

*******BACKGROUND CHECK INSTRUCTION FORM*******

AS OF OCTOBER 1, 2018, THE DIVISION OF CONSUMER PROTECTION UTILIZES THE WIN DATABASE RAP BACK SYSTEM FOR BACKGROUND CHECKS. PLEASE CONSULT THE UTAH CONSENT TO BACKGROUND CHECK WAIVER AND UTAH CODE § 53-10-108 FOR FURTHER INFORMATION.

IF AN INDIVIDUAL SUBJECT TO A BACKGROUND CHECK CEASES TO BE ASSOCIATED WITH A REGISTRANT, THE REGISTRANT IS RESPONSIBLE FOR SUBMITTING A REQUEST TO TERMINATE RAP BACK FORM TO THE DIVISION OF CONSUMER PROTECTION. THE INDIVIDUAL SUBJECT TO THE BACKGROUND CHECK MAY ALSO SUBMIT A REQUEST TO TERMINATE RAP BACK FORM.

**THE UTAH CONSENT TO BACKGROUND CHECK WAIVER AND THE REQUEST TO TERMINATE RAP BACK FORM MAY BE FOUND ON THE DIVISION OF CONSUMER PROTECTION'S WEBSITE:
www.dcp.utah.gov/registrations/index.html**

PLEASE SUBMIT EACH COMPLETED FINGERPRINT CARD WITH THE \$20.00 (NON-REFUNDABLE) FEE AND A SIGNED UTAH CONSENT TO BACKGROUND CHECK WAIVER. A FAILURE TO SUBMIT ALL OF THESE ITEMS FOR EACH INDIVIDUAL SUBJECT TO A BACKGROUND CHECK MAY RESULT IN THE DENIAL OF OR A DELAY IN PROCESSING AN APPLICATION.

INSTRUCTIONS FOR FINGERPRINT CARDS:

- 1. CONTACT YOUR LOCAL POLICE DEPARTMENT.**
- 2. REQUEST TO BE FINGERPRINTED (THE POLICE DEPARTMENT MAY CHARGE A FEE FOR FINGERPRINTING SERVICES.)**
- 3. INCLUDE THE COMPLETED FINGERPRINT CARD WITH THIS APPLICATION, ALONG WITH THE FEE AND A SIGNED UTAH CONSENT TO BACKGROUND CHECK WAIVER.**



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

TELEMARKETING PERMIT APPLICATION FORM

Annual Application Fee: \$500.00 (Non-refundable)
Background Check Fee: \$20.00 Per Person
(Non-refundable)

Applicant's Full Legal Name
(This is the name of the business that is registering.)

Date of Application

OFFICE USE ONLY

Permit Number: _____

Date Issued: _____

Date Expired: _____

Approved: _____

Exempt: _____

Denied: _____

Surety Amount: _____

Receipt Number: _____

Mark the appropriate box:

INITIAL
APPLICATION

RENEWAL
APPLICATION

Please return the completed Application form and check or money order to:

Utah Department of Commerce
Division of Consumer Protection
160 East 300 South, 2nd Floor
PO Box 146704
Salt Lake City, UT 84114-6704
Phone: 801-530-6601 | Fax: 801-530-6001

Instructions:

1. Complete this application in full. If you have any questions, you may contact the Division at (801) 530-6601 for assistance.

