

**INTERIM APPLICATION FOR REGISTRATION  
COMMERCIAL TELEPHONIC SELLER  
CHAPTER 538, 1993 GENERAL LAWS OF MISSISSIPPI**

1. a. Applicant Name:

\_\_\_\_\_   
(Business or individual name used when contacting the public)

b. 1.) If applicant is an individual, please provide social security number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2.) If applicant is a business entity, please provide Federal Employment Identification (FEI) Number:

\_\_\_\_\_

2. Other names used when doing business both now or in the past (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

3. a. Complete street address and telephone number of the principal location for which you will be doing business:

\_\_\_\_\_  
\_\_\_\_\_

FOR ATTORNEY GENERAL USE ONLY

Business Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Number: \_\_\_\_\_

Receipt Date: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Surety BOND/OR CASH  
Amount: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

b. All other street addresses and telephone numbers from which applicant doing business (attach additional pages as necessary):

1.) \_\_\_\_\_  
Street Address

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City, State, Zip Telephone

2.) \_\_\_\_\_  
Street Address

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City, State, Zip Telephone

3.) \_\_\_\_\_  
Street Address

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City, State, Zip Telephone

4.) \_\_\_\_\_  
Street Address

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City, State, Zip Telephone

5.) \_\_\_\_\_  
Street Address

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City, State, Zip Telephone

c. Mailing address of all maildrops:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Brief description of product(s) sold:

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5. Status of Business:

a.  Corporation: We are incorporated in

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(state of incorporation)

*Attached and marked Exhibit 1 is a copy of our Articles of Incorporation, our by-laws and amendment thereto.*

b.  Partnership: We are a partnership under the laws of

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(state where partnership founded)

*Attached and marked Exhibit 1 is a copy of our Partnership Agreement.*

c.  Fictitious business name: The fictitious business is

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(fictitious business name)

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(name of individual registering fictitious name)

on \_\_\_\_\_ at

(date)

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(name and location of agency where name was registered)

*Attached and marked Exhibit 1 is copy of our fictitious name filing.  
(NOTE: Fictitious names may not be used in the State of Mississippi.)*

d.  Other: Individual or proprietorship acting as seller. Please attach supporting documents marked Exhibit 1.

6. a.  The following company is our parent company that:

- (1) will engage in a business transaction with the purchaser relating any sale soliciting by the applicant; or
- (2) accepts responsibility or is otherwise held out by the applicant as responsible for any statement or act of the applicant relating to any sale Solicited by the applicant.

\_\_\_\_\_  
(Name of parent company)

Our parent company is a:

- 1.)  Corporation: It is incorporated in

\_\_\_\_\_  
(state of incorporation)

*Attached and marked Exhibit 1 is a copy of our Articles of Incorporation, Our bylaw and amendment thereto.*

- 2.)  Partnership: It is a partnership under the laws of

\_\_\_\_\_  
(state where partnership founded)

*Attached and marked Exhibit 1A is a copy of its Partnership Agreement.*

- 3.)  Fictitious business name: The fictitious business is

\_\_\_\_\_  
(fictitious business name)

\_\_\_\_\_  
(name if individual who registered fictitious name)

on \_\_\_\_\_ at  
(date)

\_\_\_\_\_  
(name and location of agency where name was registered)

*Attached and marked Exhibit 1A is a copy of our fictitious name filing.  
(NOTE: Fictitious names may not be used in the State of Mississippi.)*

- 4.)  We have no parent company.

- b.  We are affiliated with the following companies that:

- (1) will engage in a business transaction with the purchaser relating any sale soliciting by the applicant; or
- (2) accepts responsibility or is otherwise held out by the applicant as being responsible for any statement or act of the applicant relating to any sale solicited by the applicant.

\_\_\_\_\_  
(Name of Affiliate)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

Supply the following request information for each company or companies with which you are affiliated:

1.) [ ] Corporation: It is incorporated in

\_\_\_\_\_  
(state of incorporation)

*Attached and marked Exhibit 1B is a copy of its Articles of Incorporation, By-laws and amendments thereto.*

2.) [ ] Partnership is a partnership under the laws of

\_\_\_\_\_  
(state where partnership founded)

*Attached and marked Exhibit 1B is a copy of its Partnership Agreement.*

3.) [ ] Fictitious business name: The fictitious business is

\_\_\_\_\_  
(Fictitious business name)

\_\_\_\_\_  
(name of individual who registered fictitious name)

on \_\_\_\_\_ at

(date)

\_\_\_\_\_  
(place where fictitious name was registered)

*Attached and marked Exhibit 1B is a copy of our fictitious name filing.*

4.)  Other - Please describe business structure and attach supporting documents marked Exhibit 1B.

c.  We are not affiliated with any other company.

7. a. Applicant's previous business or occupational history three (3) years preceding application. (Complete only if applicant is an individual.)

1.) Name of firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/responsibilities:

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

2.) Name of firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/responsibilities:

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

3.) Name of firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/responsibilities:

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Name of Supervisor(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

4.) Name of firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/responsibilities:

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Name of Supervisor(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

b. Applicant's previous experiences as commercial telephone seller or salesperson:

1.) Name of firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/responsibilities:

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Name of Supervisor(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

2.) Name of firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/responsibilities:

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Name of Supervisor(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

(Attach additional pages if necessary)

8.) List each officer, director, trustee, shareholder, general partner, limited partner, sole partner, and owner as applicable to the business. (Attach additional pages needed using same format.)

a. 1.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names by which known or previously known:

\_\_\_\_\_  
\_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Complete Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Previous experience as commercial telephone seller or salesperson:

Name of Firm: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names by which known or previously known:

\_\_\_\_\_  
\_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Complete Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Previous experience as commercial telephone seller or salesperson:

Name of Firm: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names by which known or previously known:

\_\_\_\_\_  
\_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Complete Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Previous experience as commercial telephone seller or salesperson:

Name of Firm: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names by which known or previously known:

\_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Complete Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Previous experience as commercial telephone seller or salesperson:

Name of Firm: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names by which known or previously known:

\_\_\_\_\_  
\_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Complete Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Previous experience as commercial telephone seller or salesperson:

Name of Firm: \_\_\_\_\_

Location: \_\_\_\_\_

Duties/Responsibilities:

\_\_\_\_\_

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9. List each individual not listed in answer to question (8) who has management responsibilities in connection with the business. (Attach additional pages as needed using same format.)

a. 1.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names by which known or previously known:

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Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Business Address (if different than item 3a)

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( \_\_\_\_\_ )  
Telephone

Complete address of principle residence:

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Management Duties (including title):

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2.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names by which known or previously known:

\_\_\_\_\_  
\_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Business Address (if different than item 3a)

\_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) Telephone

Complete address of principle residence:

\_\_\_\_\_

\_\_\_\_\_

Management Duties (including title):

\_\_\_\_\_

\_\_\_\_\_

3.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other names by which known or previously known:

\_\_\_\_\_

\_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Business Address (if different than item 3a)

\_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) Telephone

Complete address of principle residence:

\_\_\_\_\_

\_\_\_\_\_

Management Duties (including title):

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10. List each person who is employed in a sales capacity in each business from another location. List each salesperson even if that name appears in answer to another question. (Attach additional pages as needed using same format.)

a. 1.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Names to be used when soliciting (if different than above):

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Complete Home Address:

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Business Address:

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2.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Names to be used when soliciting (if different than above):

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Complete Home Address:

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Business Address:

\_\_\_\_\_  
\_\_\_\_\_

3.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Names to be used when soliciting (if different than above):

\_\_\_\_\_  
\_\_\_\_\_

Complete Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_

4.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Names to be used when soliciting (if different than above):

\_\_\_\_\_  
\_\_\_\_\_

Complete Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_

11. List the following information for any applicant who (attach additional papers as necessary):

- a. has previously been arrested for, convicted of or is under indictment or information for, a felony and, if so, the nature of the felony. Conviction includes a finding of guilt where adjudication has been withheld;
- a. has previously been convicted of, or is under indictment of information for racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property. Conviction includes a finding of guilt where adjudication has been withheld;
- b. has previously been convicted of acting as a salesperson without a license, whether such a license has previously been refused, revoked, or suspended in any jurisdiction, regardless of whether the finding was judicial or administrative;
- c. has worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgement or order, including a stipulated judgement or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative acts involving racketeering, fraud, theft, embezzlement, fraudulent conversion, misappropriation of property or the use of any untrue, deceptive, misleading representation of the use of any unfair, unlawful, or deceptive trade practice;
- d. has had entered against him an injunction, a temporary restraining order, or final judgement or order, including a stipulated judgement or order, assurance of voluntary compliance, or any similar document, in any civil administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of an untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice; and who has any litigation pending against such person.

