

Onsite Checklist

Company Name: Type of Business:				
Addre	ess Inspected:			
Conta	act Name: Date of Inspection:	_ Date of Inspection:		
A.	Is the applicant working out of his/her home?	Yes	No 🗌	
	If Yes, End User cannot have access to consumer reports.			
В.	How many full time employees were on the premises?			
C.	Is there a permanent sign identifying the business?	Yes	No _	
	Does it reflect the same name listed above?	Yes	No	
	If no, what is the name appearing on the sign?			
D.	Does this company share space with another firm?	Yes	No	
	If yes, is there an affiliation between the companies?	Yes	No	
	Name of other firm:			
E.	Does the space appear to be an executive office suite or other temporary facility?	Yes	No 🗌	
	If yes, provide comments below.			
F.	Do the space, furnishings, office equipment and inventory match the size and type of busine	ess noted above? Yes	No	
G.	Are the company's marketing materials displayed?	Yes	No 🗌	
	Do they match the type of business noted above?	Yes	No	
	If available, attach samples of brochures, business cards, etc.			
Н.	Is there any evidence indicating that the company or any adjacent business is involved in or			
	associated with credit repair?	Yes	No	
	Is there any evidence indicating that the company or any adjacent business is involved in or with brokering reselling, or releasing credit reports?	associated Yes	No 🗌	
	Is there any evidence indicating that the company or any adjacent business is involved in or	associated with		
	investigative, detective or private investigation services; legal services; law enforcement; or		No 🗌	
	If yes to any part of H, End User cannot have access to consumer reports.			
I.	The business appears to meet the requirements for access to consumer reports regulated b	by the FCRA: Yes	No	
l certi	ify that I have visited this site and answered the foregoing questions accurately, to the best of my sified.	y ability, and none of the above in	formation	
Print l	Name: Signature:			