

# Data Broker Registration on eGov

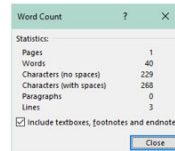
This process takes place on eGov: <https://ordcbs.mylicense.com/eGov/>

Have the following information ready before registering. The time needed to complete registration varies by company; however, please note, the system times out 45 minutes after logging in.

You will need:

1. Active Oregon Secretary of State registration number
2. Valid credit card for the required registration fee of \$600
3. Valid email address for correspondence about registration and payment receipt
4. Business website address
5. Business mailing address
6. Business phone number
7. A narrative of 600 characters, or less, unformatted text describing the methods consumers may use to opt out of business activities. The best method is to compose the narrative in a simple text editor such as Notepad, and then copy and paste the text into the designated field on eGov. See example below:

Go to [www.exampledatabroker.com/opt-out](http://www.exampledatabroker.com/opt-out) to opt out of Example Data Broker's business activities. Call 800-111-1234 to opt out of Example Data Broker's business activities. Write to 123 Address St, Salem OR 97301 to opt out of Example Data Broker's business activities.

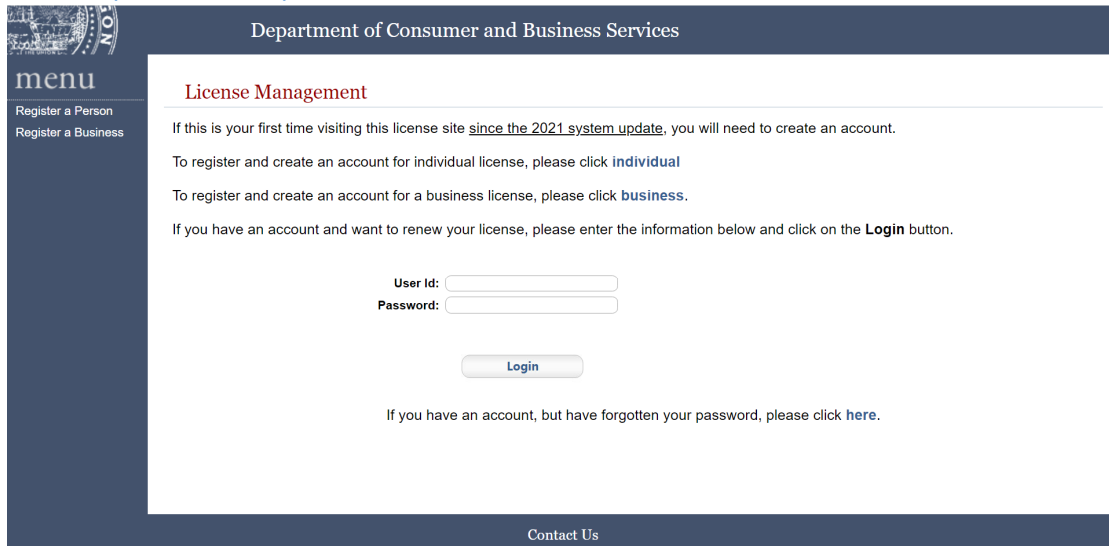


Word Count	
Statistics:	
Pages	1
Words	40
Characters (no spaces)	229
Characters (with spaces)	268
Paragraphs	0
Lines	3
<input checked="" type="checkbox"/> include textboxes, footnotes and endnotes	
Close	

8. Contact information for an owner or manager
9. Contact information for your Oregon registered agent

# eGov Registration Steps

1. Go to <https://ordcbs.mylicense.com/eGov/>.



Department of Consumer and Business Services

menu  
Register a Person  
Register a Business

### License Management

If this is your first time visiting this license site [since the 2021 system update](#), you will need to create an account.

To register and create an account for individual license, please click [individual](#)

To register and create an account for a business license, please click [business](#).

If you have an account and want to renew your license, please enter the information below and click on the **Login** button.