[ ] If no individual had been subject to any charge set forth above or is not subject to any current or restrictive order, mark an "X" here.

1. Name of individual: \_\_\_\_\_

Court or administrative agency rendering decision, judgement or order:

\_\_\_\_\_ Date: \_\_\_\_\_

Conviction, judgement or order: \_\_\_\_/\_\_\_\_/\_\_\_\_ docket #: \_\_\_\_\_

Name of governmental agency which brought the action:

\_\_\_\_\_

Nature of conviction, judgement, order: \_\_\_\_\_

\_\_\_\_\_

2. Name of individual: \_\_\_\_\_

Court or administrative agency rendering decision, judgement or order:

\_\_\_\_\_ Date: \_\_\_\_\_

Conviction, judgement or order: \_\_\_\_/\_\_\_\_/\_\_\_\_ docket #: \_\_\_\_\_

Name of governmental agency which brought the action:

\_\_\_\_\_

Nature of conviction, judgement, order: \_\_\_\_\_

\_\_\_\_\_

3. Name of individual: \_\_\_\_\_

Court or administrative agency rendering decision, judgement or order:

\_\_\_\_\_ Date: \_\_\_\_\_

Conviction, judgement or order: \_\_\_\_/\_\_\_\_/\_\_\_\_ docket #: \_\_\_\_\_

Name of governmental agency which brought the action:

\_\_\_\_\_

Nature of conviction, judgement, order: \_\_\_\_\_

\_\_\_\_\_

4. Name of individual: \_\_\_\_\_

Court or administrative agency rendering decision, judgement or order:

\_\_\_\_\_ Date: \_\_\_\_\_

Conviction, judgement or order: \_\_\_\_/\_\_\_\_/\_\_\_\_ docket #: \_\_\_\_\_

Name of governmental agency which brought the action:

\_\_\_\_\_

Nature of conviction, judgement, order: \_\_\_\_\_

\_\_\_\_\_

CHECK ONLY a, or b. FOR EACH OF QUESTIONS 12-14:

12. a.  Attached and marked Exhibit 2 is a copy of all sales scripts given to those soliciting for us.

b.  We do not use a sales script.

13. a.  Attached and marked Exhibit 3 is a copy of all sales information and literature we provide our salespeople or of which we inform our

salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium ward information.)

- b.  We do not provide our salespersons with or inform our salespeople of any sales information or literature as described in 13(a).
- 14. a.  Attached and marked Exhibit 4 is a copy of all written material we send any perspective or actual purchaser.
- b.  We do not send any written material to any prospective or actual purchaser.

- 15. a. If you offer to prospective or actual purchasers that the purchaser will receive certain items which may be referred to as gifts, premiums, bonuses, prizes or otherwise,

Check all that apply:

- 1.)  The item(s) is/are offered unconditionally;
- 2.)  The buyer has seven (7) days to return goods or cancel services;
- 3.)  The buyer will receive a full refund in thirty (30) days;
- 4.)  The buyer has the right to keep the gift, premium, bonus or prize without cost.

- b. If you or your salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prized or otherwise, list the following: (attach additional pages as necessary)

\* Item offered: \_\_\_\_\_

Price or value of worth: \$ \_\_\_\_\_

Basic for valuation: \_\_\_\_\_

Price we paid: \$ \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\* Item offered: \_\_\_\_\_

Price or value of worth: \$ \_\_\_\_\_

Basic for valuation: \_\_\_\_\_

Price we paid: \$ \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\* Item offered: \_\_\_\_\_

Price or value of worth: \$ \_\_\_\_\_

Basic for valuation: \_\_\_\_\_

Price we paid: \$ \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\* Item offered: \_\_\_\_\_

Price or value of worth: \$ \_\_\_\_\_

Basic for valuation: \_\_\_\_\_

Price we paid: \$ \_\_\_\_\_

Supplier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

1.) Does a purchaser receive all items described by your salespeople?

