

LPSC DO NOT CALL PROGRAM

2025 INDEPENDENT TELEPHONIC SOLICITOR OR AFFILIATE REGISTRATION APPLICATION

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. Affiliates of registered solicitors must be registered to access information provided through solicitor registration. 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 5th Street, 12th Floor, BR, LA 70802)

Registration submitted for **January 1-December 31st** of Calendar Year: **2025**

General Information: (Please print or type all 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.

Attach Registration/List Fees: ABSOLUTELY NO COMPANY CHECKS ALLOWED. Attach certified funds in the amount of **\$800.00**. This fee covers both registration and Do Not Call listings for an independent solicitor for the applicable calendar year. Payment must be in the form of certified check, cashier's check, or money order made payable to the Louisiana Public Service Commission. A wire transfer option and credit card option are also available for payment of registration/list fees. Information regarding that process is available on the Do Not Call section of our web page, <http://lpsc.louisiana.gov/dnc>.

2024 Registration/List Fees have been submitted by which method?

____ Certified Check, Cashier's Check or Money Order..... Attached
____ Wire Transfer or ACH Fund Transfer..... Submitted on what date?: _____
____ Credit Card Payment.....Submitted on what date?: _____

Service Process Agent: An agent for service of process is the person designated by a business entity, to receive legal documents and lawsuits on behalf of the business entity within the state in which the agent's address is located. *(If you do not have a Louisiana agent you may hire a company to act as your agent)*

Phone # _____ Fax # _____ E-mail address _____

Name of Registered Agent for Service of Process.

Mailing address

City Louisiana *State* _____ *Zip*

Compliance Statement:

The Louisiana "Do Not Call Registry" 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.

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: _____