



Office of the Oklahoma Attorney General
 Consumer Protection Unit
 313 NE 21 Street
 Oklahoma City, Oklahoma 73105
 (405) 522-0043
 www.oag.ok.gov

**Commercial Telephone Solicitor (“Telemarketer”) Registration
 and/or Do-Not-Call (“DNC”) Registry Access Application**

Business/Organization Name: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

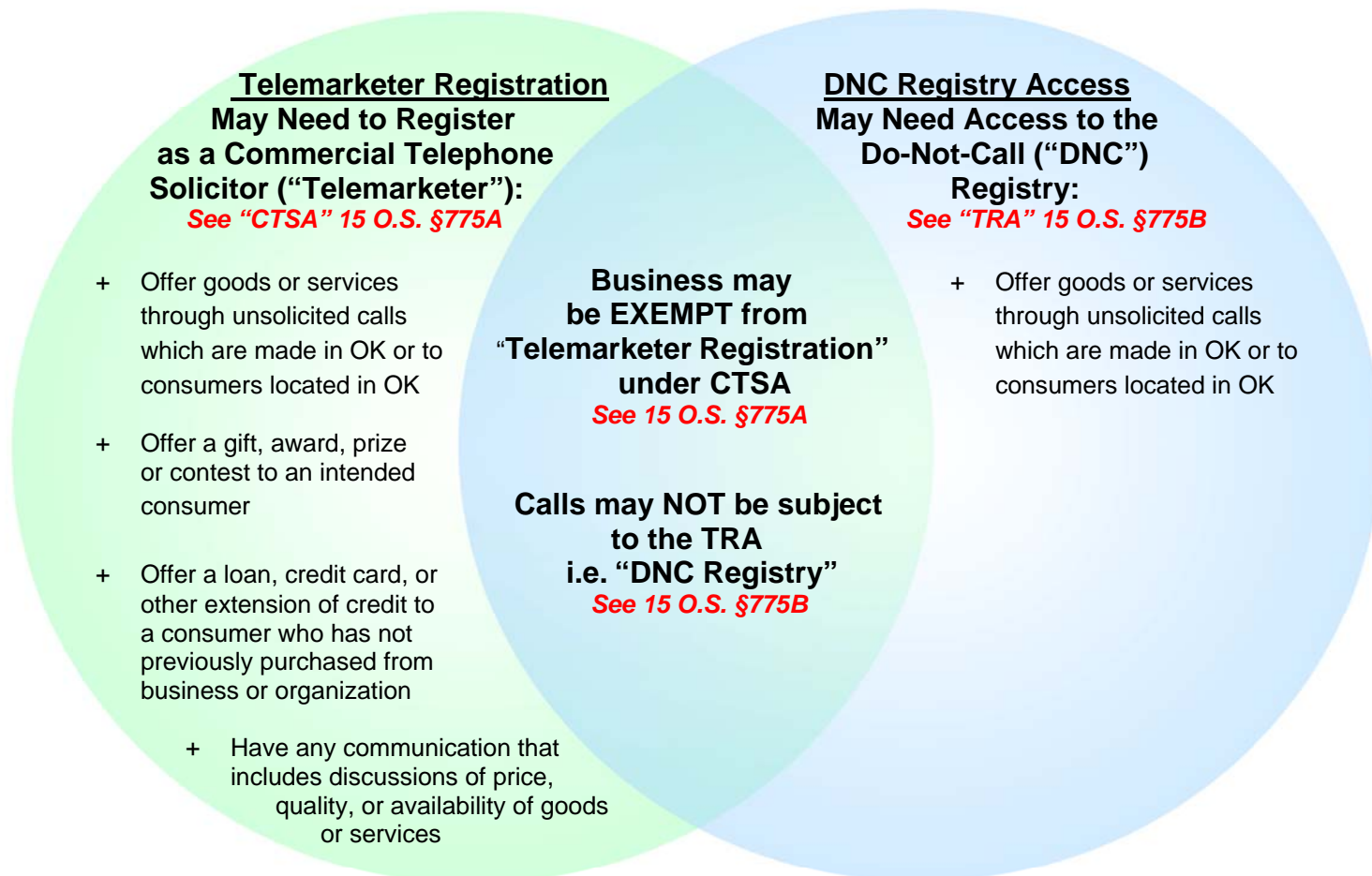
Phone: _____ Representative: _____

Email Address: _____ Application Date: _____

Checklist: *(Complete checklist for each application in order to prevent delays in processing your application.)*

<p><input type="checkbox"/> Commercial Telephone Solicitor Registration</p> <p><i>(Check one)</i></p> <p><input type="checkbox"/> Initial Application - \$250</p> <p><input type="checkbox"/> Renewal Application* - \$100</p> <p>*Must Submit Annually Prior to Renewal Date</p> <p><u>Checklist to Complete Registration:</u></p> <p><input type="checkbox"/> Complete Application (Pgs. 3-10 of Packet)</p> <p><input type="checkbox"/> Form must be signed by all principals of the Commercial Telephone Solicitor</p> <p><input type="checkbox"/> Enclose the required Surety Bond in the sum of Ten Thousand Dollars (\$10,000)</p> <p><input type="checkbox"/> Enclose a photo copy of a current driver’s license or State-issued I.D. for each and every principal or manager listed in the application</p> <p><input type="checkbox"/> Enclose a Cashier’s Check or Money Order for the Initial or Renewal Application Fee made payable to: “Oklahoma Attorney General Revolving Fund” <i>(Check must be separate from DNC payment)</i></p> <p><input type="checkbox"/> Mail completed Application Form, Surety Bond, and Application Fee to the Oklahoma Attorney General, Consumer Protection Unit</p> <p><input type="checkbox"/> Apply for Exemption if applicable (Page 15)</p>	<p><input type="checkbox"/> Do-Not-Call (“DNC”) Registry Access</p> <p><i>(Check all that apply)</i></p> <p><input type="checkbox"/> Full Year Access - \$600</p> <p><i>OR (Check 1 or more)</i></p> <p><input type="checkbox"/> 1st Quarter (Jan – Mar)** - \$150</p> <p><input type="checkbox"/> 2nd Quarter (Apr – Jun)** - \$150</p> <p><input type="checkbox"/> 3rd Quarter (Jul – Sep)** - \$150</p> <p><input type="checkbox"/> 4th Quarter (Oct – Dec)** - \$150</p> <p>**Must Submit Quarterly Unless Application Is for a Full Year</p> <p><u>Checklist to Obtain DNC Registry Access:</u></p> <p><input type="checkbox"/> Complete Application (Pgs. 11-14 of Packet)</p> <p><input type="checkbox"/> Complete the Confidentiality Agreement and Organized Claim of Exemption (if applicable)</p> <p><input type="checkbox"/> Enclose Cashier’s Check or Money Order for fees associated with the total number of quarters requested, made payable to: “Oklahoma Attorney General TRACR” <i>(Check must be separate from Commercial Solicitation Registration payment)</i></p> <p><input type="checkbox"/> Mail completed Application Form, Confidentiality Agreement, and Application Fee to the Oklahoma Attorney General, Consumer Protection Unit</p>
---	--

Guide to the “CTSA” Commercial Telephone Solicitor (“Telemarketer”) Registration and the “TRA” Do-Not-Call (“DNC”) Registry Access Requirements



Notes on Commercial Telephone Solicitor (“Telemarketer”) Registration

- The Commercial Telephone Solicitation Act (“CTSA”) can be found in Title 15 O.S. §§775A.1 *et seq.*
- Any material changes in the information you have provided herein must be submitted in writing to the Office of the Oklahoma Attorney General no later than ten (10) days after such change.
- Any registration not renewed by the commercial telephone solicitor (“telemarketer”) by the anniversary date of the registration shall lapse. If the registration lapses, the commercial telephone solicitor must file another complete application accompanied by the initial application fee of two hundred and fifty dollars (\$250).
- If the attached surety bond expires at any time during the period of registration, registration under this Act shall be deemed lapsed, which will require the commercial telephone solicitor to submit a new application with a new surety bond, and a two hundred and fifty (\$250) application fee. To ensure that commercial telephone solicitor registration does not lapse, please remit an updated surety bond prior to that expiration date of the previous surety bond.
- New registrations under the CTSA must wait ten (10) days before conducting any calls.
- For more information, including the current forms required for registration, please go to <http://www.oag.ok.gov/attorney-generals-telemarketer-restriction-act-consumer-registry>.

Notes on Do-Not-Call (“DNC”) Registry Access

- The Oklahoma Telemarketer Restriction Act can be found in Title 15 O.S. §§775B.1 *et seq.*
- Registry updates must be submitted quarterly unless application has been made for a full year.
- Businesses needing access to the “DNC” must also register as a “Telemarketer” unless ***an exemption*** applies.



OKLAHOMA COMMERCIAL TELEPHONE SOLICITOR (“TELEMARKETER”) REGISTRATION

Payment Enclosed for: Initial Application (\$250) Renewal Application (\$100)

1. Business Information

Business Name: _____

Principal/Authorized Agent Name: _____

Principal/Authorized Agent Email: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext. _____

How is this telephone listed in the Directory? (Check One) Business _____ Residential _____

2. Business Type

- Sole Proprietorship
- General Partnership
- Limited Partnership
- Corporation
- Other: (Please Explain) _____

3. List all the names under which you have done business or intend to do business

4. List all parent organizations (including all trade names)

5. List all affiliated organizations (including all trade names)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

6. List the complete STREET address (Street, Unit #, City, State, Zip – No P.O. Boxes) and telephone numbers of ALL locations from which you conduct business or will be conducting business (including mail drop locations, phone rooms, administrative offices, fulfillment and processing centers, etc.)

(1)	(2)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(3)	(4)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(5)	(6)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

7. List all telephone numbers (including pay-per-call telephone numbers) used in your business

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

8. List each principal (i.e. owner, partner, corporate officer, sole proprietor, or trustee), with complete information
****Attach a photo copy of the current driver's license or State-issued I.D. of each principal***

(1) _____
Name

Title Telephone Number

Residential Address (Including Street #, City, State, Zip)

Date of Birth State-Issued I.D. or Driver's License Number

(2) _____
Name

Title Telephone Number

Residential Address (Including Street #, City, State, Zip)

Date of Birth State-Issued I.D. or Driver's License Number

(3) _____
Name

Title Telephone Number

Residential Address (Including Street #, City, State, Zip)

Date of Birth State-Issued I.D. or Driver's License Number

(4) _____
Name

Title Telephone Number

Residential Address (Including Street #, City, State, Zip)

Date of Birth State-Issued I.D. or Driver's License Number

(PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY FOR COMPLETION OF QUESTION 8)

9. List each individual who has management responsibilities in connection with your business (persons not previously listed in Question 8), with complete information
****Attach a photo copy of the current driver's license or State-issued I.D. of each manager***

(1) _____
Name

Title

Telephone Number

Residential Address (Including Street #, City, State, Zip)

Date of Birth

State-Issued I.D. or Driver's License Number

(2) _____
Name

Title

Telephone Number

Residential Address (Including Street #, City, State, Zip)

Date of Birth

State-Issued I.D. or Driver's License Number

(3) _____
Name

Title

Telephone Number

Residential Address (Including Street #, City, State, Zip)

Date of Birth

State-Issued I.D. or Driver's License Number

(4) _____
Name

Title

Telephone Number

Residential Address (Including Street #, City, State, Zip)

Date of Birth

State-Issued I.D. or Driver's License Number

(PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY FOR COMPLETION OF QUESTION 9)

10. Please provide a complete, detailed description of the goods, services, property or extension of credit you are offering for sale. Your description should include, without limitation, a physical description, identification of the manufacturer or supplier of such goods, services, property, or extension of credit, the price charged for same, and any conditions or restrictions, in applicable.

11. Please attach to this application a copy of all sales and verification scripts used by you in connection with your business. If no written sales script is used, please provide a detailed description of the sales presentation.

12. If a prize, bonus, award, gift, or premium is involved, please provide:

(A) A full description of each prize, bonus, award, gift, or premium (description should include a physical description, identification of the manufacturer or supplier, the actual retail value based on actual sales, and any conditions or restrictions, if applicable.)

(B) Set forth, the actual or approximate odds or those purchaser's receiving each prize, bonus, award, gift, or premium.

<hr/> <hr/> Prize	<hr/> <hr/> Odds
<hr/> <hr/> Prize	<hr/> <hr/> Odds
<hr/> <hr/> Prize	<hr/> <hr/> Odds
<hr/> <hr/> Prize	<hr/> <hr/> Odds
<hr/> <hr/> Prize	<hr/> <hr/> Odds
<hr/> <hr/> Prize	<hr/> <hr/> Odds

(C) Set forth all rules, regulations, terms, restrictions, and conditions receiving any prize, bonus, award, gift, or premium.

13. Please attach to this application a representative copy of all written materials sent or provided to any purchaser in connection with your business.

14. Have any of the above principals or managers ever been convicted of a crime (excluding minor traffic violations)?

Yes _____ No _____

If yes, please explain, including date of conviction, offense, court of jurisdiction, and disposition.

CERTIFICATION
Commercial Telephone Solicitation ("Telemarketer") Registration

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made; and that I, a proprietor, partner, or proper officer of the corporation, have the authority to make the statements contained herein. I further understand that this application is not complete and does not comply with the law until all information is provided and the Attorney General approves the registration.

(1) _____
Print Name

Signature

Title

Date

(2) _____
Print Name

Signature

Title

Date

(3) _____
Print Name

Signature

Title

Date

(4) _____
Print Name

Signature

Title

Date

****ALL Principals listed in Question 8 must sign in order for Registration to be effective
(PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY FOR COMPLETE CERTIFICATION)***

Printed Name of Applicant or Authorized Official

Signature of Applicant or Authorized Official

State of _____)

) SS.

County of _____)

SUBSCRIBED AND SWORN (or affirmed) to before me this ____ day of _____, 20____.

