



# PROFESSIONAL SOLICITOR REGISTRATION STATEMENT

## CONSUMER PROTECTION

501 Washington Avenue  
Post Office Box 300152  
Montgomery, Alabama 36130-0152

Telephone: (334) 242-7335  
Fax: (334) 353-8400  
[www.alabamaag.gov](http://www.alabamaag.gov)

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1. Identify the legal name of the applicant: \_\_\_\_\_
  2. List the residential address, telephone number, and e-mail of the applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  3. Identify the date of birth, driver license number and the state where licensed for the applicant:  
\_\_\_\_\_  
\_\_\_\_\_
  4. List the name, address, and telephone number of the professional fundraiser for which the applicant will be soliciting funds:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  5. Identify whether the applicant has ever been convicted or charged with a felony. If yes, provide an explanation detailing the underlying basis for the charged crime, any docket numbers, and the manner in which the matter was resolved.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CERTIFICATION

I, \_\_\_\_\_,  
certify that the information on this document and in any attachments is true and correct. I further certify  
that I am authorized to submit this form on behalf of \_\_\_\_\_.

I also understand that I am under a continuing obligation to notify the Office of the Attorney  
General of any change in the information provided.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PHONE

*This Application must be accompanied by: A fee of twenty-five dollars (\$25) payable to the Office of  
the Attorney General. Fees must be paid at the time of registration (and upon annual renewal).  
Registration will be for the period of one year or a part thereof, expiring on September 30th of each  
year.*

STATE OF \_\_\_\_\_ )  
\_\_\_\_\_ COUNTY )

Before me, the undersigned authority, a Notary Public, in and for said State and County,  
personally appeared \_\_\_\_\_, who, after being first duly sworn before  
me, deposes on oath and says that he/she has read this instrument, has been advised of and understands its  
nature and effect, and that the facts contained therein are true and correct to the best of his/her  
knowledge and belief.

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

[Notary Seal]

NOTARY PUBLIC \_\_\_\_\_

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