



# No-Action Letter Application

For more information on the No-Action Letter program, please review the CFPB's "Policy on No-Action Letters".

If there is not enough room to answer a question on the form, or if an applicant wishes to provide additional supporting information, please provide the information as an attachment to this form.

The Office of Innovation will inform applicants if an application is complete or if additional information is needed. Submitted applications may be withdrawn at any time.

**Note:** The Bureau is offering this application form on a voluntary basis as a tool to better organize applications; failure to adhere to or provide information requested by these forms will not necessarily render an application incomplete under the Policy.

Potential applicants are strongly encouraged to contact the Office of Innovation for informal, preliminary discussion of a contemplated proposal prior to submitting an application.

Inquiries and questions related to the Policy or application form can be sent directly to the Office of Innovation at [officeofinnovation@cfpb.gov](mailto:officeofinnovation@cfpb.gov) with "CFPB No-Action Letter Program Inquiry" in the subject line.

To be considered for the CFPB No-Action Letter Program, applicants may submit this completed form by e-mail to [officeofinnovation@cfpb.gov](mailto:officeofinnovation@cfpb.gov) with "CFPB No-Action Letter Application" in the subject line, or by mail to the address listed below:

CFPB No-Action Letter Application  
c/o Office of Innovation  
1700 G St NW  
Washington, DC 20552

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## NO-ACTION LETTER APPLICATION

### Privacy Notice

The Consumer Financial Protection Bureau (CFPB) is seeking information from your institution in connection with your application for a No-Action Letter.

The CFPB will obtain personally identifiable information (PII) such as your full name, mailing address, email address, and phone number, as applicable. Your name and e-mail address may be used to contact you about future related events, reports, or other announcements from the CFPB.

This collection of information is authorized by 12 U.S.C. 5492(a)(10); 12 U.S.C. 5512(b)(4)(B); 15 U.S.C. 1640(f); 15 U.S.C. 1691e(e); 15 U.S.C. 1693m(d).

Participation is voluntary.

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and 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 3170-0059. It expires on 09/30/2022. The time required to complete this information collection is estimated to average approximately 100 hours per response. 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 CFPB at the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to [PRA-Comments@cfpb.gov](mailto:PRA-Comments@cfpb.gov).



# NO-ACTION LETTER APPLICATION

## Pre-Application

Was a preliminary discussion held with Office of Innovation staff regarding this application?

YES

NO

(If "Yes," with whom?)

If "no" then please email us at [OfficeOfInnovation@cfpb.gov](mailto:OfficeOfInnovation@cfpb.gov) to discuss your idea.

## Applicant Information

1 Please list full name of applicant(s).

Please include Legal Entity Identifiers (LEIs) if you have one.

FULL NAME OF APPLICANT(S) INCLUDING ANY TRADE NAMES OR DBAS

2 Please list the mailing address of your company's headquarters.

This should NOT be a P.O. Box.

STREET

CITY

STATE

ZIP CODE

3 Please list the contact information of the person responsible for communicating with the CFPB.

POINT OF CONTACT NAME

WORK PHONE

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EMAIL



## Product or Service Information

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- 4 Describe how your product or service functions, the terms on which it will be offered, and the manner in which it is offered or provided (including any consumer disclosures).

## Potential Consumer Benefits

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5 Describe the potential consumer benefits associated with your product or service.

## Potential Consumer Risks

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Describe the potential consumer risks associated with your product or service.

**Potential Consumer Risks cont.**

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7 Describe how you will mitigate the anticipated consumer risks.

## Statutory and Regulatory Scope

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Applicants should describe the statutory and regulatory scope of the requested No-Action Letter with as much specificity as practicable, in part to enable the CFPB to respond expeditiously to the application.



**Explain why you need a No-Action Letter and identify the statutory and/or regulatory provisions for which you seek no-action.**

## Coordination and Confidentiality

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9 If the applicant would like the CFPB to coordinate with other regulators on this application, please identify those regulators and provide their contact information, if available.

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10 If the applicant wishes to request confidential treatment for certain information or data, the applicant should identify this information or data and the basis for such treatment as specifically as possible.

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NO-ACTION LETTER APPLICATION

Submitting the application

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11 By checking 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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