

Print Form

Reset Form

LOBBYING – APPLICATION FOR CAL-ONLINE LOGON AND PASSWORD

1. I am submitting this application as a: *(check one)*
 Responsible Officer Lobbyist
 Other *(specify)* _____
2. The name of the lobbying entity for which an ID number and password are requested is:

| | | | |
|----------------|-------|----------------|----------|
| Full name | Phone | ID# (if known) | |
| <hr/> | | | |
| Street address | City | State | Zip code |

3. The filer for which an ID and password are requested is a: *(check one)*
 Lobbying Firm Lobbyist Employer/Coalition Lobbyist
 Payment to Influence Filer Client of a Lobbying Firm
4. If you are requesting an ID number and password for a client of a lobbying firm or employer, indicate the name of the lobbying firm or employer:

5. 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 number | Email address | Fax (if applicable) |
|--------------|---------------|---------------------|

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)).

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

If you have any questions, email passwordrequest@sos.ca.gov or call the Help Line at 916-653-7283 or 877-745-3453.