

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT**

APPLICATION FOR REGISTRATION/RENEWAL OF PAID SOLICITOR

Type or print in ink. Submit completed application, fully executed bond form (*PFR-7*) in the amount of \$20,000.00 (or bond continuation certificate) and the filing fee in the amount of **\$500.00** (payable to the State of New Hampshire) to the Department of Justice, Office of the Attorney General, Charitable Trusts Unit, 33 Capitol Street, Concord, NH 03301-6397.

Registration # _____

1. Name: _____

2. Telephone: _____ Email: _____

3. Address of principal office: _____

4. **Attach** a list of names, addresses and titles of all officers, directors and key employees.

5. Is your organization registered in other states as a professional fundraiser?

Yes ___ No ___

If yes, **attach** a list of all other states.

6. Has the registration of your organization ever been denied, suspended, revoked or enjoined by any state agency or by any court, or are such proceedings pending?

Yes ___ No ___ If yes, **attach** a detailed explanation.

7. Do you intend, within the next twelve months, to employ, contract with, arrange for, or otherwise engage any individual or firm (other than a charitable organization) to solicit contributions? Yes _____ No _____

If yes, **attach** a detailed explanation including the name and address of each such individual or firm.

8. Do you intend to use an "automatic telephone dialing system" as defined in NH RSA 359-E:1, I? Yes _____ No _____

Do you intend to engage in solicitation as defined in NH RSA 359-E:1, II.

Yes _____ No. _____

If yes to both questions you must register with the Consumer Protection and Antitrust Bureau of the Department of Justice.

-OVER-

9. The undersigned acknowledges by execution of this application that this registration

- Does not entitle the registrant to perform any material services for a charitable trust, police, law enforcement, or firefighters' association until the contract and Solicitation Notice (**PFR-5**) pursuant to which services are to be rendered have been approved by the Attorney General.
- Expires one year from the date of issuance **of the surety bond**.

Date: _____

 Duly Authorized

STATE OF _____

COUNTY OF _____

Personally appeared the above named _____ and took oath or affirmed that the statements contained in the foregoing application are true to the best of his/her knowledge and belief.

Before me,

Notary Public

My Commission Expires _____