			
The Louisiana "Do Not Call Register" Dependent Telephone Solicit	or applicant, hereby, affirms the following:		
I / We will comply with the Louisiana Public Service Commission A Program General Order	Act 40 of the 2001 Regular Session and Commission Do Not Call		
I/we have an exclusive relationship with the Principal solicitor, and the shared solicitation purposes of the Principal and Dependent solic			
Having been duly sworn, and under the penalties of perjury, I hereby attachments are true and correct to the best of my knowledge and be			
Signature of Authorized Company Representative Date			
Printed name of Authorized Company Representative			
Title of Authorized Company Representative			
Federal ID/S.S. #			
	Signature of Notary		
	Date:		

My commission expires:\_\_\_\_\_