

State of Delaware
Department of Justice
Telemarketing Registration Statement
Registration Year _____

Section I. Information on the Registrant

Instructions. Please type or print the following information in the space provided. If necessary, attach additional sheets that reference the appropriate section and sub-section.

A. **Registrant's True Name:**

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B. **Registrant's Current Address:**

Address (Line 1)	
Address (Line 2)	
City, State, Zip Code	

C. **Registrant's Telephone Number:** **Registrant's Email:**

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D. **Registrant's Principle Place of Business:**

Address (Line 1)	
Address (Line 2)	
City, State, Zip Code	

E. **Each Fictitious or Business Name under which the Registrant Intends to Engage In Telemarketing:**

Fictitious/Business Name # 1	
Fictitious/Business Name # 2	
Fictitious/Business Name # 3	
Fictitious/Business Name # 4	
Fictitious/Business Name # 5	

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Section II. Registrant's Prior Business History

Instructions. Please type or print all occupations and businesses that the Registrant has engaged in for the two years immediately preceding the date of registration. If necessary, attach additional sheets that reference this section.

[illegible]

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Section III. Criminal History

Instructions. Please indicate whether any of the following persons have been convicted of, or pled guilty to, or is being prosecuted in any jurisdiction for racketeering, violation of state or federal securities laws, theft, fraud, forgery or any other offenses involving falsehood or deception by circling either yes or no below:

1. The Registrant;
2. The Registrant's owners if the Registrant is not a natural person;
3. Any person employed by the Registrant as a telemarketer;
4. Any person employed by the Registrant as a manager;
5. Any person employed by the Registrant as a director.

Yes

No

If you have circled yes, please complete and attach the enclosed **Criminal History Form** *for each* conviction, guilty plea, or current prosecution. If necessary, make additional copies of the Criminal History Form.

Section IV. Civil and Administrative Action History

Instructions. Please indicate whether any of the following persons have been subject to any pending or final cease and desist order, assurance of discontinuance, injunction, restraining order or judgment under Chapters 25 or 25A of Title 6 of the Delaware Code or in any other civil or administrative action in any other jurisdiction, involving telemarketing, consumer or securities fraud, deceptive trade practices, racketeering or any other civil enforcement statute involving fraud or deception by circling either yes or no below:

1. The Registrant;
2. The Registrant's owners if the Registrant is not a natural person;
3. Any person employed by the Registrant as a telemarketer;
4. Any person employed by the Registrant as a manager; or
5. Any person employed by the Registrant as a director.

Yes

No

If you have circled yes, please complete and attach the enclosed **Civil and Administrative Action History Form** *for each* pending or final cease and desist order, assurance of discontinuance, injunction, restraining order or judgment. If necessary, make additional copies of the Civil and Administrative Action History Form.

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Section V. Bankruptcy History

Instructions. Please indicate whether any of the following persons within the previous seven years has filed for bankruptcy, been adjudged bankrupt or been reorganized because of insolvency by circling either yes or no below:

1. The Registrant; or
2. The Registrant's owners or directors if the Registrant is not a natural person.

Yes

No

If you have circled yes, please complete and attach the enclosed **Bankruptcy History Form** *for each* bankruptcy filing, adjudication or reorganization. If necessary, make additional copies of the Bankruptcy History Form.

Section VI. Identification of Telemarketing Business Hired by Seller

Instructions. A "seller" utilizes telemarketing or engages the services of a telemarketing business to promote, advertise, sell or distribute merchandise. Please indicate whether the Registrant engages an external Telemarketing Business to conduct telemarketing by circling either yes or no below.

Yes

No

If you have circled yes, please complete and attach the enclosed **Telemarketing Business Identification Form** *for each* telemarketing business hired by the Registrant for telemarketing to customers located in the State of Delaware. If necessary, make additional copies of the Telemarketing Business Identification Form.

Section VII. Identification of Seller's that Have Hired the Registrant

Instructions. Please indicate whether the Registrant is a "telemarketing business" by circling either yes or no below. A "telemarketing business" engages in telemarketing on behalf of any seller in exchange for any consideration or compensation.

Yes

No

If you have circled yes, please complete and attach the enclosed **Seller Identification Form** for each seller that has hired the Registrant to engage in telemarketing to customers located in the State of Delaware. If necessary, make additional copies of the Seller Identification Form.

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Section VIII. Employee Information

Instructions. Please complete and attach the enclosed **Employee Information Form** *for each* owner and director of the Registrant, telemarketer employed by the Registrant and person participating in or responsible for the management of the telemarketing business or telemarketing activities of the Registrant. If necessary make additional copies of the Employee Information Form.

Section IX. Financial Institution Information

Instructions. Please indicate the name and address of every financial institution where proceeds of the Registrants telemarketing sales are to be deposited. If necessary, attach additional sheets that reference this section.

Financial Institutions's Name	
Address Line # 1	
Address Line # 2	
City, State, Zip	

Financial Institutions's Name	
Address Line # 1	
Address Line # 2	
City, State, Zip	

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Section X. Scripts, Outlines, and Presentation Materials

Instructions. Please attach representative copies of any scripts, outlines or presentation materials to be used by the telemarketer when soliciting and representative copies of all written materials to be provided by the seller to a customer in connection with any solicitation.

Section XI. Surety Bond

Instructions. Please attach a corporate surety bond in the principal sum of \$50,000. In order for the Director of the Consumer Protection Unit to approve the bond form, it must meet the following requirements:

- The surety must be provided by a corporation authorized to do business in the State of Delaware;
- The bond must run to the Director of the Consumer Protection Unit of the Department of Justice and be conditioned upon the registrant's compliance with the provisions of Chapter 25A, Title 6 of the Delaware Code;
- The bond must pay to customers all monies that become due and owing for the registrant's violations of Chapter 25A, Title 6 of the Delaware Code; and
- The surety bond must remain in effect for three years from the period the registrant ceases to operate in the State of Delaware.

If the registrant is renewing its registration statement and already has an effective surety bond on file with the Consumer Protection Unit please mark this box. ☐

Section XII. Non- Refundable Application Administrative Fee

Instructions. Please include a check in the amount of \$100 made payable to the State of Delaware Consumer Protection Fund.

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Section XIII. Certification.

I, the undersigned, being duly sworn upon my oath say:

1. I have **carefully read** this Telemarketing Registration Statement, including all attachments and forms, and the information contained in this Telemarketing Registration Statement, including all attachments and forms, is the product of a diligent and reasonable investigation and is true, accurate and complete to the best of my information and belief;
2. I am a high managerial agent of the Registrant and I am acting within the scope of my employment and in behalf of the Registrant; and
3. I understand that if I intentionally made a false statement in this Registration Statement, including all attachments and forms, or someone else made a false statement that I know or believe to be false, I am subject to criminal prosecution for Perjury In the Second Degree, a Class F felony, punishable by up to 3 years in prison.

SIGNATURE: _____

NAME (PRINT): _____

TITLE: _____ DATE: _____

Sworn and Subscribed before me this _____ day of _____, 200_____

(NOTARY PUBLIC)

My Commission expires: _____