

Data Driven Safety, LLC Consumer Dispute Request Form

Provide a specific description of the item(s) that you are disputing. It may be beneficial to submit supporting documents along with your request.

By submitting your Data Driven Safety, LLC Notice of Consumer Dispute Form to Data Driven Safety, LLC, you are certifying to Data Driven Safety, LLC that: (i) you are the individual consumer whose information you are disputing; (ii) the personal and contact information you provide is complete and accurate to the best of your knowledge; (iii) the information you are disputing is inaccurate or incomplete (if applicable); and (iv) you understand that you may contact Data Driven Safety, LLC's Compliance Department at any time to ask questions about the Data Driven Safety, LLC Notice of Consumer Dispute Form or the dispute process.

First Name	Middle Name	Last Name
Date of Birth	Driver's License Number	Driver's License State
Mailing Address		
Email Address	Name of Employer that Requested Your Consumer Report	

A photocopy of my valid Driver's License is attached as proof of my identity.

Signature:

Date:

***A clear image of your driver's license or passport MUST be uploaded
in order for us to proceed with your request.***