2. **Attach the following to the completed application:**
 - a. A check or money order in the amount of **\$500.00** payable to **State of Utah**.
 - b. Documentation of Applicant's business organization (see item 2 on page 2 of this application).
 - c. Copy of any telemarketing permit denial issued by Utah or another state and copies of any prior permits issued (see item 9 on page 4).
 - d. Current driver license or valid government-issued photo identification card or Certificate of Existence of Registered Agent (see item 10 on page 4).
 - e. Original documentation of the surety obtained (see item 11 on pages 5-7).
 - f. Photocopy of the driver license or other government-issued identification for each individual listed in item 12a (page 6 & 7).
 - g. Submit completed fingerprint card(s) with this application. NOTE: All fingertips must be fingerprinted. A completed fingerprint card is required for all named individuals listed in item 12a (see item 12c on page 7). The Background Check Fee is \$20.00 (payable to the Division) per person for each individual named in 12a.
 - h. A product/service price list (if necessary per item 19a on page 11) and sample copies of all materials that will be provided to consumers in connection with Applicant's marketing of products/services (see item 19b on page 11).
 - i. A copy of any rules, regulations, terms, restrictions, or conditions that apply to a prize, bonus, award, or gift that Applicant is/will be marketing (see item 21 on page 12).
 - j. A copy of Applicant's written policy for compliance with federal Do-Not-Call rules (see item 22 on page 12).
 - k. A copy of each sales script/sales presentation that will be used by Applicant (see item 23 on page 11 & 12).

3. Return your completed application form and all attachments to:

Utah Department of Commerce
Division of Consumer Protection
160 East 300 South, 2nd Floor
PO Box 146704
Salt Lake City, UT 84114-6704

Applicant Business Name: _____

1. Business Type:

Corporation; (attach Articles of Incorporation)

Limited Liability Company; (attach Articles of Organization)

General Partnership; (attach copy of Partnership Agreement)

Sole Proprietorship; (attach copy of fictitious business name filing)

Limited Partnership; (attach copy of Partnership Agreement)

Other (Explain here)

2. **State in which Applicant is legally incorporated/organized for business:** _____
 Attach a copy of the Applicant's Articles of Incorporation or other organizational documents that show Applicant's current legal status.

3. **Application Contact Person:** _____
Phone Number: _____ **E-mail:** _____

Mailing Address: _____
 Street

 City State Zip code

4. **Applicant's Principal Business Address:** _____
 Street

 City State Zip Code

 Principal Business Phone Number Principal Business Fax Number

5. **List any other business address(es) where the Applicant has conducted telemarketing activities over the past ten (10) years.**
 Copy this page if you are required to list more than three other business addresses.

Effective date	Name	Address (if different)	City	State	Zip Code

6. **List all names and addresses under which the Applicant has EVER done business or intends to do business (The Applicant's "D.B.A.s").**
 Copy this page if you are required to list more than three other business names:

Effective date	Name	Address (if different)	City	State	Zip Code

7. List all affiliated organizations of the Applicant, including any Trade Name(s) used.

Copy this page if you are required to list more than three organizations.

Name	Address (if different)	City	State	Zip Code

8. List all organizations that are affiliated with the Applicant, if not already disclosed above.

Copy this page if you are required to list more than three affiliated organizations.

Name	Address (if different)	City	State	Zip Code

9. HAS THE APPLICANT OR ANY OF THE ENTITIES LISTED IN ITEMS 6, 7, OR 8 ABOVE EVER APPLIED FOR A UTAH TELEMARKETING PERMIT AND BEEN DENIED?

YES

NO

If you answered "Yes" to this question, you must attach to this application a copy of each notice of denial. If you answered "No" to this question, attach a copy of all prior telemarketing permits.

10. Provide the following information for the Registered Agent* of the Applicant and attach a copy of a current driver license or valid government-issued photo identification card (if agent is an individual) or a Certificate of Existence (if agent is a corporation).

Name

Street Address

City

State

Zip Code

Telephone Number

Facsimile Number

***NOTE: The registered agent is a person or business who is authorized by the Applicant to receive service of process if the Applicant is named in a lawsuit. The registered agent must reside in this state. The Applicant must have a registered agent designated at all times. Failure to comply with this requirement will result in the denial of a registration application or the suspension of an issued permit, as applicable.**

11. Surety requirement: Please mark the appropriate box indicating the type of surety being provided in satisfaction of U.C.A. §13-26-3.

Bond

Letter of Certificate

Certificate of Deposit

a. Determine which statement below applies to the Applicant's circumstances:

If the following statement applies, Applicant must obtain surety in the amount of \$50,000.

- Neither the Applicant nor any person affiliated with the Applicant has, within the three-year period preceding the date of this application, been found in an administrative, civil, or criminal proceeding to have violated Utah's laws governing telephone solicitation.

