



**STATE OF NORTH CAROLINA DEPARTMENT  
OF THE SECRETARY OF STATE**

ELAINE F. MARSHALL CHARITABLE SOLICITATION LICENSING DIVISION - APPLICATION SIGNATURE PAGE SECRETARY OF STATE

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date of On-line Submission: \_\_\_\_\_

Address: \_\_\_\_\_

Organization Name: \_\_\_\_\_ License Number (If Applicable) \_\_\_\_\_

**By signing below, I acknowledge and certify the following with the electronic submission of this form:**

1. Applicant is retained by a charitable organization for a fixed fee or rate under a written agreement to plan, manage, conduct, consult, or prepare material for the solicitation of contributions in the State of North Carolina.
2. Applicant does not solicit contributions or employ, procure, or engage any person to solicit contributions.
3. Applicant does not at any time have custody or control of contributions.
4. That I will maintain a paper original inked, signed, and notarized signature page in my own records for three years as required by N.C.G.S. §131F-32.
5. The records shall be made available to the Department for inspection and shall be furnished no later than 10 days after the request was made as required by N.C.G.S. §131F-32.
6. The ten (10) days review period for CSL to approve or deny this license application per N.C.G.S. §131F-5 SHALL NOT BEGIN until the date on which CSL receives a completed application, including this fully completed notarized signature page.

**APPLICANT SIGNATURE: To be signed in the presence of a Notary Public who has administered the following oath:**

**I swear or affirm that the applicant meets the requirements of N.C.G.S. §131F-2(10) for acquiring and maintaining a North Carolina Fund-raising Consultant License and that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.**

Signature: \_\_\_\_\_

Signer's Name (Print): \_\_\_\_\_ Signer's Title (Print): \_\_\_\_\_

**NOTARIZATION:**

In County \_\_\_\_\_ State \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_

Notary Public's Signature: \_\_\_\_\_

Notary Public's Name (Print): \_\_\_\_\_

Date Notary Public's Commission Expires: \_\_\_\_\_

**Please place notary stamp or seal imprint beside this line: (Notary Seal must be legible otherwise, application will be denied)**

**THIS FORM IS TO BE SUBMITTED AT THE TIME OF APPLICATION**  
**Complete notarized signature form prior to starting a charitable solicitation application for licensure.**  
**This notarized signature form must be submitted with application.**

Forms may NOT be faxed or emailed. Questions??? Call (919) 814-5400