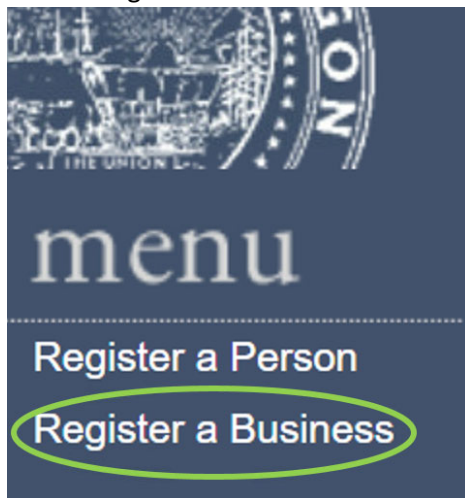
User Id:

Password:

If you have an account, but have forgotten your password, please click [here](#).

Contact Us

2. Select "Register a Business" in the left menu panel.



3. Use the provided fields and only enter the business name and Federal Employer Identification Number (FEIN).



Department of Consumer and Business Services

menu  
Login Page

### Record Search (Business)

We need to check for existing records before completing your registration. Please enter at least two pieces of information in the fields below to search. You can find your registration code and renewal ID on your State-issued renewal notice.

**Note:** If you want to create an account for an individual license, please click [here](#).

License Number:

Renewal ID:

Registration Code:

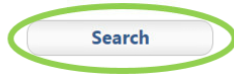
National Provider ID:

BUSINESS/FACILITY NAME:

FEIN:

4. Select "Search."

License Number:   
Renewal ID:   
Registration Code:   
National Provider ID:   
BUSINESS/FACILITY NAME:   
FEIN:



5. The search results should show no records, which means no one else has applied with your business name and FEIN. You will begin the application process from this screen. Contact the division at 503-947-7300 if search results show existing records.

### Initial Registration

We were unable to find your records based on the entered search criteria.

- If you do not currently hold a business/facility license with the state and have not already submitted a paper application, the form below will allow you to register your business information with the state and create a username and password. Complete the form below and press the **register button** to create your record. Once logged into the e-Government application you will be able to submit an electronic license application.
- If you currently hold a business/facility license with the state or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your business records. If your records can not be found, click [here](#) for information on contacting the proper department/agency/board.

6. Stay on the Initial Registration page to create an account to submit an application with the division. You will need the user ID and password created on this page to log in to eGov. This user ID and password will be used again for renewal.

**NOTE:** Required fields are marked with an asterisk (\*).

**Name**

---

Business / Facility Name:  Owner / Manager Name:   
FEIN:  \*Oregon SOS Business Registry Number:   
Ownership Type:

**Address**

---

Country:  \*Phone:   
Line 1:  Fax:   
 \*Email:   
City:   
Foreign Addresses:  
Enter city, region, postal code  
State:  Zip:   
\* County:

**User ID**

---

User Id:  Confirm Password:   
Password:  Password Answer:   
Password Question:

7. To create an account, you will need:
  - a. Business name
  - b. Owner or manager's name
  - c. Business FEIN
  - d. Oregon Secretary of State registration number
  - e. Contact email address (also used for the receipt)
  - f. Mailing address
8. You will need to create a custom user ID.
9. You will need to create a password with at least one character, one uppercase letter, and one number.
10. Keep your user ID and password in a safe place for use during renewals.
11. Enter the application information in all-caps.
12. The user ID can be lowercase. The password is case sensitive.
13. Fill out the required fields and select "Register."

**NOTE:** Required fields are marked with an asterisk (\*).

**Name**

---

Business / Facility Name:   
ex. System Automation Corp.

Owner / Manager Name:   
ex. Joseph Smith

FEIN:  \*Oregon SOS Business Registry Number:

Ownership Type:  ▼

**Address**

---

Country:  ▼

\*Phone:   
ex. 3015551212

Line 1:   
ex. 123 Fourth St.

Fax:   
ex. 3015551212

City:   
Foreign Addresses:  
 Enter city, region, postal code

\*Email:   
ex. username@domain.com

State:  ▼

Zip:   
ex. 02705 or 027051234

\* County:

**User ID**

---

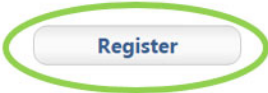
User Id:   
ex. jsmith

Password:   
Minimum 6 characters

Confirm Password:

Password Question:   
ex. Favorite color?

Password Answer:   
ex. Blue



14. The Registration Success page confirms that the account was created. Select “login” to begin the application.

Department of Consumer and Business Services

## Registration Success

You have successfully registered!  
Please [login...](#)

menu  
Login Page

15. Enter the user ID and password from Step 10 in the designated fields and select “Login.”

Department of Consumer and Business Services

## License Management

If this is your first time visiting this license site [since the 2021 system update](#), you will need to create an account.

To register and create an account for individual license, please click [individual](#)

To register and create an account for a business license, please click [business](#).

If you have an account and want to renew your license, please enter the information below and click on the **Login** button.

User Id:

Password:

[Login](#)

If you have an account, but have forgotten your password, please click [here](#).

menu  
Register a Person  
Register a Business

16. The Licenses page is a summary of what was submitted through the Initial Registration page

## Licenses

This page shows all of your active, inactive, and pending licenses. Click "**Initial Application**" to apply or click "**Renew**" in the top-left menu to renew a license.

### Name

**Business / Facility Name:** EXAMPLE DATA BROKER

**Owner / Manager Name:** EXAMPLE CONTACT

**Oregon SOS Business Registry Number:** 22-222222

**Ownership Type:** Domestic Business Corp

### Address

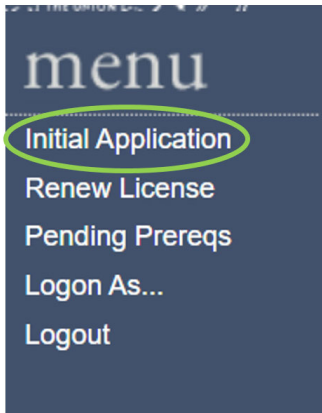
**Address:** 123 ADDRESS ST  
SALEM, OR 97301

