
Onsite Inspection

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: _____