
Department of Justice

Office of Consumer Protection

P. O. Box 200151
Helena, MT 59620-0151
(406) 444-4500 or (800) 481-6896

TELEMARKETING REGISTRATION APPLICATION

<i>OFFICIAL USE ONLY</i>	
Registration Number: _____	Date Issued: _____
Surety Bond Received Date: _____	Expiration Date: _____

APPLICATION IS HEREBY MADE for a Telemarketing Registration Certificate or Renewal in conformity with Title 30, Chapter 14, Part 14, MCA and the rules and regulations pursuant to the Montana Telemarketing and Fraud Prevention Act. Registration certificates are issued for each calendar year. Certificates expire December 31st of each year. Annual renewal applications must be submitted not less than 30 days prior to the expiration date to prevent a lapse of registration.

A SURETY BOND IN THE AMOUNT OF **\$50,000** OR, IN LIEU OF THE BOND, A CERTIFICATE OF DEPOSIT, CASH OR A GOVERNMENT BOND IN THE AMOUNT OF **\$50,000** MUST ACCOMPANY THIS APPLICATION.

Applicant (True Legal Name)

Date

☐

Initial Application

☐

Renewal Application

Check one:

☐ Seller (engaged in telemarketing on its own behalf or arranges for others to provide goods or services to the consumer in exchange for consideration.)

☐ Telemarketer (engaged in telemarketing at the direction of a seller.)

Name of Applicant:

(Seller or Telemarketer)

Federal Tax ID Number:

Principal Business Phone:

Principal Business Address:

(Physical Address)

(City, State, Zip)

Principal Business
Mailing Address:

(Address)

(City, State, Zip)

State in which business is
organized:

Form of business organization (Check one):

☐ Sole proprietorship

☐ Corporation

☐ General partnership

☐ Limited liability

☐ Limited partnership

☐ Other (explain): _____

Name of Registered Agent designated to accept Service of Process as filed with Montana Secretary of State.
Registered Agent must be a Montana company with a physical address. (NO Post Office Boxes permitted.)

Name of Registered Agent:

Name of Registered
Agent Business:

Business Phone:

Business Physical Address:

(Physical Address)

(City, State, Zip)

Date Montana Service
of Process Filed: _____

If applicant is a **partnership**, attach a copy of the written partnership agreement.

If applicant is a **corporation**, provide:

Date Incorporated: _____ in the State of: _____.

Section A:

1. List all business names, real and fictitious, which the applicant intends to use to engage in telemarketing. Include the names of all companies for which you are conducting telemarketing. Use additional paper if necessary.

Business Names	Check one for each business name			
	<input type="checkbox"/>	Real	<input type="checkbox"/>	Fictitious
	<input type="checkbox"/>	Real	<input type="checkbox"/>	Fictitious
	<input type="checkbox"/>	Real	<input type="checkbox"/>	Fictitious
	<input type="checkbox"/>	Real	<input type="checkbox"/>	Fictitious

2. Locations: List the complete street address, (street, unit #, city, state, zip) and telephone numbers of all locations from which you conduct business or will be conducting business (including mail drop locations, phone rooms, administrative office and fulfillment and processing centers):

Address: _____				
City: _____	State: _____	Zip: _____	Phone: _____	
Does this location receive mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a mail drop only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Address: _____				
City: _____	State: _____	Zip: _____	Phone: _____	
Does this location receive mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a mail drop only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Does this location receive mail? ☐ Yes ☐ No Is this a mail drop only? ☐ Yes ☐ No

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Does this location receive mail? ☐ Yes ☐ No Is this a mail drop only? ☐ Yes ☐ No

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Does this location receive mail? ☐ Yes ☐ No Is this a mail drop only? ☐ Yes ☐ No

DUPLICATE THIS FORM AS NECESSARY.
DO NOT SUBMIT ATTACHMENTS IN LIEU OF COMPLETING THIS SECTION.

3. List each occupation or business that the applicant's principal owner has engaged in for the two years immediately preceding the date of this application.

Occupation/Business of Principal Owner	Dates

4. Has any principal owner or manager been convicted of or pleaded guilty to racketeering, violations of state or federal securities laws, or a theft offense? Is any principal owner or manager being prosecuted by indictment for racketeering, violations of state or federal securities laws, or a theft offense?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

5. Has any principal owner or manager worked for or been affiliated with a company that has had an injunction entered against it, a temporary restraining order, or a final judgment or order, including an agreed judgment or order, an assurance of voluntary compliance, or any similar instrument, in any civil or administrative action involving: racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property; the use of any untrue, deceptive or misleading representation; or the use of any unfair, unlawful, deceptive or unconscionable trade act or practice?

