

**Notice of Collection under the Privacy Act of 1974, 5 U.S.C. § 552a
As Amended (Privacy Act Notice)**

The information that you provide to the Consumer Financial Protection Bureau (CFPB) will be used to create a user account so that you may log on to the web-based company portal for the CFPB’s Office of Consumer Response. Account access to the web-based company portal will enable you to view complaints or inquiries filed against your company with the CFPB and allow you to respond to the complaints or inquiries. The information you provide may be shared:

- to a court, magistrate, or administrative tribunal in the course of a proceeding;
- for enforcement, statutory, and regulatory purposes;
- to another federal or state agency or regulatory authority;
- to a member of Congress; to the Department of Justice, a court, an adjudicative body or administrative tribunal, or a party in litigation; and
- pursuant to the CFPB’s published Privacy Act System of records notice, CFPB.005- Consumer Response System.

We may also share the response you submit regarding your company and its business activities (but not personally identifiable information) with the public through the Public Complaint Database.

You are not required to submit or provide any identifying information; however, if you do not include the requested information you may not be granted access to the company portal.

The collection of information is authorized by Public Law III-203, Title X, Sections 1011, 1012, 1013 (b)(3), 1021, 1034, codified at 12 U.S.C. 5491, 5492, 5493(b)(3), 5511, 5534.

Consumer Response’s Company Portal Boarding Form

To allow your company access to the consumer complaints submitted against it through the Consumer Financial Protection Bureau (CFPB), complete the required sections of this form. The information requested will help us to set up your company portal, provide access to the portal for any company-authorized individual, and to route complaints efficiently to your portal. Once you have completed the form you may submit the form by emailing the form to:

CFPB_StakeholderSupport@cfpb.gov.

Section A: Company Information

This section is required. Please fill out the information in this section as it relates to your company.

1. Enter the full name of your company:

[Click here to enter text.](#)

2. Is your company or a portion of your company owned by another company, often referred to as a parent company?

Yes

No

ANSWER THESE QUESTIONS ONLY IF YOU ANSWERED “Yes” TO QUESTION 2

2a. Please enter the full name of your parent company:

[Click here to enter text.](#)

2b. Please list a point of contact (POC) for your parent company: Click here to enter text.
2c. Please list a contact phone number or email address for the POC: Click here to enter text.
3. Indicate the business structure of your company: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietorship
4. Enter your company's tax ID: Click here to enter text.
5. Is this tax ID also a Social Security Number (SSN)? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Enter your company's Financial Institution Number (FIN) (if your company does not have a FIN, list "N/A"): Click here to enter text.
7. Please list your company's URL or website: Click here to enter text.

8. Is this a web-based business (a web-based business is a business whose products or services are offered only through the internet)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Please list the mailing address of your company's headquarters (this should NOT be a P.O. Box):	
Street Address: Click here to enter text.	City: Click here to enter text.
State: Choose an item.	Zip: Click here to enter text.
10. Does this address also reflect your state of incorporation or home state of business? <input type="checkbox"/> Yes (If "Yes," skip to question 14) <input type="checkbox"/> No	
ANSWER THIS QUESTION ONLY IF YOU ANSWERED "No" TO QUESTION 10	
10a. Please select the state of incorporation or home state of business for your company: Choose an item.	
11. Please list any state business licenses your company has and indicate the state for which the license is valid: (If you need more rows than listed, please use the additional sheets at the end of the form.)	
State Business License Number:	State for which the license is valid:
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Section B: Contact Information

This section is required. The authorized company officer or their designee will be the main point of contact for the CFPB and will be the only authorized personnel to add or remove users from the company portal maintained by the CFPB.

