

Badge ID No. _____

Company Name _____

Company Permit No. _____

Company Permit Exp. _____

INDIVIDUAL SOLICITATION IDENTIFICATION BADGE APPLICATION

Please print or type

Name (Last, First, Middle) _____

Home address: _____

City _____ State _____ Zip Code _____

Phone number _____ Alt. Phone number _____

Email address of applicant: _____

How can the Metro Clerk's Office contact you? _____

Nashville Address (if different) _____

City _____ State _____ Zip Code _____

Company represented

Name _____

Address, City, State, Zip Code _____

Contact at Company: _____

Phone number of contact: _____

Physical Description

Sex _____ Race _____ D.O.B. _____

Height _____ Weight _____ SSN _____

Eye color _____ Hair color _____

Identification (a copy of the license or other identification will be made)

Driver's License

State of Issuance _____ License Number _____

Date of Expiration _____

Other form of photo I.D. (Circle one): Passport College Other _____

ID No. _____ State of Issuance _____ Exp. Date _____

Identification of vehicle to be used in Davidson County

Vehicle #1

Auto Make _____

License Plate _____

State _____

Vehicle #2

Auto Make _____

License Plate _____

State _____

Background History and Information

Alias _____

Other names used including maiden name _____

Have you pled guilty or nolo contendere or been found guilty within the last five years to the date of this application to a *crime of moral turpitude?

YES _____ NO _____

If yes, please state: (please use back if you need to report more than one crime)

City, state or jurisdiction _____

Date _____

Charge _____

Are you currently on probation or parole for any crime? YES _____ NO _____

If YES: (city, state, or federal): _____

What city, state or federal jurisdiction _____

*Crimes of Moral Turpitude as defined by MCL Sec. 6.64.080A premeditated murder, all sex related crimes, the illegal sale of Schedule I or II controlled substances, and crimes of fraud or embezzlement.

Goods to be solicited

Provide a brief explanation of the type of the goods, wares, merchandise, and/or services to be offered to the consumer and include a price list for said merchandise: _____

THE FOLLOWING ITEM WILL BE REQUIRED ALONG WITH THE APPLICATION:

1. A driver license or other photo ID so the Metro Clerk's Office can make a copy.

ACKNOWLEDGEMENT

- A solicitor must submit to a background check by Inquiries, Inc. No other company may perform a background check.
The fee to Inquiries, Inc. is paid directly to Inquiries, Inc. via credit card or check card with Visa logo and is **non-refundable**.
- It is the duty of the solicitor to continually check the no knock list in order to comply with MCL Sec. 6.64.040.
- A solicitor must conspicuously display his or her identification badge on the front of his/her person at all times while engaged in the act of soliciting.
- A police officer or citizen has the right to ask a solicitor to see their identification badge.
- A solicitor must report a stolen or lost badge to the Metropolitan Clerk's Office.
- A solicitor must return a badge which has expired to the Metropolitan Clerk's Office.
- The Metropolitan Clerk's Office shall have ten business days to issue a permit from the day that the applicant's application is received and the credit card is approved by Inquiries, Inc.

I hereby declare and certify under penalties of law that the information herein furnished is true and correct. I further agree to furnish any other or additional information as the Metropolitan Clerk may require.

Applicant Signature

Applicant Printed Name

Date

Internal Use Only

Criminal History Received on: ____/____/20

Application Approved/Disapproved on: ____/____/20

By: _____

Applicant Notified of Approval/Disapproval: ____/____/20

Applicant Scheduled for Badge ID: ____/____/20 @ ____ AM/PM

\$20.00 Fee for Identification Paid on: ____/____/20

Date Badge ID Expires (Company Permit Exp): ____/____/20

INQUIRIES, INC. BACKGROUND CHECK INFORMATION SHEET

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

DOB (MM/DD/YYYY) _____

SSN _____

GENDER/RACE _____

ALIAS: Last _____ First _____

*** The fee collected for this background check is non-refundable. Inquiries, Inc. will charge your credit card/check card. The Metropolitan Clerk's Office cannot tell you the exact amount of the charge because the fee will depend on your criminal record and whether or not you are on the sex offender registry.*

I acknowledge I have read the above paragraph:

Signature

Print Name

Date

CREDIT CARD AUTHORIZATION FORM

Company Name (<i>if applicable</i>):	Name on card:
Address:	City:
State:	Zip Code:
Telephone:	Email address:

Card Type: Visa MasterCard Discover
We do not accept American Express

Card Number: _____ Exp. Date: _____

Card Identification Number: _____ (Your card identification number is the 3 digit number located on the back of the credit card.)

Your credit card will be charged either \$15.25 **OR** \$70.00. The \$15.25 charge is for the initial background check. If possible records need to be researched, your credit card will be charged \$70.00

By checking this box, I authorize Inquiries Inc. to charge my credit card for only one of the charges listed above. This is a one-time charge. A copy of your credit card slip will be emailed to the email address listed above.

By signing this form, you authorize Inquiries Inc. to charge the credit card referenced above and you understand that your signature below will serve as an authorized signature on the credit card slip.

Name of Applicant: _____

Print Name of Authorized Card Holder: _____

Signature of Authorized Card Holder: _____ Date: _____

Inquiries , Inc. - P.O. Box 67, Easton, MD 21601 - P: 866-987-3767 - F: 866-887-3767

To obtain a copy of your background check, mail your request letter to the address above.

Please be sure to sign your letter and include a return address.

Applicant Release and Authorization

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion. This report is being provided by Inquiries, Inc. - Post Office Box 67 Easton, MD 21601 – Phone 866-987-3767. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, workers compensation agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, workers compensation claims, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This release also authorizes the client to request a pre-employment and/or random selection drug screen. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this Consumer Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly and fill out completely.

Name (Last) _____ (First) _____ (Middle) _____

List any maiden/other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____ - ____ - ____

Drivers License # _____ State _____ Sex _____ Race _____

Professional License Held* _____ State _____ Lic.# _____

(*only if requesting a professional license verification)

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

Your Signature _____ Today's Date ____/____/____

Minnesota, California, and Oklahoma applicants only. If you want a copy of the reports ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below.

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

FAX TO: (410) 819-3670

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: _____ Branch _____

____ Please start our standard background check (ignore boxes below)

Or select from the following:

____ County Criminal History ____ Statewide Criminal History ____ Civil History ____ Social Security Verification

____ Education/Degree Verification ____ Driving Record ____ National Wants & Warrants ____ Fingerprint Services

____ Previous Employer Verification ____ Federal District Criminal Search ____ OFAC List Check ____ HHS/OIG/EPLS Scan

____ Sex Offender ____ National Sex Offender ____ Credit Report

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Inquiries, Inc. and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Inquiries, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Inquiries, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Inquiries, Inc. its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, and / or workers compensation claim history.

Applicant Release and Authorization

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Applicant Release and Authorization

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street N
Washington, DC 20552

b. Federal Trade Commission: Consumer Response
Center – FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

Applicant Release and Authorization

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 5548

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. Federal Credit Unions

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

3. Air carriers

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590

4. Creditors Subject to Surface Transportation Board

Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

5. Creditors Subject to Packers and Stockyards Act, 1921

Nearest Packers and Stockyards Administration area supervisor

6. Small Business Investment Companies

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

7. Brokers and Dealers

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

Farm Credit Administration
1501 Farm Credit Drive McLean, VA 22102-5090

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357