



SEND NO FEE

All professional fundraisers shall return this completed statement within 15 days after the hire of each solicitor to:
Missouri Attorney General's Office • Attention: Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

A confirmation letter containing your reference number was sent when you first registered. Call 573-751-1197 if you don't know it.

PFR File Reference No. _____

Organization _____

Solicitor Information

NAME _____ PHONE NO. () - -

ADDRESS _____
Street City State Zip County

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM-DD-YY) _____

PREVIOUS WORK EXPERIENCE OVER PAST FIVE YEARS (EXCLUDE PROFESSIONAL FUNDRAISING)

NAME OF EMPLOYER _____ JOB TITLE _____ JOB LENGTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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ADDRESS _____ CITY _____ STATE _____ ZIP _____

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ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF EMPLOYER _____ JOB TITLE _____ JOB LENGTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PREVIOUS WORK AS SOLICITOR FOR FUNDRAISING ORGANIZATION (INCLUDE HOW PAID SUCH AS RATE PER HOUR OR % OF FUNDS)

NAME OF ORGANIZATION _____ WAGE TERMS _____ JOB LENGTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF ORGANIZATION _____ WAGE TERMS _____ JOB LENGTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF ORGANIZATION _____ WAGE TERMS _____ JOB LENGTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF ORGANIZATION _____ WAGE TERMS _____ JOB LENGTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____



Solicitor Background Check

ARE YOU LICENSED BY, REGISTERED WITH, OR HAVE A PERMIT FROM ANY OTHER GOVERNMENTAL AGENCY FOR SOLICITING FUNDS? NO YES If "yes," provide the following:

GOVERNMENTAL AGENCY _____ AUTHORIZATION DATE (MM-DD-YY) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

GOVERNMENTAL AGENCY _____ AUTHORIZATION DATE (MM-DD-YY) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HAS ANY LICENSE OR PERMIT BEEN DENIED, CANCELED OR REVOKED, OR ACTION TAKEN AGAINST YOU RELATING TO FUND SOLICITATION? NO YES If "yes," provide the following:

GOVERNMENTAL AGENCY BRINGING ACTION _____ DATE OF ACTION (MM-DD-YY) _____

AGENCY ADDRESS _____ CITY _____ STATE _____ ZIP _____

NATURE OF ACTION _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING THE MISAPPROPRIATION, MISUSE, OR MISAPPLICATION OF SOMEONE ELSE'S MONEY? NO YES If "yes," provide the following:

COURT NAME _____ DATE CONVICTED (MM-DD-YY) _____

COURT ADDRESS _____ CITY _____ STATE _____ ZIP _____

NATURE OF OFFENSE _____

Solicitor Verification Statement

Being duly sworn deposes and states that s/he is the individual who has made the foregoing Solicitor statement, as required by 15 CSR 60-3.060; and s/he has read the statement, and knows the contents, thereof; and s/he understands that this statement was made for the purpose of complying with the registration requirements for the professional fundraising organization.

Printed Name _____

Authorized Signature _____

Notary

Subscribed and sworn to before me, this _____ day of _____, 20 _____

Notary Public Signature _____

This information must be mailed to the Attorney General's Office within 10 days of the employee's hire date:
Missouri Attorney General's Office, Attention: Registration Specialist, P.O. Box 899, Jefferson City, MO 65102