



Compliance Assistance Sandbox Application

For more information on the Compliance Assistance Sandbox Program, please review the CFPB's "Compliance Assistance Sandbox Policy".

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 Submitted applications may be withdrawn at any time.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 with "CFPB Compliance Assistance Sandbox Program Inquiry" in the subject line.

To be considered for the CFPB Compliance Assistance Sandbox Program, applicants may submit this completed form by e-mail to officeofinnovation@cfpb.gov with "Compliance Assistance" in the subject line, or by mail to the address listed below:

CFPB Compliance Assistance Sandbox Application
c/o Office of Innovation
1700 G St NW
Washington, DC 20552

Privacy Notice

The Consumer Financial Protection Bureau (CFPB) is seeking information from your institution in connection with your Compliance Assistance Sandbox application.

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.

COMPLIANCE ASSISTANCE SANDBOX 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 to discuss your application.

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

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).

5 Describe how your product or service, or the manner in which it is offered or provided to consumers, may further innovation.

Requested Duration and Scope

6 Describe the requested duration and other parameters of compliance assistance, such as number of transactions, consumers, or geographic scope.

Potential Consumer Benefits

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

Potential Consumer Benefits



Provide suggested metrics for evaluating whether such consumer benefits are realized.

Potential Consumer Risks and Mitigation Plan

9

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

Potential Consumer Risks and Mitigation Plan

10 **Describe how you will mitigate the anticipated consumer risks.**
Include any plans for addressing unanticipated consumer harms.

Applicants should describe the statutory and regulatory scope of the requested compliance assistance with as much specificity as practicable, in part to enable the CFPB to respond expeditiously to the application.

Statutory and Regulatory Scope

11 Describe the aspects of the product or service as to which you seek an approval.

12 Describe the statutory and regulatory provisions as to which you seek that approval and the potential uncertainty or ambiguity such approval would address.

Statutory and Regulatory Scope

13 Explain why the requested approval is an appropriate resolution of that uncertainty or ambiguity, and why the described aspect of the product or service complies with the applicable statutory and regulatory provisions.

Data Sharing

14 Describe data associated with your product or service you possess or intend to develop that will be shared with the CFPB if the application is granted.

15 Describe the proposed schedule for sharing the data with the CFPB.

Confidentiality

16 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.

Regulatory coordination

17 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.

Submitting the Application

18 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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