State of Rhode Island and Providence Plantations
Department of Business Regulation
Securities Division
1511 Pontiac Avenue
John O. Pastore Complex – Building 69-1
Cranston, RI 02920

APPLICATION FOR PROFESSIONAL SOLICITOR

FILINGS MUST BE SUBMITTED ON CD-ROM. WE NO LONGER ACCEPT PAPER FILINGS

ANNUAL EXPIRATION: JUNE 30th

INITIAL____
RENEWAL_____

1. NAME: _____

2. DATE OF BIRTH: _____

3. SOCIAL SECURITY NUMBER: _____

4. ADDRESS: _____ _____ _____
STREET CITY STATE

5. NAME, ADDRESS, E-MAIL ADDRESS, AND PHONE NUMBER OF EMPLOYING FUNDRAISER: _____
_____
_____

6. CONTACT SUPERVISOR AND MAILING ADDRESS: _____
_____

7. HAS ANY LICENSE OR REGISTRATION BEEN DENIED, CANCELLED OR REVOKED, OR HAS ANY ACTION BEEN TAKEN AGAINST YOU IN CONNECTION WITH SOLICITATION OF FUNDS FOR CHARITABLE PURPOSES _YES _NO

8. HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING THE MISUSE OR THEFT OF MONEY? _YES _NO

9. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DISHONESTY, THEFT, BURGLARY, DECEPTION, OR FRAUD? _YES _NO

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THIS APPLICATION AND KNOW THAT ALL STATEMENTS THEREIN ARE TRUE.

_____
(Signature) (Date)

_____
(Print Name)

NOTARY:

COMMISION EXPIRES ON: