

AUTOMATIC TELEPHONE DIALING SYSTEMS
REGISTRATION FORM

Name of Registrant: _____

Name of Business: _____

Street Address: _____

City, State, Zip _____

Is the registrant a solicitor as defined in RSA 7:28-c Yes No

If the registrant intends to conduct business from any locations other than the business address listed above, please list below.

Street Address: _____

City, State, Zip: _____

Street Address: _____

City, State, Zip: _____

Street Address: _____

City, State, Zip: _____

Registration is per calendar year. Registration fee is \$20.00. Please submit a check made payable to Treasurer, State of NH with your completed registration and mail it to the Attorney General's Office, 33 Capitol Street, Concord, NH, 03301-6397.