**Phone:** 5039477300

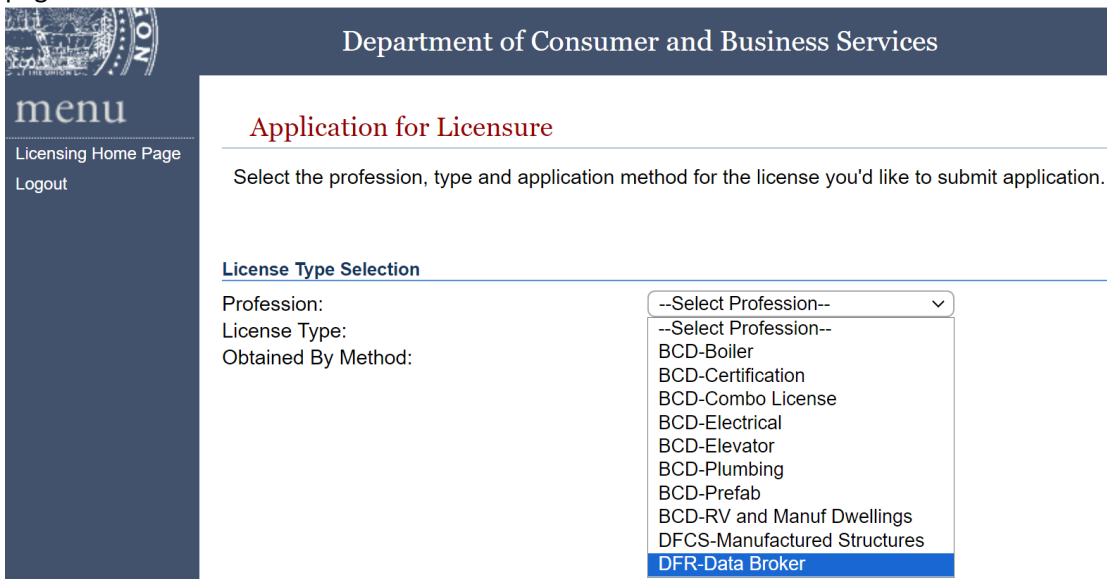
**Fax:**

**Email:** EXAMPLE@EMAIL.COM

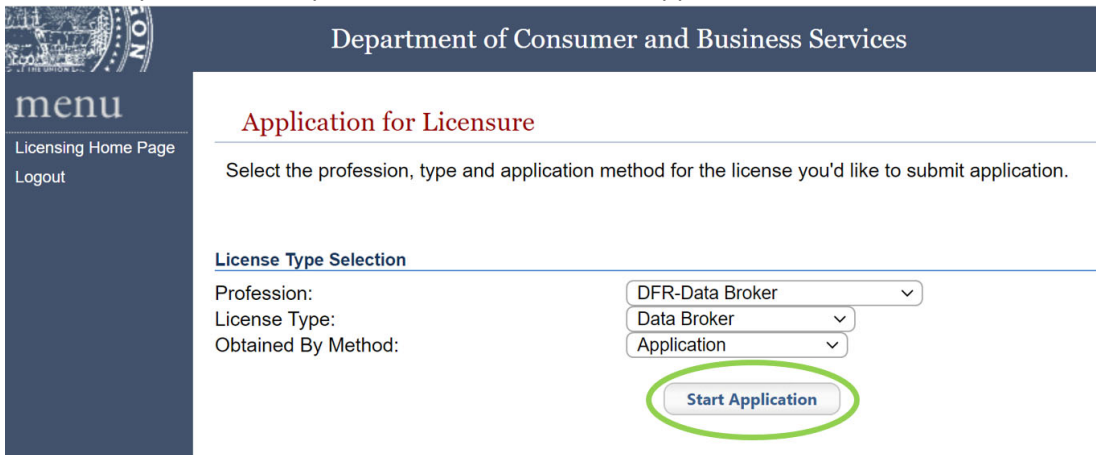
17. Use the left menu panel to begin an application. This menu panel can be used to navigate through the pages during the application process. Select “Initial Application” to begin.



18. Select “DFR-Data Broker” from the profession drop-down menu on the Application for Licensure page.



19. Select “Data Broker” from the license type drop-down menu and “Application” from the Obtained by Methods drop down menu. Select “Start Application”.



20. On the Applying For a License page, select “Click to Confirm” after reading the requirements.

Department of Consumer and Business Services

### Applying For a License

To apply for a data broker license you will need the following information: Physical street address along with mailing address if different, contact information, primary website and active Oregon Secretary of State registration. You will also be required to provide detailed information about the information that you collect and what broker activities that you participate in. Your application is not complete and will not be processed until the registration fee is paid on the final screen.

If any information changes after the initial application, you are required to notify the Division at 503-947-7300 or [dfr.ndp.licensing@dcbs.oregon.gov](mailto:dfr.ndp.licensing@dcbs.oregon.gov).

Please press the **Click to Confirm** button only if you have read and fully understand the above requirements and are ready to begin your application for data broker registration.

[Click to Confirm](#)

21. Please remember, the application is not complete and will not be processed until the registration fees are paid on the final screen.
22. The Contact Information page displays a summary of the information submitted through the Initial Registration page. If the mailing and email address are correct for future regulatory correspondence, then select “Save.”

### Contact Information

You can use this page to make edits to your mailing address and contact information. All fields with asterisks (\*) are required. Click **Save** to submit your changes.

**Name**

Business / Facility Name:

Oregon SOS Business Registry Number:

Owner / Manager Name:

Ownership Type:

**Address**

\* Country:

\* Address Line 1:   
ex. 123 Fourth St.

Address Line 2:   
ex. Apt. 100

\*Zip:   
Get City/County/State from Zip  
ex. 02705 or 027051234

\*City:

\*County:

\*State:

\*Phone:   
ex. 3015551212

Fax:   
ex. 3015551212

\*Email:   
ex. username@domain.com

[Save](#)

23. Enter the physical address of the business on the License Address page and select "Save."

Department of Consumer and Business Services

### Update License Address

Update the address below with your physical address and press the **Save** button to proceed.

**Address**

\* Country:

\* Address Line 1:   
ex. 123 Fourth St.

Address Line 2:   
ex. Apt. 100

Zip:    
ex. 02705 or 027051234

City:

County:

State:

Phone:   
ex. 3015551212

Fax:   
ex. 3015551212

Email:   
ex. username@domain.com

Example with information:

### Update License Address

Update the address below with your physical address and press the **Save** button to proceed.

**Address**

\* Country:

\* Address Line 1:   
ex. 123 Fourth St.

Address Line 2:   
ex. Apt. 100

Zip:    
ex. 02705 or 027051234

City:

County:

State:

Phone:   
ex. 3015551212

Fax:   
ex. 3015551212

Email:   
ex. username@domain.com



24. The next page has drop-down menus and a narrative that are all required.
25. Section One is the data broker's activities page. Use the drop-down menus to select potential business activities. Add a DBA as needed in the space provided.

