



Registration of Telemarketers Application

Please take the time to read the instructions carefully before beginning the application form.

What is in this package?

This package includes all the information and forms you will need to apply for registration as a telemarketer.

A completed application will include: the single-sided application form; the \$500 application fee; proof of bonding, certificate of deposit or letter of credit in the amount of \$25,000, and attachments A and B:

A—officers and/or principals; and

B—branch office addresses

Telemarketer registrations are business registrations. Business applications must be made by the business entity and signed by the sole proprietor if the business is owned and operated by an individual; by a trustee if the business is a trust; or by an officer or partner if the business is an association, corporation, partnership or limited liability company or limited liability partnership.

What is a Telemarketer?

A telemarketer is any entity which in connection with a “plan, program or campaign to induce a sale of goods or services by the use of one or more telephones and by more than one telephone call, either initiates or initiates and receives telephone calls to or from a customer when the customer is in this state.” **Telemarketing does not include the solicitation of sales through any media other than by telephone calls.**

Who must apply for a business application?

Registration is generally required of those entities which solicit in-state customers via telephone calls.

Who is excluded from this law?

A. The following persons are exempt from registration:

- (1) The state, municipalities of the state, or any department or division of the state or such municipalities;
- (2) The United States or any of its departments, agencies or divisions;
- (3) Colleges, universities and other institutions authorized by the regents of the University of NYS or comparable body in any other state or jurisdiction, to grant degrees, including licensed private schools and any registered business schools regulated by Article 101 of the Education Law;
- (4) Any person or company, which has been operating for at least 3 years a retail business establishment in this state under the same name as that used in connection with telemarketing, and both of the following occur on a continuing basis:

- (a) either products are displayed and offered for sale or services are offered for sale and provided at the business establishment; and
 - (b) a majority of the person’s business involves buyers’ obtaining such products or services at the person’s location;
- (5) Any not-for-profit corporation as defined in §102 of the NYS Not-For-Profit Corporation Law and other charitable organizations.

B. The following acts or practices are exempt from registration:

- (1) Telephone calls made by a telemarketer, collection agency or attorney engaged in the practice of law for the exclusive purpose of collecting a legal debt owed, in accordance with the applicable provisions of the federal fair debt collection practices act (15 u.s.c.s 1692 et. seq.);
- (2) Telephone calls in which the sale, lease or other agreement for goods or services is not completed, and payment or authorization of payment is not required, until after a face-to-face sales presentation by a telemarketer, or a meeting between a telemarketer and customer;
- (3) Telephone calls that are received by a telemarketer initiated by a customer that are not the result of any solicitation by such telemarketer; and
- (4) Telephone calls between a telemarketer and any for-profit business, except calls involving the retail sale of nondurable office or cleaning supplies.

How much insurance does a telemarketer business need?

Telemarketer applicants must provide proof of bonding, certificate of deposit or letter of credit in the amount of \$25,000 (payable for the benefit of customer adjudged by a court to be “injured” by the actions of the telemarketer) unless the applicant is engaged in a business or occupation that is licensed, registered, chartered, certified, or incorporated with or by any state or federal agency.

Do employees of registered telemarketers need to register?

The registration runs to the business. Registration is **NOT** required of employees of registered telemarketing firms.

What are the application fees, terms of registration?

The nonrefundable application fee is \$500. The term of registration is 2 years.

The following are exempt from the application fee:

Any person or company engaged in a business or occupation that is licensed, registered, chartered, certified, or incorporated with or by any state or federal agency.

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What forms of payment are acceptable?

You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa, using a credit card authorization form. Do not send cash. **Application fees are nonrefundable.** A \$20 fee will be charged for any check returned by your bank.

Child Support Statement

A Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commission of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this state or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Direction of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

WOULD YOU LIKE TO REGISTER TO VOTE?

Please visit the NY State Board of Elections at www.elections.ny.gov/votingregister.html or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit www.ny.gov/services/register-vote.

FOR OFFICE

\$500

USE ONLY | 6 | 8 | _____



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

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Please print or type

BUSINESS NAME _____

PRINCIPAL OFFICE STREET ADDRESS (REQUIRED) _____

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

DAYTIME TELEPHONE NUMBER (IF PROBLEM WITH APPLICATION) _____ FEDERAL ID # (SEE PRIVACY NOTIFICATION) _____

TELEPHONE NUMBER OF PRINCIPAL PLACE OF BUSINESS _____

E-MAIL ADDRESS (IF ANY) _____

YES or NO

I have attached proof of bonding, certificate of deposit or letter of credit in the amount of \$25,000..... _____

-or-

I am exempt from the bonding requirement because I am engaged in a business or occupation that is licensed, registered Chartered, certified, or incorporated with or by any state or federal agency..... _____

I have attached a completed part A (list of all principal owners and officers) & part B (list of all business locations, P.O. boxes, and mail drops)..... _____

➤ If you are applying as an **individual** or **sole proprietor**, complete Items 1 and 2 below.

➤ If you are applying as a **corporation, partnership** or **limited liability company**, skip Item 1 and go directly to Item 2 below.

1. Child Support Statement - By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

2. Applicant Affirmation - I affirm that I have read and understand the provisions of Article 26 of the General Business Law and the rules and regulations promulgated thereunder. I further affirm that Worker's Compensation Insurance/Disability Benefits, for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license if issued.

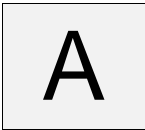
Applicant Print Name: _____

Applicant's Signature: _____ Date: _____

REMINDER: Please be sure to include attachments A and B, and unless exempt, proof of bonding, certificate of deposit or letter of credit in the amount of \$25,000, and \$500 application fee.

It is important that you notify this division of any changes to your business address so you will receive renewal notices and any other notifications pertinent to your license.

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Officers and/or Principals

PAGE ___ OF ___

APPLICANT NAME (ENTER THE BUSINESS NAME, EXACTLY AS SHOWN ON APPLICATION PAGE 1)

PLEASE PHOTOCOPY THIS PAGE AS MANY TIMES AS NEEDED TO ALLOW FOR ENTRY OF ALL OFFICERS AND PRINCIPALS.

LAST NAME	FIRST NAME	MI	SUFFIX
TITLE	CHECK ONE <input type="checkbox"/> OFFICER <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> BOTH		
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
RESIDENCE STREET ADDRESS		APT. NUMBER	P.O. BOX NUMBER
CITY	STATE	ZIP + 4	COUNTY

YES or NO

1. Have you ever been convicted or plead guilty to or are you being prosecuted by Indictment or information for racketeering, violation of securities laws, or a theft offense of any state, or the United States?..... _____
2. Has any injunction or judgment been entered into against you or have you entered into a settlement agreement, assurance of discontinuance, consent decree or any similar instrument in any civil action involving theft, racketeering, embezzlement, conversion, misappropriation of property, fraud, or deceptive, unfair, illegal or unconscionable trade practices, or is any civil action involving such practices currently pending, to the extent not inconsistent with any existing court orders?..... _____
3. Has a license to engage in any business, trade or profession ever been refused, suspended or revoked in any jurisdiction?..... _____

***If YES:**

- If a criminal conviction is indicated, you must provide a list of all convictions, a copy of the accusatory instrument (i.e., bill of indictment, prosecutor's information, criminal complaint, etc.) and a copy of the court disposition with this application.
- If a certificate of relief from disabilities or a certification of good conduct has been granted, a copy must be included with this application.
- If a license has been denied, suspended or revoked, a copy of the licensing agency's statement of charges and the agency's order must be included with this application.

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date ____/____/____ *Gender M F
MM DD YYYY

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

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*Sign

*Date