

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

P.O. Box 526 - Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-103 Revised 6/15

**REMITTANCE FORM
Professional Fundraising Counsel
Form 103**

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: _____

Address: _____

Registration Fee: \$100.00 (910-02681)

Check Number: _____

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH THE COMPLETED REMITTANCE FORM TO THE FRONT OF THE REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

**Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526**

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

P.O. Box 526 - Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

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:

3. Primary address: _____

City State Zip Code

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

b. Other contact information: _____
Telephone, including area code Fax, including area code

Internet URL

Organization's official e-mail address*

c. Do you prefer to be contacted via e-mail?

Yes No

***The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here:**

5. Type of Organization: Corporation Partnership

Other (specify): _____

6. Date of incorporation or formation: _____
MM/DD/YYYY

7. Location where the organization was legally established:

City State

8. Name and address of designated agent for receipt of process within the Commonwealth of Virginia:

Name

Address

City State Zip Code

9. Please 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.
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. 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:

13. 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.

14. 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 fundraising counsel. Attach a listing of the organizations and/or persons under your direction and copies of all related contracts.

15. Attach a list of the names and addresses 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.

16. 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

17. 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.

18. The registration fee for professional fund-raising counsel is \$100.00. Please make check payable to "**Treasurer of Virginia**" and attach it to the front page of the form.

19. **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.

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

My commission expires (date)

REQUIRED ATTACHMENTS

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

	Item
	Remittance form and check for \$100, made payable to "Treasurer of Virginia."
	Listing of officers and directors or partners.
	Copies of any applicable Court Orders.
	A listing of any organizations and/or persons under your direction and copies of all related contracts.
	A list of the names and addresses 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.
	Copy of signed contract(s) between your organization and each charitable or civic organization not previously filed with the commissioner.