

Business Name:	Date Application Re	ceived:
Address, City, State Zip:		
Telephone:	Email:	
Is the Trusted Submitter Agreement (TSA)	ompleted in full? Yes No	
Comments:		
Is the nature of the business an electronic	•	
Comments:		
Pilos Programme and the state of the second		
Did applicant supply adequate references	other recorders? \square Yes \square No	
Poforance 1: County:	State: Name:	
Telephone: Contact Date:	By:	
Is Recorder satisfied with service? Ves	☐ No Are there any issues to discourage appr	oval? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		ovai: — res — no
Comments.		
	State: Name:	
Telephone: Contact Date:	Ву:	
Is Recorder satisfied with service? Yes	No Are there any issues to discourage appr	oval?
Reference 3: County:	State: Name:	
Telephone: Contact Date:	By:	
Is Recorder satisfied with service? \square Yes	☐ No Are there any issues to discourage appr	oval? 🗆 Yes 🗀 No
Comments:		
	iness are there any articles that discourage approv	/al? □ Yes □ No
Comments:		
Is the husiness a member of LinkedIn?	es No Are they practicing up to date tecl	nology? \ \Vec \ \ \No.
	Are they practicing up to date tech	
comments.		
After completing a Better Business Bureau	earch of the business are there any complaints tha	nt discourage approval?
□ Yes □ No	· · · · · · · · · · · · · · · · · · ·	0 - 1 - 1
Comments:		
The Wisconsin Electronic Recording Council	\square Approves this application $\ \square$ Denies this applica	ition
	Chair Signature:	