<p>12. Please list the full name of the authorized officer/employee: Click here to enter text.</p>
<p>13. Please list the title of the authorized officer/employee: Click here to enter text.</p>
<p>14. Please list the phone number of the authorized officer/employee: Click here to enter text.</p>
<p>15. Please list the email of the authorized officer/employee: Click here to enter text.</p>
<p>16. If the authorized officer/employee is unavailable, please list the full name of the official designee: Click here to enter text.</p>
<p>17. Please list the email of the official designee: Click here to enter text.</p>
<p>18. Please list the phone number of the official designee: Click here to enter text.</p>

Section C: Portal Users Information

This section is required. The following information is needed to setup the user profiles for each company-authorized individual. Enter the information necessary for all users that need access to the company portal. Please provide information on each person you designate as a user.

<p>19. Are the authorized officer/employee (from Section B) and designee, if named, the only portal users? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please fill out the following section for each portal user.)</p>				
<p>ANSWER THESE QUESTIONS ONLY IF YOU ANSWERED "No" TO QUESTION 24</p>				
<p>Portal User 1:</p>				
<table border="1"> <tr> <td> <p>First and Last Name: Click here to enter text.</p> </td> <td> <p>Title/Position: Click here to enter text.</p> </td> </tr> <tr> <td> <p>Phone number: Click here to enter text.</p> </td> <td> <p>Email: Click here to enter text.</p> </td> </tr> </table>	<p>First and Last Name: Click here to enter text.</p>	<p>Title/Position: Click here to enter text.</p>	<p>Phone number: Click here to enter text.</p>	<p>Email: Click here to enter text.</p>
<p>First and Last Name: Click here to enter text.</p>	<p>Title/Position: Click here to enter text.</p>			
<p>Phone number: Click here to enter text.</p>	<p>Email: Click here to enter text.</p>			
<p>Will this person need to export data into Excel or some other file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>Portal User 2:</p>				
<table border="1"> <tr> <td> <p>First and Last Name: Click here to enter text.</p> </td> <td> <p>Title/Position: Click here to enter text.</p> </td> </tr> <tr> <td> <p>Phone number: Click here to enter text.</p> </td> <td> <p>Email: Click here to enter text.</p> </td> </tr> </table>	<p>First and Last Name: Click here to enter text.</p>	<p>Title/Position: Click here to enter text.</p>	<p>Phone number: Click here to enter text.</p>	<p>Email: Click here to enter text.</p>
<p>First and Last Name: Click here to enter text.</p>	<p>Title/Position: Click here to enter text.</p>			
<p>Phone number: Click here to enter text.</p>	<p>Email: Click here to enter text.</p>			
<p>Will this person need to export data into Excel or some other file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>Portal User 3:</p>				
<table border="1"> <tr> <td> <p>First and Last Name: Click here to enter text.</p> </td> <td> <p>Title/Position: Click here to enter text.</p> </td> </tr> </table>	<p>First and Last Name: Click here to enter text.</p>	<p>Title/Position: Click here to enter text.</p>		
<p>First and Last Name: Click here to enter text.</p>	<p>Title/Position: Click here to enter text.</p>			

Phone number: Click here to enter text.	Email: Click here to enter text.	
Will this person need to export data into Excel or some other file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Portal User 4:		
First and Last Name: Click here to enter text.	Title/Position: Click here to enter text.	
Phone number: Click here to enter text.	Email: Click here to enter text.	
Will this person need to export data into Excel or some other file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Portal User 5:		
First and Last Name: Click here to enter text.	Title/Position: Click here to enter text.	
Phone number: Click here to enter text.	Email: Click here to enter text.	
Will this person need to export data into Excel or some other file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section D: Affiliates and Subsidiaries Information		
<p>This section is required. The following information is needed to effectively route consumer complaints against these affiliates and subsidiaries. Please provide information on any subsidiary or affiliate companies the parent company may have.</p>		
<p>20. Does your company have any affiliates or subsidiaries? <input type="checkbox"/> Yes (If "Yes," please fill out the section below for each affiliate or subsidiary.) <input type="checkbox"/> No</p>		
ANSWER THESE QUESTION ONLY IF YOU HAVE ANSWERED "Yes" TO QUESTION 25		
Affiliate or Subsidiary Information:		
Name of Affiliate or Subsidiary: Click here to enter text.	Tax ID of Affiliate or Subsidiary: Click here to enter text.	
Is this tax id a Social Security Number (SSN)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any information regarding the state business licenses for the affiliate:		
<i>State Business License Number</i>	<i>State for which it is valid</i>	<i>Entity or individual for which it is registered</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Affiliate or Subsidiary Information:		
Name of Affiliate or Subsidiary: Click here to enter text.	Tax ID of Affiliate or Subsidiary: Click here to enter text.	
Is this tax id a Social Security Number (SSN)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any information regarding the state business licenses for the affiliate:		