Section One - Data Brokers Activities

Please indicate what information is collected and for what business activity. Press the **Save** button to save the changes.

Doing Business As (DBA):

The resident individual's name or the name of a member of the resident individual's immediate family or household:

The resident individual's address or an address for a member of the resident individual's immediate family or household.

The resident individual's date of birth:

The resident individual's place of birth:

The maiden name of the resident individual's mother:

Biometric information about the resident individual:

The resident individual's Social Security number or the number of any other government-issued identification for the resident individual:

Other information that, alone or in combination with other information that is sold or licensed, can reasonably be associated with the resident individual.

May the resident individual use a proxy to opt out of the broker's activities?

▼

Collect

Collect, License

Collect, Sell

Collect, Sell, License

Does Not Collect

26. Example with selections made:

Section One - Data Brokers Activities

Please indicate what information is collected and for what business activity. Press the **Save** button to save the changes.

The resident individual's name or the name of a member of the resident individual's immediate family or household:

The resident individual's address or an address for a member of the resident individual's immediate family or household.

The resident individual's date of birth:

The resident individual's place of birth:

The maiden name of the resident individual's mother:

Biometric information about the resident individual:

The resident individual's Social Security number or the number of any other government-issued identification for the resident individual:

Other information that, alone or in combination with other information that is sold or licensed, can reasonably be associated with the resident individual.

May the resident individual use a proxy to opt out of the broker's activities?

27. Section 2 is the data broker’s resident opt-out declarations. Select “Yes,” “No,” or “N/A” to indicate if a resident individual is able to opt out of a data broker activity.

**Section 2 - Data Broker’s Opt Out Declaration**

Indicate if a resident individual is able to opt out of the information below

The resident individual’s name or the name of a member of the resident individual’s immediate family or household:

▼

N/A  
No  
Yes

The resident individual’s address or an address for a member of the resident individual’s immediate family or household:

The resident individual’s date of birth:

The resident individual’s place of birth:

The maiden name of the resident individual’s mother:

Biometric information about the resident individual:

The resident individual’s Social Security number or the number of any other government-issued identification for the resident individual.:

Other information that, alone or in combination with other information that is sold or licensed, can reasonably be associated with the resident individual.

28. Section 3 is where the data broker uses text fields to report its opt-out methods and narrative.

**Report the methods a resident individual may opt out of providing or permitting the data broker to collect, sell or license personal data.**

**Email:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Website:**

**Other Method:**

29. Section 3, part 2, is for the data broker’s opt-out narrative. The narrative is a simple statement informing the consumer of how they may opt out of business activities. In the field provided, submit up to 600 characters of unformatted text. The best method is to compose the narrative in a simple text editor such as Notepad, and then copy and paste into the text field. Copy and paste is encouraged because the text field will not change size.

**Please submit up to 600 characters of unformatted text that is a narrative describing details to consumers about how they can opt out of all or portion of the data broker’s activities. The best method is to copy and paste from a simple text editor such as Notepad.**

**Opt Out Narrative:**

The text used in the example below is: "VISIT [WWW.OPT-OUT.COM](http://WWW.OPT-OUT.COM) OR CALL 1-800-OPT-OUT1 (1-800-678-6881) TO OPT OUT OF DATA BROKER'S BUSINESS ACTIVITIES."

30. When the drop-downs, methods, and narrative are complete, select "Save."

**Section One - Data Brokers Activities**

Please indicate what information is collected and for what business activity. Press the **Save** button to save the changes.

The resident individual's name or the name of a member of the resident individual's immediate family or household:	Collect, Sell, License ▾
The resident individual's address or an address for a member of the resident individual's immediate family or household:	Collect, Sell, License ▾
The resident individual's date of birth:	Collect, Sell, License ▾
The resident individual's place of birth:	Collect, Sell, License ▾
The maiden name of the resident individual's mother:	Does Not Collect ▾
Biometric information about the resident individual:	Does Not Collect ▾
The resident individual's Social Security number or the number of any other government-issued identification for the resident individual:	Does Not Collect ▾
Other information that, alone or in combination with other information that is sold or licensed, can reasonably be associated with the resident individual.	Collect, Sell, License ▾
May the resident individual use a proxy to opt out of the broker's activities?	Yes ▾

