

**Claim of Exemption from Registration Form and Instructions**

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
TELEPHONE: (860) 713-6170  
EMAIL registration questions to: [dcp.publiccharities@ct.gov](mailto:dcp.publiccharities@ct.gov)  
CPC-54 New (2) Rev. 8-26-14

Office use only

**STATE OF CONNECTICUT  
CLAIM OF EXEMPTION FROM REGISTRATION**

*All required information must be complete before application will be processed  
(This is a 3 page document, including instructions)*

Do not use this registration application to renew a charitable organization registration

**Mail Registration Application to:** Dept. of Consumer Protection  
Attn: Public Charities Unit  
165 Capitol Avenue  
Hartford, CT 06106-1630

**1. Is the organization now or has the organization ever been registered under the Connecticut Solicitation of Charitable Funds Act?**  Yes  No If yes, provide registration number(s) \_\_\_\_\_

**2. Full legal name of the registering organization:**

Name: \_\_\_\_\_

**3. Physical Address:**

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

City/Town State Zip Code

( ) \_\_\_\_\_

Telephone No.

\_\_\_\_\_

Web-site

**Mailing Address (If different):**

In Care of: \_\_\_\_\_  
\_\_\_\_\_

City/Town State Zip Code

( ) \_\_\_\_\_

Telephone No.

\_\_\_\_\_

**4. Names, other than the name given above, under which funds will be solicited (attach a sheet if needed).**

Name(s): \_\_\_\_\_

**\*\*All organizations must provide an email address\*\***

**5. Email Address:** \_\_\_\_\_ @ \_\_\_\_\_

**6. Federal ID Number (EIN):**   -

**7. Where and date of when the organization was legally established? State:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**8. Purpose or mission and programs of the organization for which funds are solicited (attach a sheet if needed):**

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

9. What is the organization's **IRS Tax Exempt Status?** (Check only one answer)

Exempt status approved. Provide copy of IRS Federal Tax Exemption Letter.

Indicate, **Exempt 501 ( c ) code** \_\_\_\_\_ and date of determination \_\_\_\_\_.

Exempt status pending. Provide copy of the filed IRS form 1023 or 1024.

Indicate pending, **Exempt 501 ( c ) code** \_\_\_\_\_ and date of application \_\_\_\_\_.

Not exempt. Will you be applying for tax exempt status?  Yes  No

10. **Important:** Select your organization's exemption reason below:

A duly organized religious corporation, religious institution or religious society.

A parent-teacher association of (name of School) \_\_\_\_\_; or an educational institution, the curricula of which are in whole or in part registered or approved by any State or the United States, either directly or by acceptance of accreditation by an accrediting body.

A non-profit hospital licensed in accordance with the laws of the State of \_\_\_\_\_.

A governmental unit or instrumentality of: (Check one and complete the line if necessary)  
\_\_\_\_ the United States; \_\_\_\_ the state of \_\_\_\_\_; or \_\_\_\_ the town/city of \_\_\_\_\_.

An organization that solicits solely for the benefit of another organization that is described in the numbers 1 through 4 above. If this applies, check the box above that describes the organization for which you solicit and enter its name and address here:

Name: \_\_\_\_\_

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

State/City & Zip Code: \_\_\_\_\_

An organization that normally receives less than \$50,000 in contributions annually and does not compensate any person primarily to conduct solicitations. **Important:** If this applies, be sure to provide an answer to line item 8, which describes the purpose or mission and programs of the organization for which funds are solicited.

11. Provide the names, title, address (street & P.O.) and telephone numbers of the **two signatories of this application below.**

***We hereby certify under penalty of false statement that we are authorized to sign this document for the organization and that the information provided, including all attachments, is true and complete to the best of our knowledge.***

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town                      State                      Zip Code

\_\_\_\_\_  
City/Town                      State                      Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

**\*\*State Law requires two signatures\*\***

## General Instructions

Please type or print all requested information. If the space provided is insufficient please attach a separate sheet and number the response to correspond with each item number. You can also apply online at [www.ct.gov/dcp](http://www.ct.gov/dcp), under online services, select application form and then select Charitable Solicitation to find the link "**Apply Online for Exemption**". Note: An upload of the claim of exemption form with authorized signatures will be required in order to complete the online submission. **No fee required.**

Any organization that solicits contributions for charitable purposes must register with the Department of Consumer Protection prior to the commencement of solicitation and must remain registered at all times during which it solicits funds in Connecticut.

Exempt organizations can qualify for exemption from registration if the organization meets one of the criteria for exemption as outlined on the Claim of Exemption from Registration form CPC-54 New (2). To apply as an exempt organization you will need to complete the Claim of Exemption from Registration form. **No fee required.** This is a one-time filing as long as the organization's status does not change. It is the responsibility of the organization to contact DCP of any changes including status, name and address and changes in authorized officials of the organization.

If your organization does not fall into any of the criteria for exemption the organization will need to complete **The INITIAL Charitable Organization Registration Application Form** as a non-exempt organization. The form can be found on our web-site at [www.ct.gov/dcp](http://www.ct.gov/dcp).

1. **Answer yes or no**, whether the organization is now or has ever been registered in Connecticut. Provide registration number(s) if yes.
2. **Full legal name**, this is also the name that will appear on your certificate. Do not use a contact name.
3. **Physical address and mailing address, if different.** You may use a post office box in addition to your charity's physical address. If the charity has representatives filing registrations on their behalf the charity may use the representing company's mailing address but must still provide the physical address of the charity's location.
4. **Names, in which funds will be solicited under**, other than the name provided on line item two.
5. **Email address** is required. Office uses this method of contact to notify charities of approvals or deficiencies on pending applications or renewal status.
6. **Federal ID number (EIN), must be provided.** Organization's nine digit identification number assigned by the IRS.
7. **Where and date of when organization was legally established.** Indicate state of incorporation or originally established as an organization and date.
8. **Purpose of organization.** Describe the purpose or mission and programs of the organization for which funds are solicited.
9. **IRS tax exempt status.** Determine which best describes the organization's current IRS tax exemption status, as it applies at the time of completion of this application, by checking the appropriate box (**check only one answer**).

Provide code as granted by the IRS. If the charity has a pending application or will not be applying for a 501 ( c ) ( 3 ) or any 501 ( c ) charitable status with the IRS, the charity must not misrepresent its non-exempt status. If a charity does solicit before obtaining exempt status, the charity should not misrepresent its tax-deductible status. Information about tax exempt status can be obtained from the IRS by calling 1-800-829-FORM (3676) and ordering Publication 557, "Tax Exempt Status for Your Organization," or on the web at [www.irs.gov](http://www.irs.gov). We urge you to seek professional advice.

**Important:** Line number 9: **Registration of a public charity with the Department of Consumer Protection does not grant a charitable organization a tax exempt status under any 501 ( c ) charitable recognition.**

10. **Select your organization's exemption reason** for which it qualifies and complete all answers as it applies.
11. **Signatures**, State law requires two signatories. Include name, title, address and telephone numbers.

**Important:** Registration must be approved by the Department of Consumer Protection prior to solicitation. Return completed form and attachments to the address on the front of the application. (No fee required) **Do not include these instructions. Keep instructions for future your reference.**