Department of Citizen Services

OFFICE OF CONSUMER AFFAIRS

6751 Columbia Gateway Drive, Box 220
Columbia, MD 21046
410-313-6420

Application for **Solicitor/Peddler** Identification Card(s)-**Code of Ethics Exception Group**
(Please Print or Type and **circle solicitor or peddler**)

FEE IS NON-REFUNDABLE

Name of Company, Firm, Corporation or Partnership (circle appropriate one):

_____

Address:_____

_____ Telephone: _____

Name and Title of the Chief Executive Officer of the Company, Firm, Corporation or Partnership

_____

Executive Designated to Administer Ethic Code Policy Statements

Name _____ Title _____

Address _____

Telephone No. _____

Resident Agent's Name _____

Address _____

Telephone No. _____

Other Name(s) under which the Firm trades or operates (Give address if other than what is listed under firm address above):

1. _____

2. _____

3. _____

Description of Product or Service _____

_____

Number of IDs Requested _____

Name, personal address, telephone no.(s), work area, and work date(s) of representative(s) authorized to receive the identification card(s):

_____

_____

_____

Vehicle used by each Representative:

1. Model _____	2. Model _____	3. Model _____
Year _____	Year _____	Year _____
Color _____	Color _____	Color _____
State Registered_____	State Registered_____	State Registered _____
License # _____	License # _____	License # _____

Has your organization ever had an ID, license, or registration, revoked, denied, or suspended in Howard County or any other jurisdiction? Yes _____ No _____

If Yes, please explain circumstances _____

_____

_____

If a member of a Trade Association, please include Name of Trade Association:

_____

Address _____

Telephone _____

I CERTIFY THAT THE INFORMATION THAT HAS BEEN PROVIDED FOR THIS REGISTRATION (S) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____

Signature* **Title**

*Must be signed by Chief Executive Officer of the Company, Firm, Corporation or Partnership