



The Secretary of State of the State of Arkansas

PROFESSIONAL TELEMARKETER ANNUAL APPLICATION FOR REGISTRATION

Pursuant to Ark. Code Ann. §§ 4-28-401 through 416, Arkansas law requires the registration of any person employed or retained by a paid solicitor to solicit charitable contributions in Arkansas. This registration must be submitted within 72 hours after accepting employment. Registration is only valid for one year but may be renewed for additional one-year periods with the submission of this form and the applicable fee.

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

1. A fee of \$10.00 made payable to Office of the Secretary of State; and
2. An executed Consent for Service (Form PT-02), if applicable.

You are obligated to inform the Secretary of State of any material change in the information submitted on this form not more than 30 days after the change occurs. Changes or updates should be submitted on this form.

This form and all attachments should be submitted via email to charities@sos.arkansas.gov. Incomplete submissions will not be accepted. 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. Telemarketer Information

Legal Name of Telemarketer	SoS Filing Number (If applicable.)	
Telemarketer's Home Address		
City	State	Zip
Legal Name of Paid Solicitor		
Physical Address At Which Telemarketer Will Be Conducting Solicitations		
City	State	Zip
Mailing Address Used While Conducting Solicitations		
City	State	Zip
Email Address(es) Used While Conducting Solicitations		
Telephone Number(s) Used While Conducting Solicitations		
Fax Number(s) Used While Conducting Solicitations		
Any First Names Under Which Telemarketer Intends to Solicit Contributions		
Any Last Names Under Which Telemarketer Intends to Solicit Contributions		
List All Charitable Organizations For Whom Telemarketer Will Be Soliciting		

Section II. Previous Telemarketing Employment

Any Aliases Used For Soliciting Contributions

Paid Solicitor

Dates of Employment

__/__/__ to __/__/__
 __/__/__ to __/__/__
 __/__/__ to __/__/__
 __/__/__ to __/__/__
 __/__/__ to __/__/__
 __/__/__ to __/__/__

Section II. Regulatory Compliance Information

In what other states have you acted as a professional telemarketer?

Have you, the applicant, ever had your professional telemarketer registration or renewal denied, suspended, revoked, or enjoined by any governmental authority or any court?

☐ Yes ☐ No If yes, please explain in detail and attach a copy of any such judgment, notice, or order.

Have you, the applicant, ever been sued for fund-raising-related activities?

☐ Yes ☐ No If yes, please attach a copy of any applicable complaint, judgment, notice, or order.

Have you, the applicant, ever been assessed civil penalties for fund-raising-related activities?

☐ Yes ☐ No If yes, please attach a copy of any applicable complaint, judgment, notice, or order.

Have you, the applicant, ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or settlement with a governmental entity?

☐ Yes ☐ No If yes, please attach a copy of any such document.

Have you, the applicant, ever been charged, arrested, or convicted of a crime other than a traffic violation?

☐ Yes ☐ No If yes, state the charge, the jurisdiction involved, and the disposition?

AFFIRMATION

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

Date

Signature

Name of Professional Telemarketer

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: