



**State of Louisiana
Board of Regents**
Division of Planning, Research &
Performance
Proprietary Schools
P.O. Box 3677
Baton Rouge, LA 70821-3677

PERMIT
NO: _____
DATE: _____

Application for Solicitor Permit

Please remit completed application and a non-refundable licensure fee in the form of a check or money order in the amount of one hundred dollars (\$100), made payable to the Board of Regents, and documentation of bonding in the amount of one thousand dollars (\$1,000). A separate form must be submitted per applicant, per location. Incomplete forms will not be processed.

PLEASE TYPE OR PRINT

Section A

DATE: ___/___/___

Name: _____
Last First M.I.

Address: _____
Street No. or P.O. Box City State Zip

Telephone : () _____

Name & Address of school you will represent: _____

EMPLOYMENT HISTORY

Employer (<i>List employment over past five years</i>)	Job Title	Start Date	End Date

(Attach additional sheets if necessary)

EDUCATION

Did you receive a high school diploma or equivalency certificate: Y () N () If yes, year received: _____

Name and location of high school awarding diploma or GED: _____

College or University (<i>Name & Location</i>)	Dates Attended	Degree Received

(Attach additional sheets if necessary)

Other Schools Attended - (<i>Business, Trade, Military, etc.</i>)	Dates Attended	Course	Diploma / Cert.

(Attach additional sheets if necessary)

THREE (3) REQUIRED REFERENCES

Name	Address and Phone Number

Have you ever plead guilty or been found guilty of a felony or crime involving moral turpitude. (*If "yes", attach a detailed explanation*) Yes _____ No _____

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE

SUBSCRIBED TO AND SWORN TO IN MY PRESENCE THIS _____ DAY OF

_____, 20_____

(Signature of Applicant)

(Signature and Seal of Notary)

Section B

EMPLOYER'S CERTIFICATE
(To be completed by school official)

Proposed Date of Employment:

I certify that _____ will be in my employment after approval by the Board of Regents and that he/she will be located at the following address while soliciting in Louisiana:

Physical Address:

Street No. _____ City _____ State _____ Zip _____

Mailing Address:

P.O. Box _____ City _____ State _____ Zip _____

Telephone:

() _____

I further certify that if there are any changes in the above information, I shall notify the Board of Regents immediately.

Name of School Official	Title	Date	Signature