

**State of Delaware  
Department of Justice  
Telemarketing Registration Statement**

**EMPLOYEE INFORMATION FORM**

**Instructions.** This form must be filled out for the following persons: (1) the owners and directors of any telemarketing business employed by the Registrant; (2) all telemarketers employed by the Registrant; (3) and all persons employed by the Registrant participating in or responsible for the management of the telemarketing business or telemarketing activities. If necessary, make additional copies.

Person's Name	
Any Fictitious Names Used by Employee	1. 2. 3.
Person's Affiliation with the Registrant (Circle All that Apply)	1. Owner of any telemarketing business employed by the registrant.  2. Director of a telemarketing business employed by the registrant.  3. Telemarketer employed by the registrant.  4. Employed by the Registrant and participates in or is responsible for the management of the telemarketing business or telemarketing activities.
Person's Home Address	
Home Address Line # 2	
City, State, Zip	
Person's Date of Birth	
Person's Social Security Number	