

**PAID SOLICITOR REGISTRATION STATEMENT**

**INSTRUCTIONS:**

Submit completed Paid Solicitor Registration Statement, fully executed Bond Form (form CPC-57), attachments and check in the amount of \$500.00 made payable to *Treasurer, State of Connecticut* to: Public Charities, Department of Consumer Protection, 165 Capitol Avenue Hartford, CT 06106-1630

1. Is the paid solicitor now or has the paid solicitor ever been registered under the Connecticut Solicitation of Charitable Funds Act?  Yes  No  
If yes, state the Connecticut Paid Solicitor Registration Number: \_\_\_\_\_
2. Provide the full legal name and mailing address of the paid solicitor:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_
3. Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_
4. **Attach** a list of: (a) the names, residence addresses and titles of all officers, directors and  
(b) persons or entities with a 25% or more ownership interest in the paid solicitor
5. Have any of the persons listed in response to number 4 ever been convicted by a court of any state or the United States of any felony, or of any misdemeanor involving dishonesty or arising from the conduct of a solicitation for a charitable organization or purpose?  Yes  No  
If yes, **attach** a detailed explanation.
6. The paid solicitor is a (check one):  corporation  partnership  individual  
 limited liability company  other (describe) \_\_\_\_\_  
The paid solicitor was organized in the year \_\_\_\_\_ under the laws of the State of \_\_\_\_\_.
7. Is the paid solicitor registered in other states to solicit funds?  Yes  No  
If yes, **attach** a list of those states.
8. Has the paid solicitor's right to solicit funds ever been denied, suspended, revoked or enjoined by any state agency or by any court, or are there such proceedings pending?  Yes  No  
If yes, **attach** a detailed explanation.
9. Provide an Email address where the paid solicitor can be contacted (**required**): \_\_\_\_\_ @

**CERTIFICATION**

I hereby certify under penalty of false statement that I am authorized to sign this document on behalf of the paid solicitor and that the information provided is true and complete to the best of my knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_