Missouri NO CALL

Catherine L. Hanaway
MISSOURI ATTORNEY GENERAL

ago.mo.gov
866-289-9633

Telemarketer Application Form

Application is hereby made to obtain access to the No-Call Missouri list. Please complete and mail this form to:
Missouri Attorney General's Office • No-Call Missouri • P.O. Box 861 • St. Louis, MO 63188

Organization

NAME OF ORGANIZATION _____

NAME OF AFFILIATES OR SUBSIDIARY COMPANIES ASSOCIATED WITH YOUR COMPANY

THEIR PHONE NUMBER

_____ ( ) -

_____ ( ) -

BILLING INFORMATION

ADDRESS _____ (Street) _____ (City) __ (State) _____ (Zip)

E-MAIL _____

PHONE ( ) - FAX ( ) -

DELIVERY INFORMATION

AN E-MAIL WILL BE SENT TO THE ADDRESS BELOW WITH ACCESS TO THE NO-CALL MISSOURI LIST.

E-MAIL _____

Registered Agent

NAME OF REGISTERED AGENT FOR SERVICE OF PROCESS _____

ADDRESS _____ (Street) _____ (City) __ (State) _____ (Zip)

E-MAIL _____

PHONE ( ) - FAX ( ) -

LIST ANY TRADE, ASSUMED OR FICTITIOUS NAME USED BY THE APPLICANT

PHONE NUMBER USED

_____ ( ) -

Fee

Sign and mail this application and a check or money order for **$50 for each area code per quarter** or **$300 for all six area codes per quarter** to: Missouri Attorney General's Office • No-Call Missouri • P.O. Box 861 • St. Louis, MO 63188

PAYMENT ENCLOSED FOR (Check time periods and area codes)

☐ YEAR OR ☐ QUARTER 1 ☐ QUARTER 2 ☐ QUARTER 3 ☐ QUARTER 4

☐ ALL AREA CODES OR ☐ 314/557 ☐ 417 ☐ 573 ☐ 636 ☐ 660 ☐ 816/975

If correct payment is not sent, application will be returned.

Confidentiality Agreement

I/We will comply with sections 407.1095-407.1113 RSMO and any rules promulgated thereunder, including but not limited to the use of this list for the sole purpose of complying with this law.

I/We will notify Missouri No-Call Register within 30 days of any material change relative to this application or information contained therein. **Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this application and all attachments are true and correct to the best of my knowledge and belief.**

NAME OF COMPANY _____ DATE __ / __ / 20__ (MM / DD/ YYYY)

SIGNATURE _____ (Authorized Representative) TITLE _____

Modified August 2025