

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

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OCR-103 Revised 10/2020

REGISTRATION STATEMENT FOR PROFESSIONAL FUNDRAISING COUNSEL
FORM 103

Please choose the type of registration:

<input type="checkbox"/>	Initial Registration
<input type="checkbox"/>	Annual Renewal

NOTE: Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** year.

1. Primary Name: _____

2. List any other names under which you may conduct business in Virginia (use additional sheet if needed):

3. **Physical Address:** _____

City: _____ State: _____ Zip: _____

Phone: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

4. Contact Information:

Contact Name: _____

Contact email address*: _____ Contact Phone: _____

Internet/URL: _____

Do you prefer to be contacted via email? Yes No

***The email address entered above will be used for correspondence/notifications unless an alternate email address is indicated here:** _____

5. Business Type (Check One):

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC
<input type="checkbox"/> Other: _____	

6. Date of incorporation or formation: _____

7. Location where the organization was legally established: _____

City

State

8. List addresses and telephone numbers of any other offices located in Virginia:

9. Name and address of designated agent located within the Commonwealth of Virginia for receipt of process (service of legal documents). **NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.**

Name and Company Name

Address

City	State	Zip Code
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10. Has any person employed by the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes No **If "Yes,"** attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

11. Is the organization, or any employee of the organization, **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes No **If "Yes,"** attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

12. Has the fundraising counsel filing this registration ever been denied a license, permit or registration by any state or local government?

Yes No **If "Yes,"** provide details.

13. Are any solicitations performed:

➤ Directly by your organization?

Yes No **If "Yes,"** you do not qualify as a Professional Fundraising Counsel. **Use Form 104.**

➤ Through organizations or persons under your organization's direction, other than the charitable or civic organization for which you consult?

Yes No **If "Yes,"** you may not qualify as a Professional Fundraising Counsel. Attach a listing of the organizations and/or persons under your direction and copies of all related contracts.

14. Are any of the members, partners, officers, directors or executive personnel of the fundraising counsel filing this registration, members, partners, officers, directors or executives of, or otherwise associated with, any civic or charitable organization with which this fundraising counsel has contracts?

Yes No **If "Yes,"** provide the following information (use additional pages if necessary):

Name of Individual	Name of Organization	Connection with organization

15. Is the fundraising counsel filing this registration licensed by, registered with, or given a permit by any other state or governmental agency for the purpose of consulting with a civic or charitable organization?

Yes No **If "Yes,"** name the agencies (use additional pages if necessary):

16. Attach a list of the names, addresses and Federal Employer Identification numbers (FEIN) of all charitable and civic organizations with which your organization has current contracts and list the dates (from mo/yr, to mo/yr) that each contract covers.

17. Attach a list of officers and directors if the organization is a corporation or the names of the partners or principal owner and executive personnel if it is a partnership or sole proprietorship.

18. Attach a copy of all signed contracts between your organization and each charitable or civic organization not previously filed with the Commissioner.

Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the soliciting of charitable contributions. If you do not provide this information, you may not solicit in Virginia.

REQUIRED ATTACHMENTS

I (We) have attached the following required attachments (Check all that apply):

<input type="checkbox"/>	Remittance form and check for \$100, made payable to "Treasurer of Virginia."
<input type="checkbox"/>	Copies of any applicable Court Orders (Questions 10 & 11)
<input type="checkbox"/>	Details of any denials (Question 12)
<input type="checkbox"/>	A list of states with which the organization is registered. (Question 15)
<input type="checkbox"/>	A list of the names, addresses and EINs of all charitable and civic organizations with which your organization has current contracts and list the dates (from mo/yr, to mo.yr) that each contract covers. (Question 16)
<input type="checkbox"/>	Listing of officers and directors or partners (Question 17)
<input type="checkbox"/>	Copies of signed contract(s) between your organization and each charitable or civic organization not previously filed with the Commissioner. (Question 18)

OATH OR AFFIRMATION

I, the undersigned, swear or affirm under penalties provided by law that this Registration Statement (including any accompanying appendices) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement for the CURRENT year, pursuant to the laws of the Commonwealth of Virginia. **NOTE: Original/wet signatures are required. Copies or digital signatures will not be accepted.**

Signature of sole proprietor or officer

Print name

Title

Daytime telephone number

Date

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

Notary Public's signature

Commission expires (date)