

**LPSC DO NOT CALL PROGRAM**

**2022 PRINCIPAL 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 be obtained by returning this completed form with applicable fees to:

**Louisiana Public Service Commission  
Do Not Call Program  
Post Office Box 91154  
Baton Rouge, Louisiana 70821-9154  
(Physical Address: LPSC, Do Not Call Program, 602 North 5<sup>th</sup> Street, 12<sup>th</sup> Floor, BR, LA 70802)**

Registration submitted for **January 1-December 31<sup>st</sup>** of Calendar Year: **2022**

**General Information:** (Please print or type the information requested below.)

Application Date: \_\_\_\_\_ Check one: New registration \_\_\_\_\_ Re-registering \_\_\_\_\_

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*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Nature of Business*

**Designated Contact Person:** *Mailing address for contact must be within US borders; phone numbers must be US area codes or toll free numbers. This is the **only** person authorized to make changes to your company information. This person is responsible for keeping all application information on file correct and **updated** with LPSC.*

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_  
*Designated Contact Name.*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City State Zip*

**Only one primary contact designation can be accepted, do not submit multiple addresses for this contact option.**

**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.**

**Deployment: Choose how you would like to receive your LPSC DNC Quarterly Registry information (Select one below) – \*Email/Internet deployment recommended.** (Internet capability required)

\_\_\_\_\_ \*Email/Internet: Email Address \_\_\_\_\_

\_\_\_\_\_ CD-ROM: US Address: Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Continental US address required for the CD Rom deployment selection.

**Only one deployment contact designation can be accepted, do not submit multiple addresses for this contact option.**

**Service Process Agent:** *This person must be located/reside in the state of Louisiana, available to accept legal documents*

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_  
*Name of Registered Agent for Service of Process.*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City State Zip*

