

LOBBYING – APPLICATION FOR CAL-ONLINE LOGON AND PASSWORD

1. Type of filer for which ID and password are requested for: *(check one)*

- Lobbying Firm Lobbyist Employer / Coalition Lobbyist
 Payment to Influence Filer Client of a Lobbying Firm

2. The filing entity's name for which an ID number and password are requested is:

Full Name _____ Phone _____ ID# (if known) _____

Street Address _____ City _____ State _____ Zip Code _____

Responsible Officer (**Required**, unless filer is a Lobbyist)

3. I am submitting this application as a: *(check one)*

- Responsible Officer Lobbyist
 Other *(specify)* _____

4. I am entitled to file lobbying activity documents on behalf of the above entity or person, and hereby apply for the issuance of a logon ID number and a password in order to file lobbying activity documents online/electronically. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: _____
Date Printed Name

Signature X _____

Phone _____ Email Address _____ Fax (if applicable) _____

5. Return password information via: Email Fax Number

NOTE: Any online or electronic filing, by an approved vendor or otherwise, is presumed to be filed under penalty of perjury (Government Code §84605(h)).

**Fax application to 916-653-5045 or
Email to PASSWORDREQUEST@SOS.CA.GOV**

Questions?: Email passwordrequest@sos.ca.gov or call the Cal-Online Help Desk 877-745-3453.