



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

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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: _____