

LPSC DO NOT CALL PROGRAM

2027 PRINCIPAL 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 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: **2027**

General Information: (Please print or type 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.

This email address cannot be the same email address as the Designated Emergency Contact.

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.

This email address cannot be the same email address as the Designated Contact Person.

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.

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.) **The mailing address for the Service Process Agent must be located within the State of Louisiana.**

Phone # _____ Fax # _____ E-mail address _____

Name of Registered Agent for Service of Process.

Mailing address

City _____ Louisiana State _____ Zip _____

Attach Principal Registration/List Fees: Attach certified funds in the amount of **\$1200.00**. The fee covers both registration and Do Not Call listings for a principal solicitor for the applicable calendar year.

Attach Dependent Registration Fees: Attach additional certified funds based on the number of dependents that will be registered with your company for the calendar year. (\$500.00 allows up to ten dependent solicitors, \$1000.00 allows up to fifty dependent solicitors, \$1500.00 allows up to up to one hundred dependent solicitors, and \$2000.00 allows a Principal to register any number over one hundred dependent solicitors.)

These fees may be submitted together or separately, however, payment must be in the form of certified check, cashier's check, or money order made payable to the Louisiana Public Service Commission. **ABSOLUTELY NO COMPANY CHECKS ALLOWED.** A wire transfer option is also available for payment of registration/list fees, and information regarding that process is available on the solicitor's page of the Do Not Call section of our web page, <http://lpsc.louisiana.gov/dnc>.

2026 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?: _____

Dependent Spreadsheet Requirement –Required from Principals authorizing 20 or more Dependents (Select one)

Registered Principal Solicitors that authorize twenty or more dependent solicitors for the calendar year must also prepare an electronic spreadsheet, in approved LPSC DNC spreadsheet format, containing all registration details for each Dependent solicitor, and submit it by choosing one of the options below. The **LPSC DNC Approved Dependent Spreadsheet Format**, the format required for this data collection is available on the solicitor's page of the Do Not Call section of our web page, lpsc.louisiana.gov/dnc

_____ This Principal will authorize less than 20 Dependents this calendar year, so this requirement does not apply. The original, completed and notarized Dependent Telephonic Solicitor Registration forms are hereby submitted for each Dependent.

_____ This Principal will authorize 20 or more Dependents this calendar year, and will provide a listing of each of these Dependents on the **LPSC DNC Approved Dependent Spreadsheet Format**. The original, completed and notarized Dependent Telephonic Solicitor Registration Applications for every Dependent listed on this spreadsheet are hereby submitted. Digital media containing an electronic copy of this Dependent Spreadsheet is provided along with this application, or the required spreadsheet information has been emailed to donotcall@LA.GOV on the following date: ____/____/____.

_____ This Principal will authorize 20 or more Dependents this calendar year, and will provide a listing of these Dependents on the **LPSC DNC Approved Dependent Spreadsheet Format**. This Principal hereby acknowledges with the following signed compliance statement that all original, completed and notarized Dependent Telephonic Solicitor Registration forms are in the Principal's possession and will be maintained on file by Principal for the calendar year, available to be produced on demand to the LPSC DNC Program Manager if requested. Digital media containing an electronic copy of this Dependent Spreadsheet is provided along with this application, or the required spreadsheet information has been emailed to donotcall@LA.GOV on the following date: ____/____/____.

Compliance Statement:

The Louisiana "Do Not Call Registry" principal 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

As a principal solicitor, I/we will acknowledge, approve and forward the applicable registration form and fees for each telephonic solicitor authorized as our dependent solicitor to the Commission. I/we will timely forward the Do Not Call registry to each Dependent Solicitor authorized by the Commission to receive the register from us, and maintain records documenting the delivery of each Do Not Call register to each dependent solicitor.

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: _____