**Section 2 - Data Broker's Opt Out Declaration**

**Indicate if a resident individual is able to opt out of the information below**

The resident individual's name or the name of a member of the resident individual's immediate family or household:	Yes ▾
The resident individual's address or an address for a member of the resident individual's immediate family or household:	Yes ▾
The resident individual's date of birth:	Yes ▾
The resident individual's place of birth:	Yes ▾
The maiden name of the resident individual's mother:	N/A ▾
Biometric information about the resident individual:	N/A ▾
The resident individual's Social Security number or the number of any other government-issued identification for the resident individual.:	N/A ▾
Other information that, alone or in combination with other information that is sold or licensed, can reasonably be associated with the resident individual.	Yes ▾

**Section 3: Data Broker's Opt Out Methods**

**Report the methods a resident individual may opt out of providing or permitting the data broker to collect, sell or license personal data.**

<b>Email:</b>	EXAMPLE@EMAIL.COM
<b>Street Address:</b>	123 ADDRESS ST
<b>City:</b>	SALEM
<b>State:</b>	OR
<b>Zip Code:</b>	97301
<b>Phone:</b>	18006786881
<b>Website:</b>	WWW.OPT-OUT.COM
<b>Other Method:</b>	OTHER METHODS

Please submit up to 600 characters of unformatted text that is a narrative describing details to consumers about how they can opt out of all or portion of the data broker's activities. The best method is to copy and paste from a simple text editor such as Notepad.

Opt Out Narrative:

VISIT [WWW.OPT-OUT.COI](http://WWW.OPT-OUT.COI)

Save

31. Add the company's registered agent in the fields provided and select "Save."

#### Registered Agents

Please complete the below information, once all information is completed. Press the **Save** button to save the changes.

Registered Agent's Name:

Registered Agent's Address:

Registered Agent's City:

Registered Agent's State:

Registered Agent's Zip Code:

Save

32. The Corporate Personnel Info page is used to enter personnel. At minimum, one regulatory contact needs to be added. Select "Add" to include the regulatory contact.

Department of Consumer and Business Services

### Corporate Personnel Info

The following individuals are shown as owners or control people of the company; please edit as necessary. At minimum, you should include one regulatory contact person and your Oregon registered agent. If a person is no longer with the company, please select edit and enter the end date for their relationship with the company.

Corporate Personnel

No corp personnel for license

Add

Continue



33. The first and last name are required as well as the fields in red. Enter the contact information and select “Save.”

#### Corporate Personnel Update

Once you have entered the required information, click **Update** or **Save**. The fields on this page will be made blank; you can then either enter another Corporate Personnel and click **Save**, or click **Cancel/Back** to continue.

##### Personnel

First Name:	<input type="text" value="REGULATORY"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text" value="CONTACT"/>
Name Suffix:	<input type="text" value="ex: Sr.   Jr.   III"/>
Birth Date:	<input type="text" value="01/01/1975"/>

##### Address

Country:	<input type="text" value="United States"/>
Line 1:	<input type="text" value="555 COMPLIANCE DR"/>
Line 2:	<input type="text" value="ex: Apt. 100"/>
City:	<input type="text" value="SALEM"/>
State:	<input type="text" value="OR"/>
County:	<input type="text" value="MARION"/>
ZipCode:	<input type="text" value="97301"/>
Phone:	<input type="text" value="5039477300"/>
Fax:	<input type="text" value="ex: 3015551212"/>
Email:	<input type="text" value="COMPLIANCE@EMAIL.COM"/>

##### Details

Position:	<input type="text" value="Contact Person"/>
Start:	<input type="text" value="03/05/2021"/>
End:	<input type="text"/>
Percentage of Ownership:	<input type="text"/>



34. The page returns the information just entered. Select “Cancel/Back” if the information looks correct.

#### Corporate Personnel Update

Once you have entered the required information, click **Update** or **Save**. The fields on this page will be made blank; you can then either enter another Corporate Personnel and click **Save**, or click **Cancel/Back** to continue.



##### Personnel

First Name:	<input type="text" value="REGULATORY"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text" value="CONTACT"/>
Name Suffix:	<input type="text" value="ex: Sr.   Jr.   III"/>
Birth Date:	<input type="text" value="1/1/1975"/>

35. The page will show that the person has been added.

Department of Consumer and Business Services

### Corporate Personnel Info

The following individuals are shown as owners or control people of the company; please edit as necessary. At minimum, you should include one regulatory contact person and your Oregon registered agent. If a person is no longer with the company, please select edit and enter the end date for their relationship with the company.

**Corporate Personnel**

REGULATORY CONTACT		Edit
Position:	Contact Person	Address: 555 COMPLIANCE DR SALEM, OR 97301 United States
Start:	3/5/2021	Phone: 5039477300
End:		Fax:
Shares:		Email: COMPLIANCE@EMAIL.COM
Birth Date:	1/1/1975	

36. To add more people, follow steps 31-34 again (i.e., select “Add,” input personnel information, and then select “Save,” followed by the “Cancel/Back” button to view the summary.)

37. Select “Continue” to move forward.

Department of Consumer and Business Services

### Corporate Personnel Info

The following individuals are shown as owners or control people of the company; please edit as necessary. At minimum, you should include one regulatory contact person and your Oregon registered agent. If a person is no longer with the company, please select edit and enter the end date for their relationship with the company.

**Corporate Personnel**

REGULATORY CONTACT		Edit
Position:	Contact Person	Address: 555 COMPLIANCE DR SALEM, OR 97301 United States
Start:	3/5/2021	Phone: 5039477300
End:		Fax:
Shares:		Email: COMPLIANCE@EMAIL.COM
Birth Date:	1/1/1975	

38. The Application Summary screen displays the information entered in the application.

Department of Consumer and Business Services

**menu**

- CONTACT INFORMATION
- LICENSE ADDRESS
- License Update
- CORPORATE PERSONNEL
- Finish
- [Licensing Home Page](#)
- [Logout](#)

### Application Summary

Please review the summary below - if you need to make any changes, you can use the menu to go back to any step in the application.

When you're ready to move on, click Continue.

---

**Licenses**

---

**Address Summary**

Name: EXAMPLE DATA BROKER

**Licensee Address:**

Line 1: 123 ADDRESS ST

Line 2:

City/Region/Postal Code: SALEM, OR 97301

Email: EXAMPLE@EMAIL.COM

Phone: 5039477300

**Licensee Address:**

Line 1: 456 PHYSICAL ST

Line 2:

City/Region/Postal Code: SALEM, OR 97301

Email: EXAMPLE@EMAIL.COM

Phone: 5039477300

If all the above information is correct, please press the **Go to Checkout** button.

39. Review the application for accuracy.

### Application Summary

Please review the summary below - if you need to make any changes, you can use the menu to go back to any step in the application.

When you're ready to move on, click Continue.

---

**Licenses**

---

**Address Summary**

Name: EXAMPLE DATA BROKER

**Licensee Address:**

Line 1: 123 ADDRESS ST

Line 2:

City/Region/Postal Code: SALEM, OR 97301

Email: EXAMPLE@EMAIL.COM

Phone: 5039477300

**Licensee Address:**

Line 1: 456 PHYSICAL ST

Line 2:

City/Region/Postal Code: SALEM, OR 97301

Email: EXAMPLE@EMAIL.COM

Phone: 5039477300

If all the above information is correct, please press the **Go to Checkout** button.

Otherwise, please go back and correct any necessary information.

---

**REGULATORY CONTACT**

<p>Position: Contact Person</p> <p>Start: 3/5/2021</p> <p>End:</p> <p>Shares:</p> <p>Birth Date: 1/1/1975</p>	<p>Address: 555 COMPLIANCE DR SALEM, OR 97301 United States</p> <p>Phone: 5039477300</p> <p>Fax:</p> <p>Email: COMPLIANCE@EMAIL.COM</p>
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### Section One - Data Brokers Activities

The resident individual's name or the name of a member of the resident individual's immediate family or household:	<input type="text" value="Collect, Sell, License"/>
The resident individual's address or an address for a member of the resident individual's immediate family or household.	<input type="text" value="Collect, Sell, License"/>
The resident individual's date of birth:	<input type="text" value="Collect, Sell, License"/>
The resident individual's place of birth:	<input type="text" value="Collect, Sell, License"/>
The maiden name of the resident individual's mother:	<input type="text" value="Does Not Collect"/>
Biometric information about the resident individual:	<input type="text" value="Does Not Collect"/>
The resident individual's Social Security number or the number of any other government-issued identification for the resident individual:	<input type="text" value="Does Not Collect"/>
Other information that, alone or in combination with other information that is sold or licensed, can reasonably be associated with the resident individual.	<input type="text" value="Collect, Sell, License"/>
May the resident individual use a proxy to opt out of the broker's activities?	<input type="text" value="Yes"/>

