



OFFICE OF THE ATTORNEY GENERAL
Lawrence G. Wasden
Consumer Protection Division
954 W. Jefferson St., 2nd Floor
P.O. Box 83720
Boise, ID 83720-0010
(208) 334-2424

Telephone Solicitor Registration Form

Annual Registration Fee: \$50.00 (non-refundable)

Annual Renewal Registration Fee: \$25.00 (non-refundable)

OFFICE USE ONLY

RECEIVED

IMPORTANT: BEFORE YOU BEGIN:

- **Determine if you need to register.** Idaho law requires “*telephone solicitors*” to register with the Attorney General’s Office before conducting “*telephone solicitations*” in Idaho. If you are unsure if you are considered a telephone solicitor under the Idaho Telephone Solicitation Act (ITSA), contact an attorney who is knowledgeable about the ITSA.

Today’s Date:

Telephone Solicitor’s Legal Name:

Mailing Address:

Telephone No.:

Facsimile No.:

Website:

Email:

Is this registration new or an annual renewal? New (\$50) Annual renewal (\$25)

1. What is the name of the business that the telephone solicitor will use when calling Idaho consumers?

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2. Identify the legal status of the telephone solicitor.

<input type="checkbox"/> Corporation	State of Organization:
<input type="checkbox"/> Limited Liability Company	State of Organization:
<input type="checkbox"/> Limited Liability Partnership	State of Organization:
<input type="checkbox"/> Assumed Business Name	State of Registration:
<input type="checkbox"/> Other:	State of Organization:

3. If applicable, identify the parent company of the telephone solicitor.

Mailing Address:	Physical Address:

4. If applicable, identify companies that are affiliates of the telephone solicitor and assume responsibility for the telephone solicitor's representations to purchasers (attach sheets if necessary).

(a)	
Mailing Address:	Physical Address:
(b)	
Mailing Address:	Physical Address:

5. Identify the physical address and the person in charge of each location where the telephone solicitor conducts its own telephone solicitations (NOT through a third-party telemarketer). (attach additional sheets)

Location No. 1	Location No. 2
Person in Charge of Location No. 1	Person in Charge of Location No. 2
Name:	Name:
Title:	Title:
Phone No.:	Phone No.:

6. Identify each owner, operator, officer, board member, director, partner, manager, or other person with ownership interest in the telephone solicitor. (attach additional sheets)

Full Legal Name:	
Position/Title:	
Home Mailing Address:	
City / State / Zip:	
Home Telephone No.:	Birth Date:
Driver's License No.:	State Issued:

Full Legal Name:	
Position/Title:	
Home Mailing Address:	
City / State / Zip:	
Home Telephone No.:	Birth Date:
Driver's License No.:	State Issued:

Full Legal Name:	
Position/Title:	
Home Mailing Address:	
City / State / Zip:	
Home Telephone No:	Birth Date:
Driver's License No.:	State Issued:

IMPORTANT: BEFORE YOU CONTINUE:

- The following questions apply to the **telephone solicitor** and **any person** or **entity** identified in your Answers to Question Nos. 1, 3, 4, 5, or 6.
- Your answers to the following questions are required under the Idaho Rules of Telephone Solicitations, IDAPA 04.02.0200 et al. If you fail to respond or do not respond completely or accurately, your application will be rejected.
- ATTACH AND CLEARLY IDENTIFY ADDITIONAL SHEETS WHEN NECESSARY.

7. If the telephone solicitor has been convicted of or has entered a plea of *nolo contendere* (“Alford” plea) to a felony or a misdemeanor involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation, provide the following information: (attach additional sheets)

NOT APPLICABLE

Location (City, County, State):	
Conviction/Plea Date:	Case No.:
Charge(s) Convicted of/Pled to:	(a)
	(b)
	(c)

8. If the parent company has been convicted of or has entered a plea of *nolo contendere* (“Alford” plea) to a felony or a misdemeanor involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation, provide the following information: (attach additional sheets)

NOT APPLICABLE

Location (City, County, State):	
Conviction/Plea Date:	Case No.:
Charge(s) Convicted of/Pled to:	(a)
	(b)
	(c)

9. If an **affiliated company** has been convicted of **or** has entered a plea of *nolo contendere* (“Alford” plea) to a felony or a misdemeanor involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation, provide the following information: (attach additional sheets)

NOT APPLICABLE

Location (City, County, State):	
Conviction/Plea Date:	Case No.:
Charge(s) Convicted of/Pled to:	(a)
	(b)
	(c)

10. If a **person in charge** has been convicted of **or** has entered a plea of *nolo contendere* (“Alford” plea) to a felony or a misdemeanor involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation, provide the following information: (attach additional sheets)

NOT APPLICABLE

Location (City, County, State):	
Conviction/Plea Date:	Case No.:
Charge(s) Convicted of/Pled to:	(a)
	(b)
	(c)

11. If an **owner, operator, officer, board member, director, partner, manager, or other person with ownership interest** has been convicted of **or** has entered a plea of *nolo contendere* (“Alford” plea) to a felony or a misdemeanor involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation, provide the following information: (attach additional sheets)

