



**REGISTRATION OF TELEMARKETERS** of a business who initiates telephone calls to a consumer in connection with a plan, program, or campaign to market goods or services to the State of Vermont

PLEASE RETURN EVIDENCE OF FILING TO: (Name and Address)

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FOR OFFICE USE ONLY

1. **BUSINESS NAME:** *REQUIRED* \_\_\_\_\_

2. **STATE OF INCORPORATION OR ORGANIZATION:** *REQUIRED US STATE OR NON-US COUNTRY* \_\_\_\_\_

3. **BUSINESS TYPE:** *REQUIRED*

- CORPORATION
- NONPROFIT CORPORATION
- MUTUAL BENEFIT ENTERPRISE (a.k.a.. LIMITED COOPERATIVE ASSOCIATION)
- LIMITED LIABILITY COMPANY (LLC, PLC, or L3C)
- PARTNERSHIP (GENERAL, LLP, or LP)
- TRADE NAME (a.k.a. FICTITIOUS NAME, ASSUMED NAME, or DBA)

4. **PRINCIPLE OFFICE:** *REQUIRED*

a. Street Address: *NO PO BOX* \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

b. Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

c. Business Phone *VOICE:* \_\_\_\_\_ *FAX:* \_\_\_\_\_

d. Email: \_\_\_\_\_

5. **REGISTERED AGENT:** *REQUIRED*

a. Name: \_\_\_\_\_

b. Street Address *NO PO BOX* \_\_\_\_\_

City/Town: \_\_\_\_\_ State: VT ZIP/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

c. Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: VT ZIP/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

d. Business Phone *VOICE:* \_\_\_\_\_ *FAX:* \_\_\_\_\_

e. Email: \_\_\_\_\_

**CERTIFICATION OF REGISTRATION** *REQUIRED*

I certify, under penalty of law (Title 13 V.S.A. Ch. 65) that:

- a. all facts provided herein are known to me and are true, to the best of my knowledge, as of the date of filing;
- b. This filing is provided in duplicate; with a check or money order in the amount of the statutory filing fee of \$125.00 payable to "VT SOS."

\_\_\_\_\_  
Signature of Applicant Title Date

a. Printed Name of Applicant: \_\_\_\_\_

b. Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

c. Business Phone *VOICE:* \_\_\_\_\_ *FAX:* \_\_\_\_\_

d. Email: \_\_\_\_\_



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Vermont

**Submission Instructions**

**1. Required Documents:** Must be filed in **duplicate** (two originals --OR-- one original and one copy of this application); with a **check or money order, payable to "VTSOS;"** and a **self-addressed stamped envelope.**

**2.** This form can only be accepted by mail or in person at:

**Vermont Secretary of State  
Corporations Division  
128 State Street  
Montpelier, VT 05633-1104**

**Note:** This form cannot be accepted by phone, fax, website, or email.

**3. Returned Evidence of Filing:** Once processed, this application will be returned with the following documentation:

**a. If approved:** **1.** The approved duplicate of this form, and  
**2.** A Business Name Certificate.

**b. If rejected:** **1.** All documents submitted, to include the check/money order included.  
**2.** A checklist detailing the reason(s) for the rejection.

**4. Processing Time:** Processing may take up to 5-7 business days (based on seasonal filing volume) from the day the form is received in our office.