



Business Name: _____ Date Application Received: _____

Contact Name: _____

Address, City, State Zip: _____

Telephone: _____ Email: _____

Is the Trusted Submitter Agreement (TSA) completed in full? Yes No

Comments: _____

Is the nature of the business an electronic recording vendor? Yes No

Comments: _____

Did applicant supply adequate references to other recorders? Yes No

Reference 1: County: _____ State: _____ Name: _____

Telephone: _____ Contact Date: _____ By: _____

Is Recorder satisfied with service? Yes No Are there any issues to discourage approval? Yes No

Comments: _____

Reference 2: County: _____ State: _____ Name: _____

Telephone: _____ Contact Date: _____ By: _____

Is Recorder satisfied with service? Yes No Are there any issues to discourage approval? Yes No

Comments: _____

Reference 3: County: _____ State: _____ Name: _____

Telephone: _____ Contact Date: _____ By: _____

Is Recorder satisfied with service? Yes No Are there any issues to discourage approval? Yes No

Comments: _____

After completing a Google search of the business are there any articles that discourage approval? Yes No

Comments: _____

Is the business a member of LinkedIn? Yes No Are they practicing up to date technology? Yes No

Comments: _____

After completing a Better Business Bureau search of the business are there any complaints that discourage approval?

Yes No

Comments: _____

The Wisconsin Electronic Recording Council Approves this application Denies this application

Date: _____

Chair Signature: _____