NOT APPLICABLE

Location (City, County, State):	
Conviction/Plea Date:	Case No.:
Charge(s) Convicted of/Pled to:	(a)
	(b)
	(c)

12. If a civil court judgment, order, assurance of voluntary compliance, consent judgment, settlement agreement, administrative order, regulatory order has been entered against the telephone solicitor, provide the following information: (attach additional sheets)

NOT APPLICABLE

Location (City, County, State):	
Court/Administrative Agency That Entered the Final Judgment or Order:	
Order/Agreement Date:	Case No.:
Government Agency That Brought the Action:	

13. If a civil court judgment, order, assurance of voluntary compliance, consent judgment, settlement agreement, administrative order, regulatory order has been entered against the parent company, provide the following information: (attach additional sheets)

NOT APPLICABLE

Location (City, County, State):	
Court/Administrative Agency That Entered the Final Judgment or Order:	
Order/Agreement Date:	Case No.:
Government Agency That Brought the Action:	

14. If a civil court judgment, order, assurance of voluntary compliance, consent judgment, settlement agreement, administrative order, regulatory order has been entered against an affiliated company, provide the following information: (attach additional sheets)

NOT APPLICABLE

Affiliated Company:	
Location (City, County, State):	
Court/Administrative Agency That Entered the Final Judgment or Order:	
Order/Agreement Date:	Case No.:
Government Agency That Brought the Action:	

15. If a civil court judgment, order, assurance of voluntary compliance, consent judgment, settlement agreement, administrative order, regulatory order has been entered against a person in charge, provide the following information: (attach additional sheets)

NOT APPLICABLE

Name:	
Location (City, County, State):	
Court/Administrative Agency That Entered the Final Judgment or Order:	
Order/Agreement Date:	Case No.:
Government Agency That Brought the Action:	

16. If a civil court judgment, order, assurance of voluntary compliance, consent judgment, settlement agreement, administrative order, regulatory order has been entered against a owner, operator, officer, board member, director, partner, manager, or other person with ownership interest, provide the following information: (attach additional sheets)

NOT APPLICABLE

Name:	
Location (City, County, State):	
Court/Administrative Agency That Entered the Final Judgment or Order:	
Order/Agreement Date:	Case No.:
Government Agency That Brought the Action:	

17. If the telephone solicitor has filed or been discharged in bankruptcy during the past seven years, provide the following information: (attach additional sheets)

NOT APPLICABLE

Location (City, County, State):	
Filing or Discharge Date:	Case No.:

18. If a owner, operator, officer, board member, director, partner, manager, or other person with ownership interest has filed or been discharged in bankruptcy during the past seven years, provide the following information: (attach additional sheets)

NOT APPLICABLE

Name:	
Location (City, County, State):	
Filing or Discharge Date:	Case No.:

IMPORTANT: BEFORE YOU CONTINUE

This question requests information about offers to sell metals, stones, or minerals. If the telephone solicitor does not offer metals, stones, or minerals for sale to Idaho consumers, you may skip to Question No. 20.

19. If the telephone solicitor sells any metal, stone, or mineral, identify the type of item sold and the physical location or address where the item is kept or located.

Metal/Stone/Mineral Type	Physical Location/Address

Substantiation of All Earnings Claims

The telephone solicitor must substantiate in writing all earnings claims made to the consumer. Include only documentation containing data that is based on the experiences of at least 50% of the persons who have purchased each type of metal, stone, or mineral identified above from the telephone solicitor during the past 6 months (if unavailable, see instructions).

IMPORTANT: BEFORE YOU CONTINUE

- The following question requests information about offers to sell an interest in **oil, gas, or mineral fields, wells, or exploration sites**. If the telephone solicitor does not offer interests in oil, gas, and mineral field fields, wells, or exploration sites for sale to Idaho consumers, you may skip to Question No. 21.

20. If the telephone solicitor sells an interest in an oil, gas, or mineral field, well, or exploration site, identify the type of offer, the telephone solicitor’s ownership interest in the field, well, or site, and the number of interests the telephone solicitor is offering for sale for each field, well, or site.

Type of Offer (oil, gas, or mineral field or well)	Telephone Solicitor’s Ownership Interest (if any)	Number of Interests Offered for Sale

Substantiation of All Earnings Claims

The telephone solicitor must substantiate in writing all earnings claims made to the consumer. Include only documentation containing data that is based on the experiences of at least 50% of the persons who have purchased each type of oil, gas, and mineral field, well, or exploration site identified above from the telephone solicitor during the past 6 months (if unavailable, see instructions).

IMPORTANT: BEFORE YOU CONTINUE

- The following question requests information about offers to sell ***office equipment or supplies*** at prices below those usually charged for such items. If the telephone solicitor does not sell office equipment or supplies at below-normal prices to Idaho consumers, you may skip to Question No. 22.

21. If the telephone solicitor offers to sell office equipment or supplies at prices below those usually charged for such items, identify the manufacturer of the office equipment or supplies.