Notary Public

Commission Expires: _____

Commission Number: _____



OKLAHOMA DO-NOT-CALL (“DNC”) REGISTRY ACCESS APPLICATION

Payment Enclosed for:

Full Year (\$600)

OR (*Check All That Apply*)

1st Quarter (\$150)

2nd Quarter (\$150)

3rd Quarter (\$150)

4th Quarter (\$150)

1. Business Information

Business Name: _____

Contact Name: _____

Business Phone: _____

Ext. _____

Business Street Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Name of Authorized Agent for Service of Process: _____

Agent's Phone: _____

Agent's Street Address: _____

City: _____

State: _____

Zip: _____

2. Do you offer goods or services for sale? Yes _____ No _____

If yes, please describe the types of goods or services offered:

3. Do you make sales calls? Yes _____ No _____

4. Do you use a script for sales calls? Yes* _____ No _____

**If yes, provide a copy of any scripts you currently use or will use with this form.*

5. List all names (trade, assumed or fictitious) and phone numbers used to do business

Name

Phone

Name

Phone

Name

Phone

6. List all parent organizations (including all trade names)

7. List all affiliated or subsidiary organizations (including all trade names)

8. Select the function of your business/organization

- Seller
- Telemarketer or Service Provider
- Other (Please Explain):

If you are a telemarketer, service provider, or seller and you facilitate calls to Oklahoma residents with the intention of selling goods or services, you are required to submit a completed Commercial Telephone Solicitor ("Telemarketer") Registration Application to the Attorney General, unless you are exempt under the Commercial Telephone Solicitation Act, 15 O.S. §§775A *et seq.* It is your responsibility to determine if your organization is exempt. If you need assistance in that determination, you may wish to contact a licensed, private attorney.

(DNC Registry will be emailed to you upon receipt of fully completed Application)

12 (Do Not Staple)

CERTIFICATION
Do-Not-Call ("DNC") Registry Access

I/We will comply with the Telemarketer Restriction Act, 15 O.S. §§775B.1 *et seq.* and any rules promulgated thereunder, included but not limited to the use of this list for the sole purpose of complying with this law.

I/We are in full compliance with all other applicable Oklahoma laws, including but not limited to 15 O.S. §§775A.3.

If **I/We** are claiming an exemption under the Commercial Telephone Solicitation Act, 15 O.S. §§775A.1 *et seq.*, **I/We** have attached a notarized affidavit explaining why **I/We** are exempt.

Having been duly sworn, and under penalties of perjury, I hereby certify that the representative in this application and all attachments are true and correct to the best of my knowledge and belief.

Name of Company

Date

Printed Name of Applicant or Authorized Official

Title

Signature of Applicant or Authorized Official

State of _____)

County of _____)

SS.

SUBSCRIBED AND SWORN (or affirmed) to before me this ____ day of _____, 20____.

Notary Public

Commission Expires: _____

Commission Number: _____

CONFIDENTIALITY AGREEMENT
Do-Not-Call ("DNC") Registry Access

1. This confidentiality agreement is between the Oklahoma Attorney General's Office and the undersigned commercial telephone solicitor, hereafter "Telemarketer"
2. Telemarketer has been granted access to the Oklahoma Telemarketer Restriction Act Consumer Registry, hereafter "DNC Registry." This access is limited to the following conditions:
 - a. Telemarketer's use of the registry is limited to the sole purpose of complying with 15 O.S. Supp. 2002, §775B.6;
 - b. Telemarketer's access to the registry may not be transferred to a third party, except that Telemarketer may transfer the registry to a service bureau or other company for the limited purpose of scrubbing the registry list for the Telemarketer; and
 - c. Telemarketer is prohibited from sharing or transferring to any third party any information compiled by Telemarketer through access to the registry.
3. In addition to other legal remedies available to the Attorney General, Telemarketer understands that a violation of any if the condition listed in paragraph two (2) above could result in termination of Telemarketer's access to the registry.

Name of Company

Date

Printed Name of Applicant or Authorized Official

Title

Signature of Applicant or Authorized Official

State of _____)

County of _____)

SS.

SUBSCRIBED AND SWORN (or affirmed) to before me this ____ day of _____, 20____.

Notary Public

Commission Expires: _____

Commission Number: _____

**EXEMPTION FROM COMMERCIAL TELEPHONE SOLICITOR
("TELEMARKETER") REGISTRATION**

Explain why you are exempt from Registration as a Telemarketer under the Commercial Telephone Solicitation Act and specify the statute(s) that support your exemption in the space provided below. Once completed, attach this form to your Do-Not-Call Registry Access application for review.

Name of Company

Date

Printed Name of Applicant or Authorized Official

Title

Signature of Applicant or Authorized Official

State of _____)

County of _____)

SS.

SUBSCRIBED AND SWORN (or affirmed) to before me this ____ day of _____, 20____.

Notary Public

Commission Expires: _____

Commission Number: _____