\_\_\_\_\_

2.) Please complete the following in the event a purchaser does not actually receive all of the items described by seller or

i. We decide which item or items a particular prospective purchaser is to receive in the following manner:

\_\_\_\_\_

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ii. The odds a single prospective purchaser has of receiving each described item are:

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iii. The name and address and gift, prize or award of each recipient who has during the preceding 12 months (or if you have not been in business that long, during the period you have been in business) received any gifts, premium, bonus prize (attach additional sheets if necessary):

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c. If you do not represent or imply prospective or actual purchasers will receive certain specific items or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, check here [  ].

16. Please provide the following information for EACH institution where banking or similar monetary transactions are done by the Applicant:

1.) Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

Contact person: \_\_\_\_\_

Account numbers: \_\_\_\_\_

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2.) Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

Contact person: \_\_\_\_\_

Account numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3.) Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

Contact person: \_\_\_\_\_

Account numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4.) Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

Contact person: \_\_\_\_\_

Account numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Name and address of agent in Mississippi who is authorized to receive service of process.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

(Item 18 on next page.)

18. I/WE DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1 – 17, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

(ALL PRINCIPLES OF THE COMMERCIAL TELEPHONE SELLER MUST SIGN AND DATE THIS VERIFICATION)

PLEASE TYPE OR PRINT INFORMATION BELOW \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) Signature/Date

\_\_\_\_\_  
SSN Date of Birth Title

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to and subscribed before me and this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_  
(Last) (First) (Middle) Signature/Date

\_\_\_\_\_  
SSN Date of Birth Title

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to and subscribed before me and this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) Signature/Date

\_\_\_\_\_  
SSN Date of Birth Title

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to and subscribed before me and this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



Name: \_\_\_\_\_  
(Last) (First) (Middle) Signature/Date  
\_\_\_\_\_  
SSN Date of Birth Title

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to and subscribed before me and this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Seal) Notary Public

My Commission Expires: \_\_\_\_\_

THE ATTORNEY GENERAL OF MISSISSIPPI  
OFFICE OF CONSUMER PROTECTION  
AUTHORITY FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ presently reside at \_\_\_\_\_  
\_\_\_\_\_ and am affiliated with \_\_\_\_\_, or proposed to be  
affiliated with \_\_\_\_\_ which is applying for  
licensure to conduct activities as a commercial telephone solicitor by the Attorney General of  
Mississippi.

I understand that the Attorney General of Mississippi will conduct an investigation of my  
background. In the regard, I hereby waive my right of confidentiality as it reasonably relates to  
this inquiry.

I hereby give my permission and waive any provisions of law that forbid any court, police  
agency, employer, firm, or person, from disclosing any knowledge or information they have  
concerning me which is requested by the Attorney General of Mississippi, or his representative,  
be provided with a certified copy of any such record concerning me which they may deem  
necessary in the performance of their investigation.

\_\_\_\_\_

Applicant Signature

Date

This document was executed and signed in the presence of the following witnesses:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to and subscribed before me and this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

NOTE: This form must be returned with your completed application.

APPLICATION FOR REGISTRATION  
COMMERCIAL TELEPHONE SELLER

CHECKLIST

<b><u>DOCUMENT</u></b>	<b><u>ENCLOSED</u></b> (Please check)
1.) Application	
2.) Assurance:	
-Surety Bond, or	
-U.S. Government Bond, or	
-Certificate of Deposit, or	
-Cash	
3.) Exhibits attached:	
-Exhibits 1	
-Exhibits 1A	
-Exhibits 1B	
-Exhibits 2	
-Exhibits 3	
-Exhibits 4	

\* Prior to July 1, 1994  
\*\* After July 1, 1994

Return the completed application to:

THE ATTORNEY GENERAL OF MISSISSIPPI  
Office of Consumer Protection Division  
Post Office Box 22947  
Jackson, MS 39225-2947

NOTE: Incomplete applicants may delay the processing of your application. Please return this form with your completed application