<i>State Business License Number</i>	<i>State for which it is valid</i>	<i>Entity or individual for which it is registered</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.
Affiliate or Subsidiary Information:		
Name of Affiliate or Subsidiary: Click here to enter text.		Tax ID of Affiliate or Subsidiary: Click here to enter text.
Is this tax id a Social Security Number (SSN)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any information regarding the state business licenses for the affiliate:		
<i>State Business License Number</i>	<i>State for which it is valid</i>	<i>Entity or individual for which it is registered</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.

Affiliate or Subsidiary Information:		
Name of Affiliate or Subsidiary: Click here to enter text.		Tax ID of Affiliate or Subsidiary: Click here to enter text.
Is this tax id a Social Security Number (SSN)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any information regarding the state business licenses for the affiliate:		
<i>State Business License Number</i>	<i>State for which it is valid</i>	<i>Entity or individual for which it is registered</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Affiliate or Subsidiary Information:		
Name of Affiliate or Subsidiary: Click here to enter text.		Tax ID of Affiliate or Subsidiary: Click here to enter text.
Is this tax id a Social Security Number (SSN)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any information regarding the state business licenses for the affiliate:		
<i>State Business License Number</i>	<i>State for which it is valid</i>	<i>Entity or individual for which it is registered</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Section E: Products/Service Information

This section is required. The following information is needed to effectively route consumer complaints against these products/services.

21. What is your company's primary product (select one)?

- | | |
|---|---|
| <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Payday Loans |
| <input type="checkbox"/> Mortgages | <input type="checkbox"/> Credit Reporting |
| <input type="checkbox"/> Bank Accounts Services | <input type="checkbox"/> Money Transfers |
| <input type="checkbox"/> Consumer Loans | <input type="checkbox"/> Debt Collection |
| <input type="checkbox"/> Private Student Loans | <input type="checkbox"/> Prepaid Cards |

Section F: Company Logo

Please attach a copy of your company's logo/provide an electronic copy of your company's logo.

By checking this box, you indicate that your company grants the CFPB permission to depict on the Consumer Complaint Intake Form your company's logo and/or mark, for the limited purpose of prompting consumers who file online complaints with the CFPB to accurately identify the company that is the subject of their complaint. The CFPB anticipates that this use of company logos will ensure a correct match between the consumer and the company that is the subject of their complaint and will support a more efficient complaint handling process.

If you do not check this box, the CFPB will not use your company's logo to assist consumers with company identification.

Section G: Submit

By clicking this box, you are indicating that you believe the information provided to be true to the best of your knowledge and belief.

To submit, save this completed form and attach it in an email to CFPB_StakeholderSupport@cfpb.gov.

For Internal Use Only

This section is for internal notes.

Internal Use Only.

Additional Supplements to On-Boarding Form

Section A. Company Information - Supplement

14. Please list any state business licenses your company has and indicate the state for which the license is valid.

State Business License Number:	State for which the license is valid:
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.
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Paperwork Reduction Act Statement

We estimate it takes about 15 minutes to complete the form with enough information to provide portal access. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid control number assigned by the Office of Management and Budget (OMB). The OMB control number for this collection is 3170-0042, expires 5/31/2015.

Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to PRA@cfpb.gov.