



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section

124 Halsey Street, 7th Floor, P.O. Box 45028, Newark, NJ 07101



Telemarketer Registration Form

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Notice: Any changes, additions or deletions to this information must be reported to the Regulated Business Section within 30 days.

Please print clearly. You must answer all of the questions on this application. (Attach additional sheets of paper as necessary, identifying the question to which they provide a response.)

1. Name of telemarketing entity (“applicant”) _____
(Include a copy of the filed Certificate of Authority and/or Certificate of Incorporation, or trade name registration.)

2. List all other names under which the applicant does business: _____

(Include a copy of the Registration of Alternate Name.)

3. Principal address _____
Street (no post office boxes) City State ZIP code
Telephone number _____ Fax number _____
(include area code) (include area code)
E-mail _____

Type of business: Corporation L.L.C. Partnership Sole proprietor
 Other, please specify _____

4. Provide the Federal Employer Identification Number (FEIN): _____

5. List the name, residence and business street address and business telephone number of each person with an ownership interest of 10 percent or more in the telemarketing business and the percentage of ownership held. If the applicant is a partnership, each member of the partnership must be listed.

a. _____
Name

Business street address City State ZIP code

Home street address City State ZIP code

Business telephone number (include area code)

Other names by which known or previously known Title Percentage of ownership

b.

Name			
Business street address	City	State	ZIP code
Home street address	City	State	ZIP code
Business telephone number (include area code)			
Other names by which known or previously known		Title	Percentage of ownership

c.

Name			
Business street address	City	State	ZIP code
Home street address	City	State	ZIP code
Business telephone number (include area code)			
Other names by which known or previously known		Title	Percentage of ownership

6. Provide the name and address of an agent in the State of New Jersey for service of process:

Name			
Street address (no post office boxes)	City	State	ZIP code
Telephone number (include area code)			

7. If the applicant is making telemarketing sales calls to New Jersey residents on behalf of the applicant, check here .

8. List the name(s) and address(es) of any other seller for whom the applicant will make telemarketing sales calls to New Jersey residents.

a.

Seller's name			
Street address (no post office boxes)	City	State	ZIP code

b.

Seller's name			
Street address (no post office boxes)	City	State	ZIP code

c.

Seller's name			
Street address (no post office boxes)	City	State	ZIP code

10. What is the applicant's simultaneous outgoing call capacity? _____ calls

11. Is the applicant authorized (by permit, registration, license, etc.) as a telemarketer by any state or any other government agency? Yes No

If "Yes," provide the name and address of each government agency and the date of authorization.

Date (mm/dd/yyyy)			
Name			
Street address	City	State	ZIP code

12. Has the applicant ever had any authorization as a telemarketer (license, registration, permit, etc.) denied, cancelled, revoked, suspended and/or voluntarily terminated in lieu of a disciplinary investigation or action? Yes No

If "Yes," provide the date of the action (mm/dd/yyyy); the name and address of the government agency and the action taken by the agency (e.g. denial, cancellation, revocation, suspension and/or voluntarily termination).

a. _____
Date (mm/dd/yyyy) Name and address of government agency

Action taken

b. _____
Date (mm/dd/yyyy) Name and address of government agency

Action taken

13. Has the applicant and/or any officer, director, principal or owner of the applicant entered into or had entered against it/him/her an injunction, temporary restraining order or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving theft, fraud, or deceptive trade practice; and/or is there any such litigation presently pending? Yes No

If "Yes," provide the date of the action (mm/dd/yyyy); the name and address of the government agency; the name of the entity/ person(s) against whom action was taken; and the disciplinary action.

a. _____
Date (mm/dd/yyyy) Name and address of government agency

Name of entity/person Action taken/pending

b. _____
Date (mm/dd/yyyy) Name and address of government agency

Name of entity/person Action taken/pending

Note: For the purposes of the above question, a judgment of liability in an administrative or civil action shall include, but not be limited to, any finding or admission that the entity, officer, director, principal or owner of a telemarketing business engaged in an unlawful practice or practices related to fraud and/or deceptive trade practices and/or related to the authorization to do business or practice an occupation or trade, regardless of whether that finding was made in the context of an injunction or a proceeding resulting in the denial, suspension or revocation of an organization's authorization, consented to in an assurance of voluntary compliance or any similar order or legal agreement with any state or other government agency.

14. Has the applicant and/or the applicant's officers, directors, principals or owners been convicted of violating any of the provisions of the "New Jersey Code of Criminal Justice" that are listed in N.J.A.C. 13:45D-3.3 or the equivalent provisions of any other jurisdiction? Yes No

If "Yes," provide the date of the action (mm/dd/yyyy); the name and address of the government agency; the name of the entity/ person(s) against whom action was taken; the disciplinary action and any rehabilitation undertaken.

a. _____
Date (mm/dd/yyyy) Name and address of government agency

_____ Name of entity/person Action taken/pending

_____ Rehabilitation

b. _____
Date (mm/dd/yyyy) Name and address of government agency

_____ Name of entity/person Action taken/pending

_____ Rehabilitation

CERTIFICATION

I, as a principal officer of the applicant, understand that this registration will be accepted only if the requirements of the Consumer Fraud Act ("Act"), N.J.S.A. 56:8-119 to N.J.S.A. 56:8-135, and the regulations promulgated under the Act have been met.

I certify that all of the information provided in connection with the application is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Division of Consumer Affairs ("the Division").

I agree to cooperate fully with any request by the Attorney General or the Division to provide any assistance or information and to produce any records requested by the Division, and to cooperate in any inquiry, investigation or hearing conducted by the Division.

Name of applicant

Your name (please print)

Your signature

Your title

Date

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The applicant must submit the following to:

**Regulated Business Section
124 Halsey Street, 7th Floor
P.O. Box 45028
Newark, New Jersey 07101**

- (1) Completed registration form;**
- (2) Check or money order payable to "The Division of Consumer Affairs" for the applicable fee; and**
- (3) Supporting documentation.**

Note: The application fee is nonrefundable.

Simultaneous outgoing call capacity of 1 - 5 telemarketer sales calls:	\$ 150.00
Simultaneous outgoing call capacity of 6 - 15 telemarketer sales calls:	\$ 500.00
Simultaneous outgoing call capacity of 16 + telemarketer sales calls:	\$ 2,000.00