



Mail completed form to:
 NH Attorney General's Office
 Attn: Charitable Trusts Unit
 33 Capitol Street
 Concord, NH 03301-6397

FORM NHCT-20

APPLICATION FOR REGISTRATION OR RENEWAL OF FUNDRAISING COUNSEL

This form must be accompanied by a payment in the amount of \$150.00. Checks must be made payable to State of New Hampshire

ENTITY INFORMATION

NH Charitable Trusts Unit Registration Number *(leave blank if initial application)*

Entity Name			
Address of Principal Office	City	State	Zip
Contact Name			
Contact Telephone Number	Contact Email Address		

ADDITIONAL INFORMATION

- Provide a list of names, titles, and addresses of all officers, directors, and key employees *(you may submit your own list that contains the information in the table below).*

Name	Title	Address

- Is this your initial registration with the NH Charitable Trusts Unit?
 - Yes *(submit a copy of your articles of incorporation or other entity formation document together with any amendments.)*
 - No
- Is your entity registered in other states as a professional fundraiser (fund raising counsel or paid solicitor)?
 - Yes *(submit a list of states where registered.)*
 - No
- Has the registration of your entity ever been denied, suspended, revoked, or enjoined by any state agency or by any court, or are such proceedings pending?
 - Yes *(submit a detailed explanation or submit any documentation related to such action taken by a state or federal agency or court.)*
 - No

CERTIFICATION

*I hereby certify that the information above is true and correct to the best of my knowledge and belief
subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8.*

Signature of Authorized Representative

Date

Print Name

Title