### Section 2 - Data Broker's Opt Out Declaration

The resident individual's name or the name of a member of the resident individual's immediate family or household:	<input type="text" value="Yes"/>
The resident individual's address or an address for a member of the resident individual's immediate family or household:	<input type="text" value="Yes"/>
The resident individual's date of birth:	<input type="text" value="Yes"/>
The resident individual's place of birth:	<input type="text" value="Yes"/>
The maiden name of the resident individual's mother:	<input type="text" value="N/A"/>
Biometric information about the resident individual:	<input type="text" value="N/A"/>
The resident individual's Social Security number or the number of any other government-issued identification for the resident individual.:	<input type="text" value="N/A"/>
Other information that, alone or in combination with other information that is sold or licensed, can reasonably be associated with the resident individual.	<input type="text" value="Yes"/>

### Section 3: Data Broker's Opt Out Methods

Report the methods a resident individual may opt out of providing or permitting the data broker to collect, sell or license personal data.

Email:

Street Address:

City:

State:

Zip Code:

Phone:

Website:

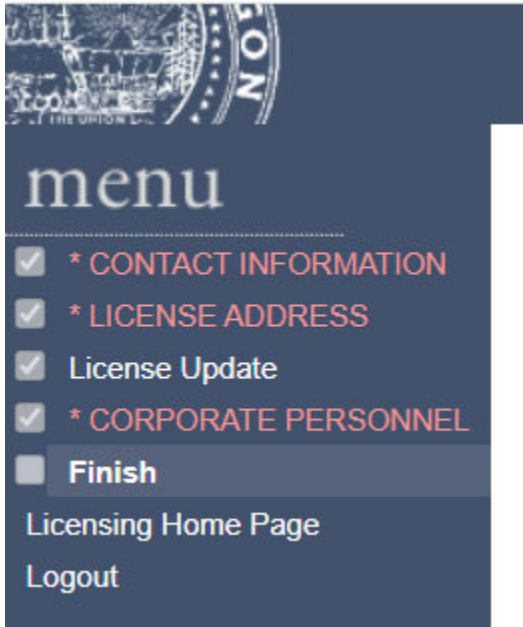
Other Method:

Opt Out Narrative:

[Go to Checkout](#)



40. Note that the left menu panel will show items in red with an asterisk. This does not mean the items are incomplete. If edits are needed, use the left menu panel to navigate to those sections.



41. If the application is complete after reviewing the Application Summary page, select “Go to Checkout” at the bottom of the page.

**Section 5: Data Broker's Opt Out Methods**

Report the methods a resident individual may opt out of providing or permitting the data broker to collect, sell or license personal data.

Email: EXAMPLE@EMAIL.COM

Street Address: 123 ADDRESS ST

City: SALEM

State: OR

Zip Code: 97301

Phone: 18006786881

Website: WWW.OPT-OUT.COM

Other Method: OTHER METHODS

Opt Out Narrative: VISIT WWW.OPT-OUT.COM

**Go to Checkout**

Contact Us

42. Follow the instructions on the payment screens to complete payment. The fee is \$600.
43. The Application Complete page indicates the application has been submitted for review by the division.

The screenshot shows a web page for the Department of Consumer and Business Services. The page title is "Application Complete". A message states: "Your application has been submitted and all fees have been applied to your credit card. If you entered a valid email address, you will receive an email receipt as proof of payment." Below this, there are two sections: "License Information" and "Payment Information".

**License Information**

Date Submitted:	November 18 2023
Applicant Name:	EXAMPLE DATA BROKER
License Number:	Pending
Agency:	OR DCBS
Process:	Apply for Initial License process

**Payment Information**

Transaction #:	
Fee Amount:	\$0.00
Authorized Amount:	\$0.00

At the bottom of the page, there is a "Home" button and a "Contact Us" link.

44. You may exit the page.
45. The division will email the submitted business contact about the status of the registration after its full review.