Louisiana Public Service Commission

2024 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 Registry" 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.**

Registrati Dependent Solicitor-Gene		1-December 31 st of Cale (<i>Please print or type all t</i>	endar Year: 2024 the information requested below.)	
Application Date:	Check	one: New registration	Re-registering	
Federal ID/S.S. #	Phone #	Phone # Fax #		
Legal name of corporation, partners	hip, or proprietorship for whicl	h application is made.		
Trade name (DBA), assumed names	or fictitious names used by app	licant.		
Mailing address				
City	State	Zip		
Nature of Business:				
information on file correct and Phone # Designated Contact Name. Mailing address	-			
<i>City</i> Only one primary conta	State ct designation can be accep	Zip ted, do not submit multiple	e addresses for this contact option.	
			ve an authorized Principal Solicitor.)	
Name of Principal Solicitor				
Mailing address				
City	State	Zip		
Federal ID/S.S. #	Principal Designated Contact Person Name:			
Contact Phone #	Fax #	E-mail add	lress	

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: (Approval may only be authorized by designated principal contact.)

The applicant for Dependent Telephonic Solicitor Registration meets the following requirements to achieve the requested Dependent Solicitor relationship to our Principal Solicitor status.

- 1. Applicant has agreed to work in compliance with the Commission Do Not Call program.
- 2. Applicant has an exclusive relationship with the Principal solicitor, is authorized to work as an agent of the Principal solicitor, and shall not use the Do Not Call Register for any purpose unrelated to the shared solicitation purposes of the Principal and Dependent solicitors.
- 3. Principal solicitor, upon verification from the Commission that the Dependent's Solicitor Telephonic Registration has been accepted, will provide the applicant a copy of the Do Not Call register with each quarterly deployment. It is the responsibility of the Principal solicitor to maintain documentation certifying that the list has been provided in a timely manner.
- 4. Appropriate fees have been submitted for Dependent Telephonic Solicitor registration.

The Principal Solicitor hereby authorizes and approves this application 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 Registry" Dependent Telephone Solicitor applicant, hereby, affirms the following:

I / We will comply with the Louisiana Public Service Commission Act 40 of the 2001 Regular Session and Commission Do Not Call Program General Order

I/we have an exclusive relationship with the Principal solicitor, and will not use the Do Not Call Registry for any purpose unrelated to the shared solicitation purposes of the Principal and Dependent solicitors.

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in the APPLICATION and all attachments are true and correct to the best of my knowledge and belief.

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:_____