



Secretary of State of the State of Arkansas

TELEPHONIC SALESPERSON ANNUAL REGISTRATION FORM

Pursuant to Act 137 of 1993 of the Arkansas General Assembly, codified at Ark. Code Ann. §§ 4-99-101 through 112, Arkansas law requires a salesperson working for a telephonic seller to register with the Secretary of State. Registration is only valid for one year and may be renewed for additional one-year periods with the filing of this form and applicable fees. This form and all required attachments must be submitted within 72 hours after accepting employment with a telephonic seller.

The following must be included with the submission of this form:

1. A fee of \$10 made payable to the Secretary of State of the State of Arkansas.
2. An executed Consent for Service (Form TS-04), if applicable.

This form and all attachments should be submitted via email to charities@sos.arkansas.gov. Incomplete submissions will not be accepted. You are obligated to update or revise any material change in the information submitted to the Secretary of State not more than 10 days after the change occurs. Changes or updates should be submitted on this form.

If you have questions or inquiries, please contact us via email at charities@sos.arkansas.gov, via phone at (501) 683-0094, or via mail to Arkansas Secretary of State, Business and Commercial Services, ATTN: Charities Registration, 500 Woodlane Ave, Suite 256, Little Rock, AR 72201.

500 Woodlane Ave, Suite 256 • Little Rock, Arkansas 72201
Telephone (501) 683-0094 • Fax (501) 682-3437
WEBSITE • www.sos.arkansas.gov

Section I. Telephonic Salespersons' Information

Name of Salesperson		
Address of Residence		
City	State	Zip
Names used while soliciting		

VERIFICATION

I swear and/or affirm, under penalty of law, that the foregoing representations are true and accurate.

Date _____

By: Signature

Printed Name	Title
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NOTARY

STATE OF _____)
) SS.
COUNTY OF _____)

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day of _____, 20____.

My Commission Expires:

/ /

Signature of Notary Public

County of Residence

Printed Name _____

STAMP or SEAL: