

# DISPUTE NOTICE

**Complete and return this form by mail to:**

**Applicant 360  
Compliance Department  
4920 W. Cypress Street  
Suite# 102  
Tampa, FL 33607**

**Agency License No. A2700467**

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I am hereby notifying Applicant 360 that I am disputing information contained in my consumer file (employment screening) which was requested by my employer/potential employer.

- The specific information that I am disputing is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- The basis for my dispute is: Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Supporting documentation that I have that substantiates the basis of my dispute: List:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Attach copies of supporting documentation.

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I understand that if the Agency named above is unable to establish proper identification it will decline my request. The following information is required to establish a firm identity:

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Daytime Telephone Number:** \_\_\_\_\_

**Driver's License\* Number:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

\*(A clear, legible copy of your driver's license must be submitted with this form).

**I certify that I am the person named above and I understand that federal law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be liable to the consumer reporting agency for actual damages or \$1000, whichever is greater.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_