

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

PO Box 1163 - Richmond, VA 23218  
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-121 Revised 11/12

**CONSENT TO SOLICIT  
FORM 121**

**SECTION I. GENERAL INFORMATION**

Pursuant to §57-57(F) of the Code of Virginia (1950), as amended, the undersigned hereby gives consent to:

Name of professional solicitor: \_\_\_\_\_

Address of professional solicitor: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

and his agent or subcontractor, if any:

Name of subcontractor: \_\_\_\_\_

Address of subcontractor: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

to solicit charitable contributions for the organization listed below, or to use its name in the solicitation of contributions.

\_\_\_\_\_  
Name of charitable or civic organization sponsoring the campaign

\_\_\_\_\_  
Address of charitable or civic organization sponsoring the campaign

\_\_\_\_\_  
City State Zip Code

This consent shall be valid for a period not to exceed one year, as follows:

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr.

**SECTION II. SIGNATURES OF OFFICERS OF THE CHARITABLE OR CIVIC ORGANIZATION**

Two (2) officers must sign this authorization. The original must then be filed with the Office of Charitable and Regulatory Programs. Copies will not be considered as filed.

\_\_\_\_\_  
Signature of first officer

\_\_\_\_\_  
Signature of second officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date: mo. / day / yr.

\_\_\_\_\_  
Date: mo. / day / yr.

**SECTION III. SIGNATURES OF PROFESSIONAL SOLICITORS AND SUBCONTRACTORS**

As required by §57-57(F) of the Code of Virginia, the professional solicitor and any subcontractor must sign this form and keep a copy of this authorization with him when making solicitations and exhibit it upon request to persons solicited, police officers, or agents of the Commissioner of the Virginia Department of Agriculture and Consumer Services.

\_\_\_\_\_  
Signature of professional solicitor

\_\_\_\_\_  
Signature of subcontractor

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date: mo. / day / yr.

\_\_\_\_\_  
Date: mo. / day / yr.