Professional Licensing Boards and Securities Division
237 Coliseum Drive
Macon, GA 31217-3858
(478) 207-2440
http://www.sos.ga.gov

Brian P. Kemp
Secretary of State

Georgia Charitable Solicitations Act
Paid Solicitor Registration

Shawnzia Thomas
Division Director

EXECUTION PAGE

Statutory Fees (Nonrefundable)

Make Check Payable to **Georgia Secretary of State**

☐ INITIAL APPLICATION	☐ REINSTATEMENT Registration #: _____	☐ AMENDMENT	☐ RENEWAL
$250.00	$250.00	$15.00	$100.00

WARNING: The registration of a paid solicitor expires on December 31 of each year. Failure to keep this form current and file accurate supplemental information on a timely basis, or failure to keep accurate books and records or otherwise comply with provisions of the Georgia Charitable Solicitations Act of 1988, will constitute a violation of said Act and may result in disciplinary, administrative, injunctive or criminal action. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE CRIMINAL VIOLATIONS.

1. Official Name:

Address of Applicant (Paid Solicitor):	Mailing Address (if different):

2. Contact Person:	Telephone:

Email address for official correspondence:

3. Location of Books and Records:

EXECUTION: On behalf of the applicant identified above, for the purpose of complying with the Charitable Solicitations Act of 1988 (O. C. G. A. 43-17-1 et seq.) ("Act"), I hereby certify that the applicant is in compliance with said Act and irrevocably appoints the Secretary of State of the State of Georgia the agent for the applicant upon whom may be served any notice, process or pleading in any action or proceeding against the applicant arising out of, or founded upon, a violation or an alleged violation of said Act. The applicant hereby consents that any such action or proceeding against said applicant may be commenced in any court of competent jurisdiction and proper venue within the State of Georgia by service of process upon Secretary of State with the same effect as if the applicant was a resident of the State of Georgia and had been personally served with process. The undersigned hereby verifies that he had executed this form on behalf of, and with the authority of, said applicant. The undersigned and applicant represent that the information and statements contained herein, including the exhibits attached hereto, and other information filed herewith, are made a part hereof, are current, true and complete. The undersigned and applicant further represent that to the extent any information previously submitted is not amended, such information is currently accurate and complete.

Name of authorized Executive Officer (please type or print):	Date:

Signature of Executive Officer:	Title:

Official Witness (Notary)

THIS PAGE MUST ALWAYS BE COMPLETED IN FULL with **original manual signature and notarization with seal**. If filing an initial registration or reinstatement of registration, submit entire application. To amend, circle number(s) being amended. **Registration does not become effective until all information on this application is received and approved.** All paid solicitor registrations expire on December 31.

APPLICANT'S NAME:

To amend, circle numbers being amended and file with a completed execution page (S100 page 1)

4. Status of registration in other jurisdictions
Enter "1" for pending registrations, "2" if already registered, and leave blank if not registered.

AL		**AK**		**AR**		**AZ**		**CA**		**CO**		**CT**		**DC**	
DE		**FL**		**GA**		**HI**		**IA**		**ID**		**IL**		**IN**	
KS		**KY**		**LA**		**MA**		**MD**		**ME**		**MI**		**MN**	
MO		**MS**		**MT**		**NC**		**ND**		**NE**		**NH**		**NJ**	
NM		**NV**		**NY**		**OH**		**OK**		**OR**		**PA**		**PR**	
RI		**SC**		**SD**		**TN**		**TX**		**UT**		**VA**		**VT**	
WA		**WI**		**WV**		**WY**									

ORGANIZATION

5. Fiscal Year Ends on (Month/Day):	Date of Formation:	Place of Filing:

6. **Applicant is a:**		Corporation		Proprietorship
	Partnership		Limited Liability Company		Other:

7. If FOREIGN Corporation, date qualified to transact business in Georgia:

8. Will applicant have physical possession or legal control over any contributions collected in or from the state of Georgia?

