

Data Broker License Application

Oregon Department of Consumer and Business Services Division of Financial Regulation

350 Winter St. NE, Room 410, Salem, Oregon 97301-3881
 Mailing address: P.O. Box 14480, Salem, OR 97309-0405
 503-947-7300 • Fax: 503-947-7862
 dfr.ndp.licensing@dcbs.oregon.gov
 dfr.oregon.gov



Mail application with payment to:
 DCBS Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

DEPARTMENT USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Signature:		

DATA BROKER – INITIAL REGISTRATION APPLICATION

“Data broker” means a business entity or part of a business entity that collects and sells or licenses brokered personal data to another person. A data broker may not collect, sell or license brokered personal data within this state unless the data broker first registers with the Department of Consumer and Business Services. Exclusions to these requirements can be found in HB 2052 section 1, subsection 2a, paragraph (b).

Please respond to all questions. Incomplete applications will not be approved.

Section 1: Data Broker Contact Information		
Business Name of Applicant:		
Business Website:		
Street Address:		
City:	State:	ZIP:
Mailing Address:		
City:	State:	ZIP:
Business Phone:		
Regulatory Contact:	Regulatory Phone:	
Regulatory Email:		
Secondary Contact:	Secondary Phone:	
Secondary Email:		

The fee for a Data Broker License is \$xxxx.xx. The license is valid for one year from date of issue.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone:
			\$
Cardholder signature			Amount
Name of cardholder as shown on credit card			
Credit card number			Expiration date

Secure fax payment: 503-947-2333

Fiscal use only:

**Make check or money order payable to
 Department of Consumer & Business Services.**
 If paying by credit card, applicant must sign
 credit card information box. Do not send cash.



Section 2: Data Broker's Activities			
Please indicate what information is collected and for what business activity, check all that apply:			
The resident individual's name or the name of a member of the resident individual's immediate family or household.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The resident individual's address or an address for a member of the resident individual's immediate family or household.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The resident individual's date of birth.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The resident individual's place of birth.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The maiden name of the resident individual's mother.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
Biometric information about the resident individual.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The resident individual's Social Security number or the number of any other government-issued identification for the resident individual.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
Other information that, alone or in combination with other information that is sold or licensed, can reasonably be associated with the resident individual.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>

Section 3: Data Broker's Opt Out Declaration			
May the resident individual use a proxy to opt out of the broker's activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
May the resident individual opt out of all broker activities? (if yes, skip to section 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If NO , which broker activity may the resident individual opt out? Check all that apply.			
The resident individual's name or the name of a member of the resident individual's immediate family or household.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The resident individual's address or an address for a member of the resident individual's immediate family or household.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The resident individual's date of birth.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The resident individual's place of birth.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The maiden name of the resident individual's mother.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
Biometric information about the resident individual.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
The resident individual's Social Security number or the number of any other government-issued identification for the resident individual.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>
Other information that, alone or in combination with other information that is sold or licensed, can reasonably be associated with the resident individual.	Collect <input type="checkbox"/>	Sell <input type="checkbox"/>	License <input type="checkbox"/>

Section 4: 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: _____

Mail: _____

Phone: _____

Website: _____

Section 5: Narrative

For the application to be considered complete, a typed narrative providing details to consumers about how they can opt out of all or a portion of the Data Broker's activities must be sent to DFR.NDP.Licensing@dcbs.oregon.gov. Failure to provide this information within 5 days will result in the application being abandoned without a refund of licensing fees.

Section 6: Authorized Signature

I am authorized to submit and sign this application. The information on this application is complete and correct. I authorize the Division of Financial Regulation to review this application for a Data Broker License.

Signature:	Date:
Print Name:	Title: