EXPLICIT CONSENT FOR DPPA, GLB AND FCRA-BASED BACKGROUND SCREENING AND EVALUATION

I hereby authorize and provide by explicit written consent to LITDIS GROUP OF WASHINGTON (ICI), its affiliates and/or agents (to include and not limited by TenaCheck) to obtain, collect and gather an Investigative Consumer Report or Credit Report, as defined by Title 15, Section 1603, Federal Fair Credit Reporting Act, for purposes of evaluating my application for services, to include tenant screening, identity verification, fraud prevention, and extension of credit.

I do hereby consent to permit the obtaining of said reports and retention thereof to purposes of said evaluation and analysis as indicated by my signature below. I hereby acknowledge that I have reviewed, understand, and agree with the explicit Permissible Purposes under the Graham-Leech-Bliley Act, Driver's Privacy Protection Act, and the Federal Fair Credit Reporting Act, as circled by me below.

This explicit consent in writing is done for the purposes of doing an evaluation and analysis of various database searches and information contained within said databases by LITDIS (ICI)

Reports that may be obtained include, but are not limited to single or multiple source Consumer Credit Report(s), and State Driving Record also known as a MVR report, depending on a number of factors within my application. Data may also include internally or externally aggregated data, public, private, proprietary and restricted access information from multiple sources, the ultimate sources of which are both known and unknown to LITDIS (ICI) and its affiliates. I also give my explicit consent to provide a copy of my unredacted report to those persons or organizations that I consent to in writing and to no others.

LAST NAME	**FIRST NAME**	**MIDDLE NAME**	**SUFFIX**
_____	_____	_____	_____

Social Security Number _____ - _____ - _____

Date of Birth _____ -- _____ -- _____

Driver's License Number and State _____ ____

_____
Street Address (Street Number, Name of Street, and Direction)

_____
City State Zip Code

X_____ _____
Signature Date (MM-DD-YYYY)