Louisiana Public Service Commission

2016 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 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 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.**

Registration submitted for **January 1-December 31st** of Calendar Year: **2016**

Dependent Solicitor-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: _____

Dependent Designated Contact Person:

*Mailing address for contact **must be within US borders**; phone numbers must be US area codes or toll free numbers. This person and the principal solicitor designated contact person are the **only** people authorized to make changes to your company information. This person is responsible for keeping all application information on file correct and **updated** with LPSC and their principal solicitor for this dependent solicitor.*

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.

Principal Solicitor- General Information: (*All Dependent solicitors must have 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 address _____

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 Register" 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 Register 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:_____