

## School Board of Broward County (SBBC) EasyPath Company Information Form Completion Instructions

### 1. BUSINESS INFORMATION

- a. **Company Name** – Name of your company as you were registered with the previous badging service provider. If this is a new application, the company name you are doing business as.
- b. **Transaction Status Contact Name** - Contact that will receive applicant status (cleared, renewal, denial, etc.,) notifications. This should include your first name, middle initial and last name.
- c. **Title** - Business title of Transaction Status Contact name
- d. **Email Address (required)** - Email address to receive notifications regarding the applicant's status.
- e. **Address 1** – Street address of company to receive communication related to applicant results
- f. **Address 2** – Suite number, floor, division, or department of company
- g. **City, State, Zip** – City, State & Zip of company
- h. **Phone** – Phone number to reach the Transaction Status Contact
- i. **Fax** – Fax number of the Transaction Status Contact
- j. **Current Vendor/JLA Number** – If you are an existing company, please enter your current vendor number (known as JLA number or Vendor ID). If not, please check the box for New Application and your information will be added.

### 2. PAYMENT INFORMATION

- a. **Escrow Account** – Companies who elect to pre-pay for their applicant's background checks, should complete the *EasyPath Escrow Account/Registration Application* form.
- b. **Applicant Pays** – Select this option if the applicants will be paying for their background checks.

### 3. BADGE RECEIPT OPTIONS

- a. Select one method of receipt for badge distribution
  - i. Applicant picks up from Enrollment Center/UPS Office
  - ii. Company representative will pick-up badges on designated day and time at the SBBC Office
  - iii. Badges will be shipped via courier
- b. **Contact Name** - Contact that will either pick up badges at SBBC or receive badges via courier. This should include your First Name, Middle Initial, & Last Name
- c. **Title** - Business title of contact name
- d. **Email Address (required)** - Email address for communication regarding badge pick up or courier delivery
- e. **Address 1** – Street address of company
- f. **Address 2** – Suite number, floor, division, or dept. of company
- g. **City, State, Zip** – City, State & Zip of company
- h. **Phone** – Phone number of contact that will pick up badges or receive them via courier.
- i. **Fax** – Fax number of contact that will pick up badges or receive them via courier.
- j. **Courier Name** – Name of courier if badges are been sent
- k. **Account Number** – Account number to charge for shipments
- l. **Print Name** – printed name of person who completed the form
- m. **Date** – date the form was completed
- n. **Authorized Signature** – Person who completed the form

**NOTE: The term Company is inclusive of any vendor, contractor, school, college or university that has the requirement to have persons processed through the SBBC badging process.**

**School Board of Broward County (SBBC) EasyPath**  
**COMPANY INFORMATION FORM**

Please contact the EasyPath Project Coordinator at 754-321-1830, toll free 1-866-528-1359 extension 2149, or email [easypathinfo@L1ID.com](mailto:easypathinfo@L1ID.com), if you have any questions on how to complete this form.

**1. BUSINESS INFORMATION**

Company Name \_\_\_\_\_  
Transaction Status Contact Name \_\_\_\_\_  
Title \_\_\_\_\_ Email Address (required) \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Current Vendor/JLA Number \_\_\_\_\_  New Application

**2. PAYMENT INFORMATION**

Please indicate payment method below (check only one):

Applicant Pays  Escrow Account

**3. BADGE RECEIPT OPTIONS**

(Please check only one)

- Applicants will pick-up their badges at Enrollment Center/UPS Office  
 Company representative will pick-up badges on designated day at the SBBC Office  
(if selected, you must complete contact, title, email, address and phone and fax number info below).  
 Badges will be shipped via courier (if selected, must complete all information below.)

Contact Name \_\_\_\_\_  
Title \_\_\_\_\_ Email Address (required) \_\_\_\_\_  
Address 1 \_\_\_\_\_  same as above  
Address 2 \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Courier Name \_\_\_\_\_  
Account Number \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Fax completed form to 954-333-3666 or email to [EasyPathInfo@L1ID.com](mailto:EasyPathInfo@L1ID.com)  
to the attention of EasyPath Vendor Registration