
Onsite Inspection

Number of units manage _____

Applicant information

Business information:

Business name: _____

Doing business as (if applicable): _____

Nature of business: _____

Street address: _____

City, State, ZIP: _____

Primary Contact:

First name (full name, no initials): _____ Last name: _____

Primary contact phone (area code, phone number, extension): _____

Primary contact email address: _____

Onsite inspection information (Commercial Businesses)

1. Is there a **PERMANENT SIGN** on the exterior of the building that matches the company name? Yes No

If no, please explain why there is not a sign _____

If no, is there a sign with a different name? Please explain _____

2. Where is the **EXTERIOR** sign(s) located?

Stand alone on the building

Flag in the window

On the mailbox

Exterior Directory

Other: _____

3. List the names and type of business on either side of the location

Name: _____

Business Type: _____

Name: _____

Business Type: _____

4. Where is the **INTERIOR** sign(s) located?

- Lobby directory
- Wall
- Other: _____

5. What is the leasing company's name and phone number?

Name: _____

Phone Number: _____

6. Type of neighborhood surrounding the business (check one):

- Rural
- Residential (house, apartment, or condo, etc. with living quarters)
- Commercial
- Mixed residential and commercial (store with apartment upstairs)
- Retail Property (stores)
- Government Entity
- Other: _____

7. Is the company located in an executive suite (i.e. designated space with locking door, space utilized by your company only, shared receptionist with other companies within commercial building)?

Yes No This is not an executive suite

8. If the company is located in an executive suite, please provide the below:

Landlord of business management office's name: _____

Landlord or business management office's phone number: _____

9. Is the company located in a virtual office (no physical office used on a regular basis but access for meetings several hours a month)?

Yes No This is not a virtual office

10. If the company is a virtual office, please provide the below:

Landlord of business management office's name: _____

Landlord or business management office's phone number: _____

11. Is the facility a permanent office location (e.g. this is not a temporary location while a permanent office location is being built)? Yes No

If no, please explain: _____

12. Please complete the below:

- a. What are the Core Hours of Operation? _____
- b. Who has access during work hours? _____
- c. Who has access after work hours? _____
- d. Is there a security system present? Yes No

If yes, describe: _____

- e. Is there a security guard on duty? Yes No
- f. If there is a security guard on duty, is a guard present:
24 hours a day? Only during work hours?

13. How many full-time employees are at the company location? # _____

14. Is the company **sharing any office space** with another company? Yes No

1. If yes, what is the company name?

2. Is there a relationship between the companies (e.g. parent / affiliate, common ownership, sister company)? Yes No

3. If yes, please describe the relationship:

4. If there is a business relationship between your firms, will the second company also need or have access to services under your application? Yes No

15. Is access to this facility the same or different for all employees?

Same Different Please explain: _____

16. Are Visitors/Guests required to sign in prior to entering the office/facility? Yes No

17. Provide additional information about the security of your facility, workstations, computers, and/or files;

Are locking door(s) in INTERIOR of the office leading to the file cabinets OR leading to the workstation(s)? Yes No

No locking door(s) within the office; however, there IS a locking door to the ENTRANCE to the whole office? Yes No

18. How many workstations are present? # _____

19. Are there lockable filing cabinets? Yes No

If there are no filing cabinets, how does the company store secure/sensitive data?

- Portable Storage or Lock Box
- Secured Area (the interior door directly leading to the files has to have a lock on it to qualify as a secured area)
- Electronic storage (scanned images, cloud, and/or saved from the internet)
- Other: Future locking file cabinet that has not been purchased yet
- Other: Please explain: _____
- Data is not stored. Please explain: _____

20. Do you have a clean desk policy? Yes No

21. Are all documents containing sensitive information locked up at the end of the business work day? Yes No If no, please explain: _____

22. How many total employees work for your company? # _____

23. How many of these employees will have access to the system? # _____

24. Does each employee have a unique user ID and password for accessing information systems? Yes No

25. Is the equipment used to access credit reports/sensitive information/confidential data in a secure location? Yes No

Please check those that apply:

- Locking office
- Non-locking office
- General cubicle area
- Multiple office facilities, Please explain: _____
- Other: Please explain: _____

26. If there is other computer hardware/network equipment such as a network server, is it located in a secure location? Yes No

Please check those that apply:

- Locking office
- Non-locking office
- General cubicle area
- Multiple office facilities, Please explain: _____
- Other: Please explain: _____

27. How is access to equipment (fax, PC, servers) restricted? Yes No If no, please explain _____
28. If access of equipment (fax, PC, servers) is NOT restricted, is the equipment secured to the desk by a PC lock or docking station for a laptop? Please explain: _____
29. Is the server located at a different address other than the address provided for the company? Yes No If yes, please provide the address and the reason for the different address: _____
30. What is the name of the off-site facility or cloud-based service? _____
31. Are the computer(s) and/or servers accessible to non-employees (e.g. Open office area, reception, cleaning crews, and night security guard)? Yes No If yes, please explain _____
32. Please describe the equipment that your company will be using to receive the consumer reports.
- Manufacturer: _____
 - Make: _____
 - Model: _____
 - Software: _____
33. Who performs maintenance and repair on the computer(s) at your company location? _____
- If performed by a third party, what is the company name? _____
34. Are computer(s) installed with current anti-virus/anti-malware? Yes No
- Provide the application name: _____
- If there is no anti-virus/anti-malware, Please explain: _____
35. How does the company destroy confidential documents?
- Shredder with locked bin

- Shredder with non-locking bin
- Destruction services. The name of the service company is: _____
- Other: Please explain: _____

36. If there is a shredder, is it a cross-cut shredder? Yes No

37. If your building provides services for heating and air conditioning, do they provide services without your physical presence at your office location? Yes No

Onsite inspection information (Permanent Residential Businesses)

1. Is the office located in a house, apartment, mobile home, trailer, condo, residential home converted into a commercial property, or other?

2. If the business is in a residential location, is any portion of the business in the living quarters?
Yes No
If yes, then,
 - a. Is there a separate outside entrance into the business location portion of the living quarters? Yes No
 - b. Is the business location portion of the living quarters confined to a separate room? Yes No
 - c. If yes, is the business location portion of the living quarters secured by a lock to limit entry from non-employees? Yes No
3. Is the company **sharing any office space** with another company? Yes No
 1. If yes, what is the company name?

 2. Is there a relationship between the companies (e.g. parent / affiliate, common ownership, sister company)? Yes No
 3. If yes, please describe the relationship:

4. Is access to this facility the same or different for all employees?
Same Different Please explain: _____
5. How many total employees work for your company? # _____
 1. How many of these employees will have access to the system? # _____

6. Does each employee have a unique user ID and password for accessing information systems? _____
7. How is access to equipment (fax, PC, servers) restricted? _____
8. If access of equipment (fax, PC, servers) is NOT restricted, is the equipment secured to the desk by a PC lock or docking station for a laptop? Please explain:

9. Is the server located at a different address other than the address provided for the company?
 Yes No If yes, please provide the reason for the different address:

10. What is the name of the off-site facility or cloud-based service? _____
11. Are the computer(s) and/or servers accessible to non-employees (e.g. Open office area, reception)? Yes No Please explain

12. Please describe the equipment that your company will be using to receive the consumer reports.
 Manufacturer: _____
 Make: _____
 Model: _____
 Software: _____
13. Who performs maintenance and repair on the computer(s) at your company location?

 If performed by a third party, what is the company name? _____
14. Are computer(s) installed with current anti-virus/anti-malware? Yes No
 Provide the application name: _____
 If there is no anti-virus/anti-malware, Please explain: _____
15. How does the company destroy confidential documents?
 Shredder with locked bin
 Shredder with non-locking bin
 Destruction services. The name of the service company is: _____
 Other: Please explain: _____
16. If there is a shredder, is it a cross-cut shredder? Yes No

17. If your building provides services for heating and air conditioning, do they provide services without your physical presence at your office location? Yes No If yes, please provide the business name _____

Applicant's Certification

To be completed by the primary contact of the business applying for membership:

I certify the information above is complete and accurate. I acknowledge this self-certification is an interim solution only and a physical onsite inspection of my business location will be scheduled as soon as reasonably possible. I understand that the Federal Fair Credit Reporting Act requires that any person who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses may be fined under Title 18, United States Code, imprisoned for no more than two years, or both.

Signature: _____ Position/Title: _____

Printed name (full name, not initials): _____ Date: _____

Company name: _____