



**Tennessee Public Utility Commission
502 Deaderick Street, 4th Floor
Nashville, TN 37243**

Telephone Solicitor Registration Application

Application is hereby made to obtain access to the Tennessee "Do-Not-Call Register" pursuant to TPUC Rule 1220-4-11-.04
Registration submitted for July 1, 2017 – June 30, 2018. Please print or type the information requested below.

Federal Taxpayer ID _____ Check one: New Registration _____ Re-registering _____

Name of Your Company _____

Legal name of corporation, partnership, or proprietorship for which application is made.

Business or individual name used when contacting the public. Trade name(s), assumed name(s) or fictitious names used.

Nature of Business _____

This registration is for: _____ Standard Registration _____ Principal Solicitor (mark one with X)

E-mail Address for Delivery of the DNC List: email address _____

Contact person for inquiries from the TPUC. (Mailing address for contact must be within US borders; phone numbers must be US area codes or toll free numbers. This is the only person authorized to make changes to your company information. This person is responsible for keeping all application information on file, correct and updated with the TPUC.)

Phone # _____ Fax # _____ E-mail Address _____

Designated Contact Name Address City State Zip Code

Person authorized to respond to notices of alleged violations from TPUC.

Phone # _____ Fax # _____ E-mail Address _____

Name of authorized person Address City State Zip Code

Is applicant utilizing ADADs or predictive dialers for calls originating or terminating in Tennessee? **Yes** _____ **No** _____

Provide the telephone number(s) for responding to inquiries relative to the telephone solicitation during hours when telephone solicitations are being made. **Toll Free () _____ - _____.**

Provide name, address and telephone number of Telemarketer if your telemarketing is being outsourced:

Name of Company Contact Person Address City State Telephone number

Provide the name, address and telephone number of the Registered Agent for Service of Process. (must be located in Tennessee)

Name Address City State Zip Code Telephone # email address

On a separate sheet of paper marked as supplemental attachment 2, list the name, address and telephone number of all subsidiaries and affiliate companies associated with your company which will have access to your Do-Not-Call Register. An affiliate company is one that your company effectively controls because of its ownership interest. A subsidiary company is one as to which your company owns more than 50% of the voting shares.

If you are registering as a Principal Solicitor, submit a supplemental attachment 1 with this application.

FEE:

1. If you marked standard registration, mail the completed application (original) along with any attachments thereto including a certified cashier's check or money order for \$500.00 to: Tennessee Public Utility Commission, Attn: DO-NOT-CALL REGISTER, 502 Deaderick Street, 4th Floor, Nashville TN 37243.
 2. If you marked Principal Solicitor, mail the completed application including a certified cashier's check or money order in the amount of \$1,000.00 and an additional \$50.00 for each independent solicitor listed on the supplemental attachment 1 to: Tennessee Public Utility Commission, Attn: DO-NOT-CALL REGISTER, 502 Deaderick Street, 4th Floor, Nashville TN 37243.
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Compliance Statement:

The Tennessee "Do-Not-Call Register" telephone solicitor applicant, hereby, affirms the following:

I/We will comply with the Tennessee Public Utility Commission's ("TPUC") Rules and Regulations Chapter 1220-4-11 and all other applicable state laws, including but not limited to T.C.A. Section 65-4-401, *et seq.*

I/We will notify the Tennessee Public Utility Commission within thirty (30) days of any material change relative to this application or the information contained therein.

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in the APPLICATION and all attachments are true and correct to the best of my knowledge and belief.

SIGNATURE

NAME OF APPLICANT-COMPANY NAME

PRINTED NAME

TITLE

Subscribed and sworn to or affirmed before me, this _____ day of _____, _____.
Day Month Year

Known to be the person named in, and who executed the foregoing application.

My commission expires on _____.

Signature of Notary and Authorized Official

Seal

Additional information on the Do-Not-Call Program, including a copy of the Program's Rules and Regulations, can be obtained from the TPUC Webpage located at www.tn.gov/tpuc. All questions regarding the information on this application should be referred to (615) 741-2904.