

**TELEMARKETING REGISTRATION  
APPLICATION**

Initial Application \_\_\_\_\_  
Renewal Application \_\_\_\_\_  
(check one)

**INSTRUCTIONS**

1. Complete Application Form. Attach additional pages if necessary. The Commercial Telephone Solicitation statute is in Okla. Stat. tit. 15 §§ 775A.1-775A.4 (Supp. 1994).
2. Form must be signed by all principals of the Commercial Telephone Seller.
3. Enclose the required Surety Bond in the sum of Ten Thousand Dollars (\$10,000).
4. A **CASHIER'S CHECK** or **MONEY ORDER** made payable to the "**OKLAHOMA ATTORNEY GENERAL'S REVOLVING FUND**" for the filing/renewal fee must accompany this application.

Filing Fee:	\$250.00
Renewal Fee:	\$100.00

5. Any registration not renewed by the commercial telephone seller by the anniversary date of the registration shall lapse. If the registration lapses, the commercial telemarketer must file another application accompanied by a fee of Two Hundred and Fifty Dollars (\$250).
6. Mail your completed Application Form and Filing/Renewal fee to:

**Oklahoma Attorney General  
Consumer Protection Division  
313 N.E. 21<sup>st</sup> Street  
Oklahoma City, Oklahoma 73105**

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\*Official Use Only\*

Filing Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Received: \_\_\_\_\_ Filing Fee: \_\_\_\_\_

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**IMPORTANT NOTE: ANY MATERIAL CHANGES IN THE INFORMATION YOU HAVE PROVIDED HEREIN MUST BE SUBMITTED IN WRITING TO THE ATTORNEY GENERAL NO LATER THAN 10 DAYS AFTER SUCH CHANGE.**

1. Commercial Telephone Seller: \_\_\_\_\_  
Principal Business Address: \_\_\_\_\_  
\_\_\_\_\_

name

E-mail address: \_\_\_\_\_

Principal **BUSINESS** Telephone No: (     ) \_\_\_\_\_

How is this telephone listed in the Telephone Directory?

Business \_\_\_\_\_ Residential \_\_\_\_\_

2. Form of Business Organization (check one):

Sole Proprietorship \_\_\_\_\_

General Partnership \_\_\_\_\_

Limited Partnership \_\_\_\_\_

Corporation \_\_\_\_\_

Other \_\_\_\_\_ Explain: \_\_\_\_\_

3. List all 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)

_____	_____
_____	_____
_____	_____

6. List the complete **STREET** address (street, unit #, city, state, zip) 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):

_____	_____
_____	_____
(____) _____	(____) _____
_____	_____
_____	_____
(____) _____	(____) _____
_____	_____
_____	_____
(____) _____	(____) _____

7. List all telephone numbers, including pay-per-call telephone numbers used in your business:

( ) _____ - _____	( ) _____ - _____
( ) _____ - _____	( ) _____ - _____
( ) _____ - _____	( ) _____ - _____
( ) _____ - _____	( ) _____ - _____

8. List the full name, residential address and position held by each principal (owner, partner, corporate office, sole proprietor or trustee):

_____	_____
name	name
_____	_____
position held	position held
_____	_____
address	address
_____	_____
city, state zip	city, state zip
_____	_____
telephone number	telephone number
_____	_____
date of birth	date of birth
_____	_____
social security number	social security number
_____	_____
name	name
_____	_____
position held	position held
_____	_____
address	address
_____	_____
city, state zip	city, state zip
_____	_____
telephone number	telephone number
_____	_____
date of birth	date of birth
_____	_____
social security number	social security number

name	name
position held	position held
address	address
city, state zip	city, state zip
telephone number	telephone number
date of birth	date of birth
social security number	social security number

**NOTE: ATTACH A PHOTO COPY OF CURRENT DRIVER'S LICENSE OF ALL PRINCIPALS.**

9. List the full name, residential address, and position held by any other individuals who have management responsibilities in connection with your business:

name	name
position held	position held
address	address
city, state zip	city, state zip
telephone number	telephone number
date of birth	date of birth
social security number	social security number

name	name
position held	position held
address	address
city, state zip	city, state zip
telephone number	telephone number
date of birth	date of birth
social security number	social security number
name	name
position held	position held
address	address
city, state zip	city, state zip
telephone number	telephone number
date of birth	date of birth
social security number	social security number

**NOTE: ATTACH A PHOTO COPY OF CURRENT DRIVERS'S LICENSE OF ALL MANAGERS.**

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 restriction, if applicable.

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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:

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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.)

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

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prize

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odds

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prize

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odds

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prize

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odds

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prize

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odds

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prize

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odds



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

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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 ever been convicted of a crime excluding minor traffic violations?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

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

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**NOTICE: TO BE EFFECTIVE, THIS APPLICATION MUST BE SIGNED BY ALL OF THE PRINCIPALS LISTED IN THE RESPONSE TO QUESTION 8 ABOVE.**

**CERTIFICATION**

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.

_____	_____
date	date
_____	_____
signature	signature
_____	_____
print name	print name
_____	_____
position held	position held
_____	_____
date	date
_____	_____
signature	signature
_____	_____
print name	print name
_____	_____
position held	position held
_____	_____
date	date
_____	_____
signature	signature

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print name
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print name
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position held

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position held

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(Personal signature of applicant or authorized official of  
firm)

TITLE: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

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

My Commission Expires:

NOTARY PUBLIC

YOUR FILING FEE OF \$250.00 FOR AN INITIAL APPLICATION OR \$100.00  
FOR A RENEWAL MUST BE ATTACHED FOR A VALID APPLICATION.