Yes	No

6. Has there been entered against any principal owner or manager an injunction, temporary restraining order, or a final judgment in any civil or administrative action involving fraud, theft, racketeering, embezzlement, fraudulent conversion, misappropriation of property or violation of any federal or state consumer protection law. This information must include any pending litigation against the applicant.

Yes	No

7. Has the seller at any time during the previous seven years, filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency?

Yes	No

If you answered **YES** to any of the above, attach your written explanation, date of conviction, judgment, order or injunction, and name of the government agency that filed the action (if applicable). Include a copy of all administrative court orders and/or legal documents.

Section B:

1. Provide the full legal name, current **residential** address, date of birth, Social Security number, driver license number and issuing state, of the following:
- Every telemarketer or other person employed by the seller.
 - Every person, office manager or supervisor principally responsible for the management of the seller's business.
 - Every person participating in or responsible for the management of the seller's business (owner, partner, corporate officer, member of L.L.C., controlling shareholder, sole proprietor or trustee).

NOTE: All principals must sign the form on page 11.

Full Legal Name: _____		
Residential Address: _____		
City: _____	State: _____	Zip: _____
Position Held: _____		Date of Birth: _____
Driver License Number & State: _____		Soc. Security Number: _____

Full Legal Name: _____		
Residential Address: _____		
City: _____	State: _____	Zip: _____
Position Held: _____		Date of Birth: _____
Driver License Number & State: _____		Soc. Security Number: _____

Full Legal Name: _____		
Residential Address: _____		
City: _____	State: _____	Zip: _____
Position Held: _____		Date of Birth: _____
Driver License Number & State: _____		Soc. Security Number: _____

Full Legal Name: _____		
Residential Address: _____		
City: _____	State: _____	Zip: _____
Position Held: _____		Date of Birth: _____
Driver License Number & State: _____		Soc. Security Number: _____

Full Legal Name: _____		
Residential Address: _____		
City: _____	State: _____	Zip: _____
Position Held: _____		Date of Birth: _____
Driver License Number & State: _____		Soc. Security Number: _____

**DUPLICATE THIS FORM AS NECESSARY.
DO NOT SUBMIT ATTACHMENTS IN LIEU OF COMPLETING THIS SECTION.**

2. Provide the name, address and account number of every institution where the applicant conducts banking or other monetary transactions.

Financial Institution Name	Address	Account Number

3. Provide a copy of all scripts, outlines or presentation materials the applicant will use or require a telemarketer to use when soliciting, as well as all sales information to be provided by the applicant to a purchaser in connection with any solicitations.
4. Provide a complete, detailed description of the goods, services, property or extension of credit you are offering for sale. Your description should include, without limitation, a physical description, identification (including addresses) of the manufacturer or supplier of such goods, services, property or extension of credit, the price charged for same, and any applicable conditions or restrictions.
5. If a prize, bonus, award, gift or premium is involved, provide:
- a) A full description of each prize, bonus, award, gift or premium (description should include a physical description, identification *including address* of the manufacturer or supplier, the actual retail value based on actual sales, and any applicable conditions or restrictions).
 - b) In any prize promotion:
 - (i) Set forth the actual or approximate odds of those purchasers receiving each such prize, bonus, award, gift or premium.
 - (ii) Explain the "no purchase, no payment" method of participating in the prize promotion. Provide copies of instructions on how to participate or an address or local or toll-free number that consumers may write or call for information on how to participate.

Prize	Odds

- c) The applicant shall provide copies of information conveyed to consumers during contact with consumers that:
- (i) Sets forth the total cost of goods or services to be disclosed to consumers.
 - (ii) Provides information on all material restrictions, limitations and conditions pertaining to the purchase of the goods and services to be disclosed to consumers.
6. Attach to this application a representative copy of all written materials sent or provided to any purchaser in connection with your business.
7. Provide a list of all inbound and outbound phone numbers used.
8. Do you have a "do-not-call" policy?

Yes	No

If yes, attach a copy of your "do-not-call" policy and any policies and procedures in force to prevent calls to consumers who have requested no further contact.

If no, describe your policies and procedures.

Section C:

1. A surety bond in the amount of \$50,000 must accompany the application for registration or, in lieu of bond, the Department of Justice will hold:
 - a) a Certificate of Deposit naming the Department of Justice as owner,
 - b) \$50,000 cash, or
 - c) a government bond naming the Department of Justice as owner in the amount of \$50,000.

The bond must provide for indemnification to the State of Montana for any person suffering a loss as a result of violation of the Montana Telemarketing Registration and Fraud Prevention Act. The bond must be issued by a surety company authorized to transact surety business and with a Best's rating of no less than A- in the State of Montana.

_____ A PROPER SURETY BOND IN THE PENAL SUM OF FIFTY THOUSAND DOLLARS (\$50,000) IS ATTACHED WITH THE CORPORATE SEAL OF THE STATE WHERE ENTITY IS OPERATING.

The following constitutes a violation of the Montana Telemarketing Registration and Fraud Prevention Act: failure to register, maintain or renew a registration; failure to meet the surety bond requirement to provide a bond; including any false or misleading information on registration application; and misrepresenting that a seller or telemarketer is registered.

2. Mail your completed Application Form or Renewal Form to:

Department of Justice
Office of Consumer Protection
PO BOX 200151
Helena, MT 59620-0151
(406) 444-4500

ATTESTATION

I swear or affirm that this application and any attachments hereto, have been prepared or carefully reviewed by me and constitute a complete, truthful and correct statement of all information required therein. I further realize that any false responses or statements will be grounds for denial of this application, and may subject me to civil and/or criminal prosecution, as provided by law.

(Date) _____

(Signature)

(Title)

NOTARY

STATE OF _____)
)
COUNTY OF _____)

SS:

The person whose signature appears above personally appeared before the undersigned, a Notary Public in and for the above-named County and State, the day and date named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the person therein named and for the purposes therein set forth, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Sworn and subscribed before me this _____ day of _____, 20_____.

Signature – Notary Public

Affix Notary Seal

My Commission Expires

NOTICE

TO BE EFFECTIVE, THIS APPLICATION MUST BE SIGNED BY ALL OF THE PRINCIPALS LISTED IN THE RESPONSE TO SECTION B, QUESTION 1.

Any false or misleading information on this application will result in the denial of registration.

The undersigned, by their signatures, swear or affirm under penalty of perjury that the foregoing information is true and complete to the best of their knowledge, information and belief.

Signature	Date
Print Name	Position Held

Signature	Date
Print Name	Position Held

Signature	Date
Print Name	Position Held

Signature	Date
Print Name	Position Held

Signature	Date
Print Name	Position Held

**DUPLICATE THIS FORM AS NECESSARY.
DO NOT SUBMIT ATTACHMENTS IN LIEU OF COMPLETING THIS SECTION.**

Section D:

**NOTICE TO CEASE OR CANCEL
OPERATION OF TELEMARKETING BUSINESS**

If you do not choose to renew your telemarketing registration or conduct business in Montana, please complete Section D and Section E and submit to our office immediately. You will still be required to maintain a valid bond for one year following the termination of telemarketing in Montana.

Mail completed Forms Section D and E to:

Department of Justice
Office of Consumer Protection
PO Box 200151
Helena, MT 59620-0151

Name of Applicant: _____
(Seller or Telemarketer)

All DBA's: _____

Principal Business Phone(s): _____

Principal Business Address: _____
(Physical address-not post office box, etc.)

City, State, Zip: _____

Principal Business Mailing Address: _____

City, State, Zip: _____

THE ABOVE TELEMARKETER/SELLER WILL CEASE ALL TELEMARKETING ACTIVITIES WITHIN THE
STATE OF MONTANA ON _____(DATE).

(Date)

(Signature)

(Title)

Section E:

RELEASE OF FINANCIAL RESPONSIBILITY

I swear or affirm that there are no claims existing against this telemarketing business by any person. I further realize that any false responses or statements may subject me to civil and/or criminal prosecution, as provided by law.

After any and all consumer claims are resolved to the satisfaction of the department, or one year has passed since the registrant has ceased telemarketing business in the state, whichever occurs later, then the financial responsibility or portion thereof if any, will be returned to the registrant.

(Date)

(Signature)

(Title)

NOTARY

STATE OF _____)
)
COUNTY OF _____)

SS:

The person whose signature appears above personally appeared before the undersigned, a Notary Public in and for the above-named County and State, the day and date named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the person therein named and for the purposes therein set forth, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Sworn and subscribed before me this _____ day of _____, 20_____.

Signature – Notary Public

Affix Notary Seal

My Commission Expires_____