



**Tennessee Regulatory Authority  
502 Deaderick Street, 4<sup>th</sup> Floor  
Nashville, TN 37243**

**Telephone Solicitor Registration Application**

Application is hereby made to obtain access to the Tennessee "Do-Not-Call Register" pursuant to TRA Rule 1220-4-11-.04  
Registration submitted for **July 1, 2016 - June 30, 2017** . 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 TRA.** (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 TRA.

**Phone #** **Fax #** **E-mail Address**

**Designated Contact Name** **Address** **City** **State** **Zip Code**

**Person authorized to respond to notices of alleged violations from TRA.**

**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**

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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.

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

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**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 Regulatory Authority, Attn: DO-NOT-CALL REGISTER, 502 Deaderick Street, 4<sup>th</sup> 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 Regulatory Authority, 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 Regulatory Authority's ("TRA") 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 Regulatory Authority 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.

_____ NAME OF APPLICANT-COMPANY NAME	_____ SIGNATURE
	_____ 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 TRA Webpage located at [www.tn.gov/tra](http://www.tn.gov/tra). All questions regarding the information on this application should be referred to (615) 741-2904.