



To enable your company to review and respond to consumer complaints sent to your company by the Consumer Financial Protection Bureau (CFPB), complete this form. The information requested will allow us to provide access to the secure, web-based portal for company-authorized individuals. Once you have completed the form you may submit the form by email to CFPB_StakeholderSupport@cfpb.gov.

Notice of Collection under the Privacy Act of 1974, 5 U.S.C. 552a(e)(3) (Privacy Act Statement)

The information that you provide to the Consumer Financial Protection Bureau (CFPB) will be used to create a user account and provide access to the web-based Company Portal. 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 in the portal and boarding form (including personally identifiable information (PII)) may be shared:

- with parties to a complaint;
- with third parties as necessary to get information relevant to responding to a complaint;
- with a court, magistrate, or administrative tribunal in the course of a proceeding;
- for enforcement, statutory, and regulatory purposes;
- with another federal or state agency or regulatory authority; and
- with a member of Congress; to the Department of Justice, a court, an adjudicative body or administrative tribunal, or a party in litigation.

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

Although the Bureau does not otherwise anticipate further disclosing the information provided, it may also be disclosed as indicated in the Routine Uses described in the System of Records Notice CFPB.005 - Consumer Response System.

The collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1011, 1012, 1013(b)(3), 1021, 1034, codified at 12 U.S.C. 5491, 5492, 5493(b)(3), 5511, 5534.

You are not required to provide any PII; however, if you do not include the requested information you may not be granted access to the Company Portal.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0054. It expires on 08/31/2025. The time required to complete this information collection is estimated to average approximately 10 minutes per response. The obligation to respond to this collection of information is voluntary. 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 the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB_PRA@cfpb.gov.

COMPANY BOARDING FORM

Company information

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

1 FULL NAME OF COMPANY

2 **Indicate the business structure of your company**

Corporation	S Corporation	Partnership
Limited Liability Company	Sole Proprietorship	

3 **Enter your company's tax ID**

COMPANY'S TAX ID

4 **Please list your company's URL (website address)**

COMPANY'S WEBSITE OR URL

5 **Please list the mailing address of your company's headquarters**

STREET

CITY STATE ZIP CODE

This should NOT be a P.O. Box

6 **Does this address also reflect your state of incorporation or home state of business?**

YES NO

(If "Yes," skip to question 8)

Answer questions 7 only if you answered "NO" to question 6

7 **Please select the state of incorporation or home state of business for your company**

COMPANY BOARDING FORM

Company information (continued)

8 Is your company or a portion of your company owned by another company, often referred to as a parent company? YES NO

Answer questions 9-13 only if you answered "YES" to question 8

9 Please enter the full name of your parent company PARENT COMPANY'S FULL NAME

10 Please list a point of contact (POC) for your parent company FULL NAME OF POINT OF CONTACT FOR PARENT COMPANY POSITION TITLE

11 Please list a contact phone number or email address for the POC WORK PHONE EMAIL

12 Please list the parent company's mailing address STREET CITY STATE ZIP CODE

13 Enter your parent company's tax ID PARENT COMPANY'S TAX ID

COMPANY BOARDING FORM

Contact information

The authorized company officer or their designee will be the main points of contact (POC) for the Company Portal and will be registered with administrative access to add and manage access for additional company personnel as desired. The Company Portal Manual provides details about managing portal access for company users.

14	Please provide the information of the authorized officer/employee	AUTHORIZED OFFICER/EMPLOYEE FULL NAME	POSITION/TITLE
		EMAIL	WORK PHONE - -

15	If the authorized officer/employee is unavailable, please list the full name of the official designee	OFFICIAL DESIGNEE FULL NAME	POSITION/TITLE
		EMAIL <input type="text"/>	WORK PHONE - -

Affiliates and subsidiaries information

The following information is needed to facilitate timely routing of consumer complaints about any company affiliates and subsidiaries.

16	Does your company have any affiliates or subsidiaries?	YES	NO
	<i>(If "YES," please fill out the following section for each affiliate or subsidiary)</i>		

COMPANY BOARDING FORM

17 Answer these questions only if you have answered "Yes" to question 16

(Please only list subsidiaries and affiliates that provide consumer financial products or services, and whose businesses would impact CFPB's routing of consumer complaints)

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STREET

CITY

STATE

ZIP CODE

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STREET

CITY

STATE

ZIP CODE

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STREET

CITY

STATE

ZIP CODE

COMPANY BOARDING FORM

Affiliates and subsidiaries information (continued)

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STREET

CITY

STATE

ZIP CODE

Products / service information

The following information is needed to facilitate timely routing of consumer complaints about any company affiliates and subsidiaries.

18

What are your company's primary consumer financial product/service offerings?

(select all that apply)

Debt collection

Credit card or prepaid card

Mortgage

Checking or savings account

Vehicle loan or lease

Student loan

Money transfer, virtual currency, or money service (check cashing service, currency exchange, cashier's/traveler's check)

Payday loan, title loan, or personal loan (installment loan or personal line of credit)

Credit reporting, credit repair services, or other personal consumer reports

Other

PLEASE PROVIDE ADDITIONAL INFORMATION IF YOU SELECTED "OTHER"

COMPANY BOARDING FORM

Submit

19

By clicking this box, I am indicating that the information given is true to the best of my knowledge and belief.

DATE

COMPANY NAME

FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

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To submit, save this completed form and email to CFPB_StakeholderSupport@cfpb.gov.

If the information you provided changes, please email CFPB_StakeholderSupport@cfpb.gov.