



Office of Secretary of State
Securities and Charities Division
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Atlanta, GA 30334
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**FORM PS-2
WITHDRAWAL OF REGISTRATION AS
A PAID SOLICITOR**

PART I – Paid Solicitor			
Name of Paid Solicitor		Registration #	
		PS	
Main Address (Number & Street)	City	State	Zip
Person to contact for this application	Title	Phone Number	

PART II – WITHDRAWAL INFORMATION		
Date of Withdrawal		
Reason for Withdrawal		
Person to contact for this application	Title	Phone Number

PART III -	
Signature and Title of Official for Paid Solicitor	Date