Lobbying – Application to Obtain Logon ID Number and Password to File Online or Electronically

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GENERAL INFORMATION:

1. A "Sendback" letter is sent only when:
    a. The signature is missing
    b. The signature does not belong to an individual who is required to sign (e.g. A Firm statement must be signed by a Responsible Officer; a Client statement must be signed by a Responsible Officer, CPA or Attorney).
2. In many instances, missing or incomplete information may be found using other sources (e.g. existing record in AMS, other submitted forms, etc.).
3. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter. Any information provided by the filer should also be obtained in writing.

Application to Obtain Login ID Number and Password
Lobbying Entity

Reset Form Print Form

LOBBYING - APPLICATION TO OBTAIN LOGON ID NUMBER AND PASSWORD TO
FILE ONLINE OR ELECTRONICALLY

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

1

☐ Responsible Officer of Lobbyist Employer ☐ Responsible Officer of Lobbying Firm ☐ Lobbyist
☐ Other (specify)_____

2. The name of the filing entity or person for which an ID number and a password are requested is: *(type or print legibly)*

2 3

_____ _____
(full name) (ID# if known)

4

_____ _____ _____ _____
(street address) (city) (state) (zip code)

3. The filer for which an ID number and a password are requested is a: *(check one)*

5

☐ Lobbying Firm ☐ Lobbyist Employer/Coalition ☐ Lobbyist ☐ Payment to Influence Filer
☐ Client of Lobbying Firm
☐ Other (specify)_____

4. If you want to authorize an approved vendor to obtain your ID number and password for you, complete the following:

I intend for an approved vendor or service provider to submit my lobbyist activity documents electronically on my behalf. I hereby authorize:

6

_____
(insert full name of approved vendor/provider)

to obtain my logon filing ID number and password in order to file my documents electronically.

5. If you are requesting an ID number and a password for a new client of a lobbying firm, indicate the name of the **lobbying firm**:

7

_____
(insert full name of **lobbying firm**)

Be sure to immediately amend your lobbying registration on paper with this office to reflect the new addition. It is the submitted paperwork, rather than the online/electronic filings, that will update your online record with the Office of the Secretary of State.

6. If you are requesting an ID number and a password for a new lobbyist of a firm or lobbyist employer, indicate the name of the **lobbying firm or lobbyist employer**:

8

_____
(insert full name of **lobbying firm or lobbyist employer**)

Be sure to immediately amend your lobbying registration on paper with this office to reflect the new addition. It is the submitted paperwork, rather than the online/electronic filings, that will update your online record with the Office of the Secretary of State.

7. I am entitled to file lobbying activity documents on behalf of the above entity or person.

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8. I hereby apply for the issuance of a logon ID number and a password in order to file lobbying activity documents online/electronically.

9. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

9 Executed on _____ (date) at _____ (where signed). 10

11 X_____ (signature) _____ (printed name of signer) 12

14

13 _____ (phone number) _____ (fax number) * _____ (e-mail address if available) 15

*Be sure to include your fax number so that the ID number and the password can be returned to you.

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

FAX THIS APPLICATION TO (916) 653-5045

(BOTH PAGES MUST BE FAXED BEFORE THE APPLICATION CAN BE PROCESSED.)

(If you have questions, call the Help Line at 916-653-7283 or 877-745-3453.)

Print Form

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DATA ELEMENTS

This section provides guidance for reviewing the application form, explaining the data fields the filer must or may complete, and the method used for obtaining missing or incomplete information. It also indicates the location of the corresponding AMS data entry field (if any).

***Methods of Contact (MOC):**
PC –Phone Call
EL – Exception Letter
OC – Other contact (email, fax) – Use email for "overseas/out of country" lobbyists.
SB – Sendback Letter

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Application submittor type: Checkbox	Yes		PC/OC	New Filer/Filer: Title
2	Filing Entity/Person requesting ID number and password: Full Name	Yes		PC/OC	New Filer/Filer: Name
3	Filing Entity/Person requesting ID number and password: ID#	Yes		PC/OC	New Filer/Filer: ID number
4	Filing Entity/Person requesting ID number and password: Street address, City, State, Zip Code	Yes		PC/OC	New Filer/Filer: Address
5	Filer type: Checkbox	Yes		PC/OC	New Filer/Filer: Attribute
6	Name of authorized vendor/provider	Yes		PC/OC	?
7	Full name of Lobbying Firm	Yes	Used when requesting an ID#/password for a new client of a lobbying firm.	PC/OC	New Filer/Filer: Name
8	Full name of Lobbying Firm or Lobbyist Employer	Yes	Used when requesting an ID#/password for a new lobbyist of a firm or lobbyist employer.	PC/OC	New Filer/Filer: Name
9	Attestation: Date	Yes		EL	No field available to enter this data.
10	Attestation: Place where signed	Yes		EL	No field available to enter this data.
11	Attestation: Signature	Yes		SB if missing signature(s) EL if other signature issue	No field available to enter this data.
12	Attestation: Printed name of signer	Yes		EL	No field available to enter this data.
13	Attestation: Phone Number	Yes		PC/OC	No field available to enter this data.
14	Attestation: Fax Number	Yes		PC/OC	No field available to enter this data.
15	Attestation: E-mail address	Yes		PC/OC	No field available to enter this data.

Filing Requirements Checklist

This section provides an explanation of other forms that may have a dependency on this form, or whether this form has any dependencies on other forms.

Attachment Description	Required/ Optional	Comments
None		

Written Notations

This section explains information handwritten or stamped onto the Form.

Entered By	Notation	Comments
None		

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the application form.

Authorized Signer	Comments