



INTEGRITY VERIFICATIONS, INC.

EMPLOYEE SCREENING · DRUG TESTING · FINGERPRINTING · POLYGRAPHS · LOSS PREVENTION

FAIR CREDIT REPORTING ACT GENERAL CERTIFICATION OF CLIENT

SECTION 619. Obtaining information under false pretenses.

Any person who knowingly and willfully obtains information on a consumer reporting agency under false pretenses shall be fined not more than \$5,000.00 or imprisoned not more than one year, or both.

NOTE: BOTH PAGES OF THIS FORM MUST BE FULLY COMPLETED IF YOU ARE APPLYING FOR CONSUMER REPORT ACCESS.

1. NAME OF BUSINESS: _____ TAX ID#: _____

2. DBA: _____

3. PHYSICAL ADDRESS OF BUSINESS:

STREET: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NO: (____) _____ FAX NO: (____) _____ EMAIL: _____

MAILING ADDRESS:

STREET/PO BOX _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NO: (____) _____ FAX NO: (____) _____

4. STATE WHERE INCORPORATED: _____ YEAR: _____

5. NATURE OF YOUR BUSINESS: _____

6. PROJECTED NUMBER OF CONSUMER REPORTS YOU WILL BE OBTAINING FROM INTEGRITY VERIFICATIONS?

_____ Monthly _____ Yearly

7. HAS THIS NUMBER CHANGED FROM A PRIOR REPORT? YES ____ NO ____

IF YES, PLEASE EXPLAIN YOUR REASON(S) FOR ANY CHANGE IN THE NUMBER OF CONSUMER REPORTS YOU EXPECT TO RECEIVE ON A MONTHLY BASIS.
(PLEASE ATTACH ADDITIONAL PAGE IF NECESSARY)

8. LIST ALL PURPOSES YOU WILL BE OBTAINING CONSUMER REPORTS



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9. HAVE THE PURPOSES CHANGED FROM A PRIOR REPORT? YES _____ NO _____

IF YES, PLEASE EXPLAIN YOUR REASON(S) FOR ANY CHANGES IN THE PURPOSE:

10. WHAT PROCEDURES DO/WILL YOU EMPLOY TO INSURE THAT UNAUTHORIZED INDIVIDUALS DO NOT GAIN ACCESS TO CONSUMER REPORTS THAT INTEGRITY VERIFICATIONS MAY PROVIDE FOR YOU.

11. THE FAIR CREDIT REPORTING ACT STATES THAT INFORMATION OVER (10) TEN YEARS OLD CANNOT BE INCLUDED IN A CONSUMER REPORT.

12. THE FAIR CREDIT REPORTING ACT REQUIRES ANYONE OBTAINING A CONSUMER REPORT ON AN INDIVIDUAL TO NOTIFY THE INDIVIDUAL THAT A VERIFICATION IS BEING CONDUCTED ON THEM AND ADVISE THEM OF THEIR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. SHOULD ADVERSE ACTION BE TAKEN AGAINST THIS INDIVIDUAL, SUCH AS DENIAL OF EMPLOYMENT, ETC., YOU MUST NOTIFY THE INDIVIDUAL OF SUCH ACTION, THE REASON FOR THIS DECISION AND PROVIDE THEM WITH APPROPRIATE INFORMATION AS TO YOUR ACTIONS. BY SIGNING THIS FORM YOU ARE ASSUMING RESPONSIBILITY TO UPHOLD ANY AND ALL REQUIREMENTS OF THE FAIR CREDIT REPORTING ACT.

13. I, _____, CERTIFY THAT I HAVE PERSONALLY PREPARED AND READ THIS CERTIFICATION, AND THAT I HAVE DIRECT KNOWLEDGE OF THE FACTS CERTIFIED AND I AM DIRECTLY RESPONSIBLE FOR ADHERING TO ALL REQUIREMENTS OF THE FAIR CREDIT REPORTING ACT.

DATE: ____ / ____ / ____

(SIGNATURE OF RESPONSIBLE PERSON)

(NAME AND TITLE OF RESPONSIBLE PERSON)

DO NOT WRITE BELOW THIS SPACE

APPROVED _____ NOT APPROVED _____

SIGNATURE: _____

EVALUATOR: _____ TITLE: _____

DATE: ____ / ____ / ____