

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526 • Richmond, VA 23218-0526  
(804) 786-1343, press option 5 • [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov) • [ocrpregulatory@vdacs.virginia.gov](mailto:ocrpregulatory@vdacs.virginia.gov)

Revised 06/21

REMITTANCE FORM  
EXTENDED SERVICE CONTRACTS

|                         |                   |             |
|-------------------------|-------------------|-------------|
| Annual Registration Fee | _____ \$300 _____ | (960-02200) |
| Late Fees*              | _____ _____       | (960-02799) |
| Total Fees Submitted    | _____ _____       |             |
| Check Number            | _____ _____       |             |

***Make check payable to the Treasurer of Virginia  
Mail to: VDACS, PO Box 526, Richmond VA 23218-0526***

**Company Name and Address:**

**Federal Employer Identification  
Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:** Registration forms that are not properly completed, signed and notarized, will be considered deficient and registration will be withheld until the filing is complete.

If you have any questions or need additional information, please contact us at [ocrpregulatory@vdacs.virginia.gov](mailto:ocrpregulatory@vdacs.virginia.gov) or at (804) 786-1343, press option 5.

**LATE FILING FEES**

**\*Late Fees: Initial registration** - Any obligor who fails to register prior to the sale of an extended service contract shall pay a late fee of \$100 for each 30 day period, or portion thereof, that the registration is late.

**\*Late Fees: Renewal registration** – renewal registrations not postmarked before or on July 1<sup>st</sup> shall include a late annual registration fee in the amount of \$50 for each 30 day period, or portion thereof, that the annual renewal filing is late.

**This office will strive to have your registration application and required documents reviewed within 30 days of the receipt of the registration submission. Before contacting us, please allow sufficient time for review and processing. During higher activity periods, processing time may be longer.**

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**APPLICATION FOR REGISTRATION  
EXTENDED SERVICE CONTRACT PROVIDER/OBLIGOR**

**Check one:**

|                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | <b>INITIAL REGISTRATION</b> |
| <input type="checkbox"/> | <b>RENEWAL REGISTRATION</b> |

**FOR INITIAL REGISTRATIONS:** DATE FIRST CONTRACT OFFERED/SOLD IN VIRGINIA \_\_\_\_\_

**SECTION 1  
APPLICANT INFORMATION**

Full Corporate Name of Entity: \_\_\_\_\_

Doing Business As/Trading As: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website Address: \_\_\_\_\_

Mailing address (if different than Primary address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 2  
PRIMARY CONTACT INFORMATION - ADMINISTRATIVE**

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION 3  
PRIMARY CONTACT INFORMATION – RESOLUTION OF COMPLAINTS**

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION 4  
REGISTRATION INFORMATION**

Type of business:       Corporation                       Partnership                       LLC  
                                  Sole Proprietorship       Limited Partnership

Nature of business: \_\_\_\_\_

State of domicile: \_\_\_\_\_

Company Name and Physical Location (if different) where business records are maintained:

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The obligor, the person contractually obligated to the purchaser, is (please indicate one):

- The original manufacturer or seller of the merchandise covered by the extended service contract
- The seller of the merchandise covered by the extended service contract
- Third party obligor

If you are the third-party obligor, you must supply one of the following (**Please mark as Exhibit A**):

- Your most current Form 10-K or Form 20-F, as filed with the Securities and Exchange Commission;
- A copy of the third party obligor's most recent annual audited financial statement that shows a net worth of at least \$100 million, or
- A copy of a contractual liability insurance policy (CLIP) issued by an insurer authorized to do business in the Commonwealth of Virginia which covers 100% of the obligor's service contract liabilities, including the administration and the cost of administration of those claims, and states the policy cannot be cancelled by either the third party obligor or the issuing insurer without providing 60 days' notice to the Commissioner of the Virginia Department of Agriculture and Consumer Services.

**SECTION 5  
CONTRACT COMPLIANCE INFORMATION**

Pursuant to the requirements under the Virginia Extended Service Contract Act (VESCA), all extended service contracts offered/sold in the Commonwealth are required to contain the following notice, either in the contract itself, or by way of an addendum attached to each contract: "If any promise made in the contract has been denied or has not been honored within 60 days after your request, you may contact the Virginia Department of Agriculture and Consumer Services, Office of Charitable and Regulatory Programs at [www.vdacs.virginia.gov/food-extended-service-contract-providers.shtml](http://www.vdacs.virginia.gov/food-extended-service-contract-providers.shtml) to file a complaint."

Has this notice been included in your contracts offered/sold in Virginia?                      Yes                      No



**DISCLAIMERS AND AFFIDAVITS**

By completing this section and affixing my signature, I hereby state that I am authorized to sign this application on behalf of the applicant, and, to the best of my knowledge, information and belief, there has been no misrepresentation or failure to disclose. I am aware that later discovery of an omission or misrepresentation made in this application, or made on any statement, document, or information may be grounds for denial of the applicant's application or revocation of the applicant's registration, or subject the applicant or personnel to criminal penalties in the Commonwealth of Virginia.

I agree that I will notify the Office of Charitable and Regulatory Programs (OCRCP) of any circumstance that necessitates amending any response provided in this application.

If a liability insurance policy is on file with OCRCP, I understand that I may not cancel this policy or the issuer of the policy may not cancel this policy without providing a minimum 60 days' notice to OCRCP of the cancellation. I further understand that if the policy is cancelled, I must provide a new policy to OCRCP prior to the effective date of the policy cancellation.

I understand that all contracts offered/sold in the Commonwealth of Virginia must contain the following notice clearly and conspicuously: **"If any promise made in the contract has been denied or has not been honored within 60 days after your request, you may contact the Virginia Department of Agriculture and Consumer Services, Office of Charitable and Regulatory Programs at <http://www.vdacs.virginia.gov/food-extended-service-contract-providers.shtml> to file a complaint."**

I understand that effective July 1, 2019, the OCRCP has been given authority under the VESCA (Virginia Extended Service Contract Act) to (i) issue a cease and desist order; (ii) deny, suspend or revoke our registration; or (iii) assess civil penalties of up to \$1,000 per violation as detailed under §59.1-437(D).

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed to before me, a notary public, in and for \_\_\_\_\_  
State, city and/or county

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

**NOTE:**

- The owner, authorized officer or agent must sign this registration application. Registration forms that are not complete and properly filled out, signed and notarized will be considered deficient and registration will be withheld until the filing is complete.

**REGISTRATION APPLICATION CHECKLIST**

Have you enclosed the following items in this filing?

- \$300 registration fee payable to the **Treasurer of Virginia** and attached to the enclosed remittance form.
- **Third party obligors only:**
  - Your most recent 10-K or Form 20-F as filed with the Securities and Exchange Commission (**Mark as Exhibit A**), or
  - Show a net worth of at least \$100 million by providing obligor's most recent annual audited financial statement (**Mark as Exhibit A**), or
  - An insurance policy issued by an insurer authorized to transact business in the Commonwealth of Virginia which covers 100% of the obligor's service contract liabilities including the administration and the cost of administration of claims and a 60 day cancellation notice provision as required by §59.1-437(E) (**Mark as Exhibit A**).

**Effective July 1, 2019**, all contracts offered/sold in the Commonwealth of Virginia must contain the following notice clearly and conspicuously located in the contract: **"If any promise made in the contract has been denied or has not been honored within 60 days after your request, you may contact the Virginia Department of Agriculture and Consumer Services, Office of Charitable and Regulatory Programs at <http://www.vdacs.virginia.gov/food-extended-service-contract-providers.shtml> to file a complaint."**