If the following statement applies, Applicant must obtain surety in the amount of \$75,000.

- Either the Applicant or a person currently affiliated with the Applicant has, within the three-year period preceding the date of this application, been found in an administrative, civil, or criminal proceeding to have violated Utah's laws governing telephone solicitation.

Attach the original surety document, or copy if this is a renewal.

b. Complete this section if Applicant is submitting a **BOND**:

Date of bond: _____ Bond expires: _____

Name Surety Company: _____

Address of Surety Company: _____

Telephone and fax number of Surety Company: _____

Registered on Treasury list: Yes No

Attach the original bond document or Power of Attorney renewal if it is a renewal surety bond certificate.

A. Complete this section if Applicant is submitting a **LETTER OF CREDIT**

Date of letter of credit: _____ Letter of credit expires: _____

Name of Utah Bank: _____

Address of Utah Bank: _____

Telephone and fax number of Utah Bank: _____

Attach the original letter of credit or renewal if it is a continuation certificate.

B. Complete this section if Applicant is submitting a **CERTIFICATE OF DEPOSIT**.

Date of certificate of deposit: _____ Certificate of deposit expires: _____

Name of Utah Bank: _____

Address of Utah Bank: _____

Telephone and fax number of Utah Bank: _____

Attach the original certificate of deposit or renewal if it is a continuation certificate.

12.

a. Provide complete information for EACH of the Applicant's:

- Owners
- Officers
- Directors
- Key employees (employees that are responsible for the daily operations of the business)
- Members
- Principals
- Trustees
- General partners
- Limited partners
- Managers
- Proprietors
- Controlling interest holders

FULL LEGAL NAME

Residential Street Address

City State Zip

Telephone Number

Birth Date Birth Place

Social Security Number

Driver's License No. State Issued

FULL LEGAL NAME

Residential Street Address

City State Zip

Telephone Number

Birth Date Birth Place

Social Security Number

Driver's License No. State Issued

FULL LEGAL NAME

Residential Street Address

City State Zip

Telephone Number

Birth Date Birth Place

Social Security Number

Driver's License No. State Issued

FULL LEGAL NAME

Residential Street Address

City State Zip

Telephone Number

Birth Date Birth Place

Social Security Number

Driver's License No. State Issued

FULL LEGAL NAME

Residential Street Address

City State Zip

Telephone Number

Birth Date Birth Place

Social Security Number

Driver's License No. State Issued

FULL LEGAL NAME

Residential Street Address

City State Zip

Telephone Number

Birth Date Birth Place

Social Security Number

Driver's License No. State Issue

- b. Attach a copy of a current driver license or valid government-issued photo identification card for each individual listed in response to item 12a.
- c. **FINGERPRINT PROCESS:** To complete the criminal background check with the Division for each above-named individual, please go to your local police department and request to be fingerprinted. You are responsible to pay any fees the police department may charge for this service. You must submit each completed fingerprint card(s) with your application to the Division.
- d. **HAVE ANY OF THE INDIVIDUALS LISTED IN ABOVE EVER APPLIED FOR A UTAH TELEMARKETING PERMIT AND BEEN DENIED?**

YES NO

If you answered "Yes" to this question, you must attach to this application a copy of each notice of denial. If you answered "No" to this question, attach a copy of all prior telemarketing permits for that individual.

Does the Applicant have one or more merchant accounts? YES NO

If you marked "Yes," provide the following information for **EACH** merchant account.

Merchant Account Number

Institution that Issued or Holds Merchant Account

Merchant Account Issuer/Holder Address

Merchant Account Issuer/Holder Telephone Number

Name of Applicant's primary contact for Merchant Account

Address of Applicant's primary contact for Merchant Account

Telephone Number of Applicant's primary contact

Social Security # of Applicant's primary contact

Date of Birth Place of Birth

Merchant Account Number

Institution that Issued or Holds Merchant Account

Merchant Account Issuer/Holder Address

Merchant Account Issuer/Holder Telephone Number

Name of Applicant's primary contact for Merchant Account

Address of Applicant's primary contact for Merchant Account

Telephone Number of Applicant's primary contact

Social Security # of Applicant's primary contact

Date of Birth Place of Birth

Copy this page if you are required to list more than two accounts.

13. **Have any other licenses or permits been issued in Applicant's name besides the one currently being applied for?**

YES

NO

If you marked "Yes," provide the following information for **EACH** license or permit. Copy this page if you are required to list more than two licenses or permits.

License Number

License Number

Issue Date

Issue Date

Expiration Date

Expiration Date

Issuing State

Issuing State

Issuing Agency

Issuing Agency

14. **Has Applicant EVER had a work card, business license, or trade license revoked, suspended or cancelled for any reason?**

YES

NO

If you marked "Yes," provide the following information for **EACH** action. Copy this page if you are required to list more than two actions.

Date of action

Date of action

State/agency

State/agency

Reason for action

Reason for action

15. **Disclosure of criminal history and regulatory actions.**

a. **Has any individual identified in item 12 (page 6 & 7) EVER been convicted of, pled nolo contendere to, or entered a plea in abeyance to a criminal charge alleging or involving racketeering, fraud, theft, embezzlement, fraudulent conversion, misappropriation of property, or moral turpitude?**

YES

NO

If you marked "Yes," provide the following information for **EACH** criminal case. Copy this page if you are required to list more than one case.

Name of Defendant

Court in which the case was filed

Docket or case number

Date of final order/resolution

b. Has any individual identified in item 12 (page 6 & 7) EVER had a final judgment or order (including a stipulation, settlement, or consent order) entered against him/her in a civil or administrative action alleging racketeering; fraud; theft; embezzlement; use of untrue or misleading representations in an attempt to sell or dispose of real or personal property; use of unfair, unlawful, or deceptive business practices; or violation of telemarketing law?

YES

NO

If you marked "Yes," provide the following information for **EACH** civil or administrative case. Copy this page if you are required to list more than one case.

Name of Respondent

State court or agency with which the case was filed

Docket or case number

Date of final order/resolution

c. Has any individual identified in item 12 (page 6 & 7) EVER been the subject of an injunction or a cease and desist order for the purpose of prohibiting a business activity relating to a professional license?

YES

NO

If you marked "Yes," provide the following information for **EACH** injunction or order. Copy this page if you are required to list more than one case.

Name of Respondent/Defendant

State court or agency that entered the injunction/order

Docket or case number

Date of injunction/order

d. Has any individual identified in item 12 (page 6 & 7) EVER been found in violation of a law, federal regulation, or state rule as determined in a criminal, civil, or administrative proceeding? Misdemeanor traffic violations, traffic citations, and parking offenses are not required to be disclosed.

YES

NO

If you marked "Yes," provide the following information for **EACH** violation. Copy this page if you are required to list more than two violations.

Name of Respondent/Defendant

State court or agency with which the complaint was filed

Docket or case number

Date of final order

Name of Respondent/Defendant

State court or agency with which the complaint was filed

Docket or case number

Date of final order

e. Is any individual identified in item 12 (page 6 & 7) CURRENTLY under investigation for a crime (other than misdemeanor traffic violations, traffic citations, and parking offenses) or for a violation of state laws or regulations governing a business or professional license?

YES

NO

If you marked "Yes," provide the following information for EACH case. Copy this page if you are required to list more than one case.

Name of Respondent/Defendant

State court or agency with which the case is filed

Docket or case number

Date of next scheduled proceeding

16. Identify each location from which Applicant will dial telephone numbers.

Copy this page if you are required to list more than three locations.

A.

Address City State Zip

Contact Person

Contact person's telephone number

Telephone numbers from which incoming calls may be received at this address.

B.

Address City State Zip

Contact Person

Contact person's telephone number

Telephone numbers from which incoming calls may be received at this address.

C.

Address City State Zip

Contact Person

Contact person's telephone number

Telephone numbers from which incoming calls may be received at this address.

17. Identify each location from which Applicant will conduct business, including mail drop locations, administrative offices, and fulfillment and processing centers.

Copy this page if you are required to list more than three locations.

A. _____
Address City State Zip

Contact Person Contact person's telephone number

All telephone numbers from which incoming calls may be received at this address.

B. _____
Address City State Zip

Contact Person Contact person's telephone number

All telephone numbers from which incoming calls may be received at this address.

C. _____
Address City State Zip

Contact Person Contact person's telephone number

All telephone numbers from which incoming calls may be received at this address

18. List all businesses for whom the Applicant will provide telemarketing services:

Copy this page if you are required to identify more than eight businesses.

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

19.

- a. Provide a complete, detailed description of each product or service that Applicant will be offering for sale through its telemarketing efforts.

Copy this page if you are required to identify more than one product or service.

Description of product/service

Supplier or Fulfiller of product/service

Price of each unit (or attach a product/service price list).

Conditions or restrictions that apply to the sale

Warranties that apply to the sale

- b. **SAMPLE COPIES OR ELECTRONIC ACCESS TO ALL MATERIALS PROVIDED TO CONSUMERS IN CONNECTION WITH THE MARKETING OF THE PRODUCTS/SERVICES IDENTIFIED ABOVE.**

YES

NO

20. Do any rules, regulations, terms, restrictions, or conditions apply to a prize, bonus, award, gift, or premium that Applicant is/will be marketing?

YES

NO

If you answered "Yes" to this question, attach a copy of the rules etc.

21. Does Applicant have in place internal procedures for maintaining a list of consumers who ask not to be called and for honoring such requests for five years (see 47 CFR § 64.1200(d))?

YES

NO

If you answered "Yes" to this question, attach a copy of Applicant's written policy for compliance with the federal Do-Not-Call rules.

22. Attach copies of all sales and verification script in order of sales presentation.

NOTE: Under Utah law (UCA §13-26-11(1)(f)), a telemarketer **MUST** at the time of a solicitation orally advise a purchaser of the purchaser's right to cancel. Therefore, this application will **NOT** be approved unless the Applicant's script(s) and sales presentation(s) include the following, highlighted for easy identification:

- The following language: **“In addition to any right to otherwise revoke an offer, you, the purchaser, may cancel this sale up to midnight of the third business day after the receipt of the merchandise or premium, whichever is later.”**
- Instructions for how a consumer may exercise the three-day right to cancel, including the following:
 - Clear disclosure that a cancellation must be made in writing
 - The company's full mailing address
 - The company's fax number or e-mail address
- Information about any refund policy that goes into effect after the three-day right to cancel ends.
- The solicitor’s true name, telephone number, and complete street address at the time of solicitation.

23. DISCLOSURE: Has the applicant EVER conducted telemarketing activities in Utah without a permit? Telemarketing activities that require a permit include engaging in telephone solicitations originating in Utah and conducting telephone calls into Utah.

YES

NO

If you answered "Yes" to this question, provide the following information:

Dates during which unregistered telemarketing was conducted

Number/volume of calls made prior to registration

Number of completed sales made prior to registration

24. Does the Applicant agree to correct this application within 30 calendar days of any information becoming incomplete, incorrect, or materially changed?

YES

NO

25. SIGNATURE/ACKNOWLEDGMENT: to be effective, this application must be signed by all of the individuals listed in item 12 (page 6 & 7).

Each of the undersigned, by his or her signature, swears and affirms under penalty of perjury that the information submitted in this application is true, accurate, complete, and not misleading; and acknowledges and affirms that no telemarketing solicitations will commence until a permit is RECEIVED from the Utah Division of Consumer Protection.

Date:

Signature

Printed Name

Position Held

Date:

Signature

Printed Name

Position Held

Date:

Signature

Printed Name

Position Held

Date:

Signature

Printed Name

Position Held

Date:

Signature

Printed Name

Position Held

Date:

Signature

Printed Name

Position Held

Copy this signature page if you are required to provide signatures from more than six individuals.

APPLICANT’S REGISTRATION WILL EXPIRE ON THE DATE INDICATED ON THE PERMIT