YES ☐ NO ☐

If yes, applicant must attach the following to this application:

(a) Fiscal year-end financial statement for period ending one year prior to date of filing, or for the preceding fiscal year if fiscal year has ended within 90 days of this filing OCGA 43-17-3(c)(3).). Such financial statement must be prepared in accordance with generally accepted accounting principles.

(b) Surety bond satisfactory to the Secretary of State in the sum of $10,000 payable to the State of Georgia OCGA 43-17-4(a).

9. BRIEF DESCRIPTION OF BUSINESS. Provide a brief description of the general character of the business to be conducted or proposed to be conducted by the applicant:

CHAPTERS, BRANCHES, AND AFFILIATES

List the name and address of each affiliated branch or chapter located in the State of Georgia and the directors of each such branch or chapter. Attach additional sheets as needed.

Address	Telephone	Designated Supervisor
Address	Telephone	Designated Supervisor
Address	Telephone	Designated Supervisor
Address	Telephone	Designated Supervisor

BACKGROUND INFORMATION

NOTE: (1) For the purpose of the following questions the term **"executive officer" means the chief executive officer, the president, the principal financial officer, the principal operation officer, the treasurer or any other person performing similar functions.**

(2) All YES answers to questions must be fully explained on page 4 of the application (attach additional sheets as needed) and you must complete Page 6 for a background investigation.

	YES	NO
10. In the past ten years has the applicant, executive officer, or control person been convicted of or pled guilty or nolo contendere (no contest) to a felony or misdemeanor which:		
(a) Involves the solicitation or acceptance of charitable contributions or the making of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any of the foregoing offenses?		
(b) Arises out of the conduct of solicitation of contributions for a charitable organization?		
(c) Involves the larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds?		
(d) Involves murder or rape?		
(e) Involves assault or battery if such person proposes to be engaged in counseling, advising, housing, or sheltering individuals? Or		
(f) Pled guilty or nolo contendere (no contest) to any other felony offense?		
11. Has any court:		
(a) in the past ten years enjoined the applicant or a executive officer in connection with any aspect of the fundraising business?		
(b) ever found that the applicant or executive officer was involved in a violation of any state or federal law regarding fundraising or any other deceptive practice?		
12. Has any local, state or federal government agency:		
(a) ever found the applicant or executive officer to have made a false statement or omission or been dishonest, unfair or unethical?		
(b) ever found the applicant or executive officer to have been involved in a violation of a fundraising law?		
(c) ever found the applicant or executive officer to have been a cause of any fundraising organization having its authorization to do business denied, suspended, revoked or restricted?		
(d) in the past ten years entered an order against the applicant or a executive officer in connection with any fundraising statute or deceptive practices?		
(e) ever denied, suspended, or revoked the applicant's or a executive officer's registration or license, prevented it from association with a fundraising organization, or otherwise disciplined it by restricting its activities?		
(f) ever revoked or suspended the applicant's or a executive officer's license as an attorney or accountant?		
13. Is the applicant or executive officer now the subject of any proceeding that could result in a yes answer to any question contained herein?		
14. Does the applicant have any unsatisfied judgments or liens against it or has it filed for any type bankruptcy?		

ACKNOWLEDGEMENTS

By submitting this application, the applicant acknowledges the following statutory requirements:

(a) SOLICITATION CONTRACT REQUIRED. [OCGA 43-17-3(e)(1)] There must be a written contract between the paid solicitor and each charitable organization on whose behalf solicitations are conducted.

(b) SOLICITATION NOTICE. [OCGA 43-17-3(f)] A solicitation notice and a copy of each solicitation contract must be filed with the Secretary of State prior to the commencement of each solicitation campaign.

(c) POINT OF SOLICITATION DISCLOSURE. [OCGA 43-17-8] Each employee, agent, independent contractor or representative of the paid solicitor must provide at the point of solicitation the name and location of the paid solicitor, the name and location of the charitable organization for which the solicitation is being made, and a statement that a full and fair description of the charitable program and a financial statement or summary are available upon request.

(d) ACCOUNTING TO CHARITABLE ORGANIZATION. [OCGA 43-17-3(g)] Within 90 days after a solicitation campaign has been completed, and on the anniversary of the commencement of a solicitation campaign lasting more than one year, the paid solicitor shall account in writing to the charitable organization, and the Secretary of State, for all contributions and expenses paid.

