Print Form Reset Form

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 _____

   dawnie@capweb.com

   Phone Email Address cc email

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 916-558-1518 or
Email to dawnie@capweb.com

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