Description of Equipment or Supply	Manufacturer's Name

IMPORTANT: BEFORE YOU CONTINUE

- The following question requests information about all gifts, bonuses, or prizes, the telephone solicitor offers to Idaho consumers or that Idaho consumers have a chance to win. If the telephone solicitor does not offer any gifts, bonuses, or prizes to Idaho consumers, you may skip to Page 12.

22. If the telephone solicitor offers gifts, bonuses, prizes, or like items to Idaho consumers, provide the following information: (attach additional sheets)

Item Description:	
Retail Value: \$	Actual Price Paid: \$
Basis for Retail Value:	
Odds of the Consumer Receiving/Winning This Item:	
Supplier's Name:	Telephone No.:
Address:	

Item Description:	
Retail Value: \$	Actual Price Paid: \$
Basis for Retail Value:	
Odds of the Consumer Receiving/Winning This Item:	
Supplier's Name:	Telephone No.:
Address:	

Item Description:	
Retail Value: \$	Actual Price Paid: \$
Basis for Retail Value:	
Odds of the Consumer Receiving/Winning This Item:	
Supplier's Name:	Telephone No.:
Address:	

23. To the extent not described previously, describe the goods or services the telephone solicitor offers: (attach additional sheets)

Good/Service:	
Good/Service:	
Good/Service:	
Good/Service:	
Good/Service:	
Good/Service:	

IMPORTANT: BEFORE YOU CONTINUE

- The following is a checklist of documents that you must include with this Application.
- You must organize and label each document clearly and conspicuously. Our office is not responsible for lost, misplaced, unlabeled, or improperly labeled documents.
- **If the telephone solicitation scripts or sales materials reference multiple states, you must highlight and conspicuously tag the portion of the document that is specific to Idaho law.**

<input checked="" type="checkbox"/>	Document Description	Exhibit No.
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<input type="checkbox"/>	Business Organization Filings:	1
	Articles of Incorporation; Bylaws; Amendments	
	Articles of Organization	
	Partnership Agreement	
	Fictitious Business Name Registration	

<input type="checkbox"/>	Telephone Solicitation Scripts Used in Idaho (Notice of Cancellation)	2
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<input type="checkbox"/>	Sales/Training Materials Provided to Sales Representatives	3
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<input type="checkbox"/>	Mailers, Written or Oral Ads, Webpages, Sales Materials, Contracts, Notices of Cancellation (before solicitation & after solicitation/sale)	4
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<input type="checkbox"/>	Rules/Terms Regarding Gifts/Prizes/Bonuses Awarded	5
<input type="checkbox"/>	Telephone Solicitor's Irrevocable Consent to Service of Process (see attached form)	6
<input type="checkbox"/>	List of Financial Accounts and Numbers (see attached form)	7

VERIFICATION

UNDER PENALTY OF PERJURY AND PURSUANT TO THE PROVISIONS OF IDAPA 04.02.02031,
I/WE DECLARE THAT ALL INFORMATION CONTAINED IN THIS FORM AND ALL DOCUMENTS
ATTACHED AS EXHIBITS TO THIS FORM ARE TRUE AND CORRECT.

Signature

Date

Print Name

Title

* * *

Signature

Date

Print Name

Title

* * *

Signature

Date

Print Name

Title

* * *

Signature

Date

Print Name

Title

STATE OF _____)

County of _____)

SUBSCRIBED AND SWORN to before me this _____ day of _____ of _____.

(SEAL)

Notary Public for the State of _____
Residing at: _____
My Commission Expires: _____

EXHIBIT 6

**STATE OF IDAHO
OFFICE OF THE IDAHO ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION**

**TELEPHONE SOLICITOR'S
IRREVOCABLE CONSENT TO SERVICE OF PROCESS**

This consent is filed with the Consumer Protection Division of the Office of the Attorney General for the State of Idaho pursuant to Idaho Code § 48-1004(1)(b) on behalf of:

(Insert Name of Telephone Solicitor from Page 1)

The above-identified telephone solicitor irrevocably appoints the Idaho Attorney General or his/her successor in office as attorney to receive service of any lawful process in any noncriminal suit, action, or proceeding against the telephone solicitor, or the telephone solicitor's successor, executor or administrator, which may arise under the Idaho Telephone Solicitation Act or regulations promulgated thereunder.

When such service of process is made upon the Office of the Attorney General, it shall have the same force and validity as if served personally on the telephone solicitor. Pursuant to Idaho Code § 48-1006(3)(d), a notice of such service and a copy of the process is to be mailed by the plaintiff in such action to the name and address set forth below.

The telephone solicitor understands that it is responsible for updating this information when changes occur.

Person's Name: _____

Title: _____

Mailing Address: _____

Signature: _____

Date Signed: _____

EXHIBIT 7

TELEPHONE SOLICITOR'S FINANCIAL INSTITUTION ACCOUNTS

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION'S ADDRESS	ACCOUNT TYPE (checking; merchant; credit; savings)	ACCOUNT NUMBER (include routing number)