(e) COLLECTIONS AND DEPOSITS. [OCGA 43-17-3(h)] Each monetary contribution received by the applicant shall, in its entirety and within three (3) business days of its receipt, be deposited in an account at a federally insured financial institution. Such account shall be in the name and under the sole control of the charitable organization.

(f) EXPIRATION. [OCGA 43-17-3(c)(6)] Registration for a paid solicitor, if granted, expires on December 31 of the year issued, and if not renewed shall terminate without further notice to the applicant.

(g) COMMERCIAL COVENTURERS. [OCGA 43-17-6] Any charitable sales promotion in conjunction with a commercial coventurer must be initiated only after a written contract that complies with the Code is entered into between the charitable organization and the commercial coventurer.

(h) AMENDMENTS TO REGISTRATION. [OCGA 43-17-3(c)(7)] Registration must be current and up to date at all times and must be amended within 30 days to reflect any material changes in operations of the paid solicitor.

(i) RECORDS. [OCGA 43-17-3(i)(1)] Solicitation campaign records must be prepared and maintained for no less than three years and be available for inspection by representatives of the Secretary of State.
(j) MISAPPROPRIATION OF FUNDS AND FRAUDULENT CONDUCT. [OCGA 43-17-12] The Georgia Charitable Solicitations Act of 1988 establishes that it is a felony to engage in fraudulent conduct or to misappropriate, convert or illegally withhold contributions collected pursuant to the Act.

EXPLANATION TO APPLICATION QUESTIONS

This section must be used to explain any **YES** answers on the previous pages.
It may also be used to explain the answers to any other questions on the application.
Attach additional sheets as needed.

Explanation:

APPLICANT'S NAME:

CONTROL PERSONS

The applicant must provide the following information for **each person** who directly or indirectly, has the power to direct or cause the direction of the management and policies of the applicant whether through the authority of voting securities, by contract or otherwise. The term control person includes, but is not limited to, each general partner, limited partner, director, affiliate or executive officer or person holding similar position.

Make additional copies of this form as needed.

(Please type or print)

Name:	Title:	
Address:		
City:	State:	Zip Code:
Date of Birth:	Social Security Number:	

The person named above MUST provide a ten year employment history beginning with the most recent employment.
Attach separate sheets if needed.

All persons who have custody of charitable donations must submit to a criminal background check.
By signing this form the person named above authorizes the Secretary of State to conduct a criminal history check pursuant to the paid solicitor's registration in the State of Georgia.

Signature of Control Person _____

This _____ Day of _____

Official Witness (Notary) Signature _____

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize the Office of Secretary of State – Charities Division to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____
Full Name (print)

_____
Address

_____ _____ _____ _____
Sex Race Date of Birth Social Security Number

_____
Signature

_____
Date

Special employment provisions (check if applicable):

☐ Employment with mentally disabled (Purpose code 'M')
☐Employment with elder care (Purpose code 'N')
☐ Employment with children (Purpose code 'W')
☐ Employment with criminal justice agency – civilian (Purpose code 'J')
☐ Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.
☐ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

AFFIDAVIT OF APPLICANT

I certify and declare that I am of good moral character and that all information contained in this application is true and correct, to the best of my knowledge. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Commission. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Paid Solicitor Regulatory Commission and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 7 & 8 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Commission may suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

I understand that I must maintain the records required by the Commission, and I shall make the records available for inspection by the Georgia Paid Solicitor Regulatory Commission, or its authorized representative, at any time during normal business hours.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Paid Solicitor Regulatory Commission and/or criminal prosecution.

_____

Signature of Applicant Date

_____

Print Applicant's Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____who deposes and swears that he/she is the person who executed this
(Applicant's Name)
application for a license by examination for Paid Solicitor in the State of Georgia; and that all of the statements

herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____ _____

County State

My Commission Expires _____

(seal)

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

_____

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § secure and 50-36-2(c)]

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (http://gbi .georgia.gov/ obtaining-criminal-history-record- information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.