



Mail completed form to:
 NH Attorney General's Office
 Attn: Charitable Trusts Unit
 One Granite Place South
 Concord, NH 03301

FORM NHCT-21

APPLICATION FOR REGISTRATION OR RENEWAL OF PAID SOLICITOR

This form must be accompanied by payment in the amount of \$500.00. Checks must be made payable to State of New Hampshire

ENTITY INFORMATION

NH Charitable Trusts Unit Registration Number *(leave blank if initial application)*

Entity Name			
Address of Principal Office	City	State	Zip
Contact Name			
Contact Telephone Number	Contact Email Address		

ADDITIONAL INFORMATION

- Provide a list of names, titles, and addresses of all officers, directors, and key employees *(you may submit your own list that contains the information in the table below)*

Name	Title	Address

- Is this your initial registration with the NH Charitable Trusts Unit?
 - Yes *(submit a copy of your articles of incorporation or other entity formation document together with any amendments.)*
 - No
- Is your entity registered in other states as a professional fundraiser (fundraising counsel or paid solicitor)?
 - Yes *(submit a list of states where registered.)*
 - No
- Has the registration of your entity ever been denied, suspended, revoked, or enjoined by any state or federal agency or by any court, or are such proceedings pending?
 - Yes *(submit a detailed explanation or submit any documentation related to such action taken by a state or federal agency or court.)*
 - No

5. Do you intend to use an “automatic telephone dialing system” for “solicitation” as defined in NH RSA 359-E: 1, I?
- Yes (you must register with the Consumer Protection and Antitrust Bureau of the NH Department of Justice. The application can be found on the Forms page of the Department of Justice website (www.doj.nh.gov)).
 - No
6. Submit a copy of the \$20,000 Paid Solicitor surety bond executed by a surety company or a bond confirmation certificate executed by a surety company.

CERTIFICATION

I hereby certify that the information above is true and correct to the best of my knowledge and belief subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8.

Signature of Authorized Representative

Date

Print Name

Title