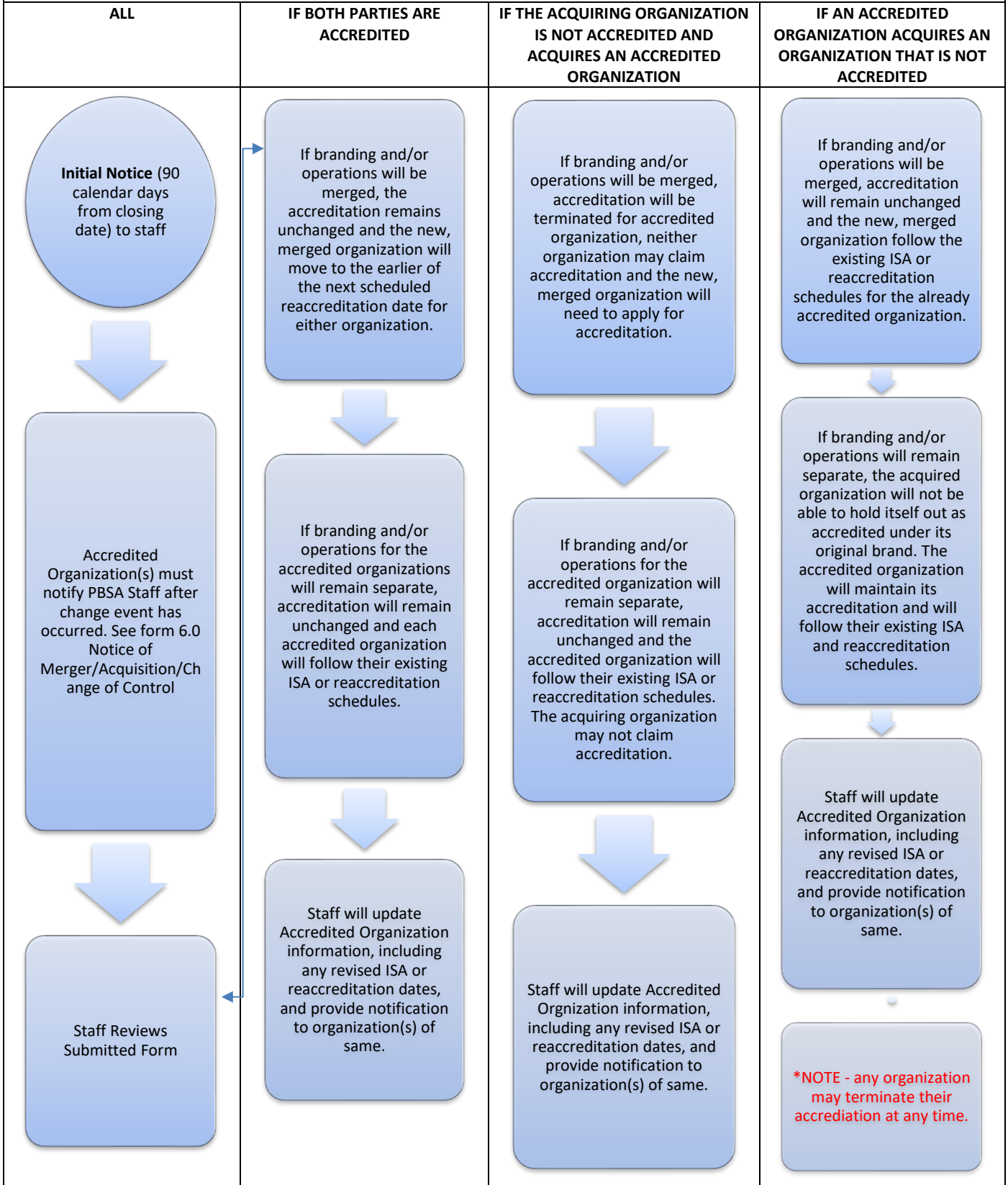


**ATTACHMENT 7  
CHANGE OF OWNERSHIP AND/OR CONTROL**



**FORM 5.0**  
**NOTICE OF ADMINISTRATIVE CHANGE FOR ACCREDITED ORGANIZATION**  
**(i.e. to logo, legal entity name, doing business as name, internal legal structure – but no operational or ownership change)**

[COMPANY LETTERHEAD]  
Month, Day, Year

PBSA  
110 Horizon Drive, Suite 210  
Raleigh, NC 27615

**Re: BSCC Notice of Administrative Change for Accredited Organization**

To whom it may concern:

Please accept this letter as an official notice on behalf of the above-named accredited organization of an administrative change, including specifically the following (check all that apply and attach requested information):

- Change to Accredited Organization Logo – please attach the old and new logo
- Change to Accredited Organization Legal Name (no operational change) – please attach state legal filings for the old and new legal name
- Change to Accredited Organization Doing Business As or Trade Name – please attach state legal filings for the old and new doing business as or trade name
- Change to Internal Legal Structure Only (e.g., affecting who the parent company is to the Accredited Organization, without a change to the overall ownership or control of the Accredited Organization) – please attach a description or illustration of the old and new legal structure including impact on the accredited organization, if any.

As part of this Notice, the undersigned represents, attests, and certifies to the following:

- ACCREDITED ORGANIZATION NAME is currently an active accredited member of PBSA in good standing.
- I have personally reviewed the BSOAP Policies and Procedures, the BSCC Organization Code of Conduct, the Accreditation Standard with Audit Criteria, and the Merger/Acquisitions Toolkit.
- We have conducted our own internal review and believe that we are in substantial conformity with all clauses and measures and that no further virtual/virtual audit to establish conformity is required by the BSOAP policies and procedures as a result of the above administrative changes.

- In compliance with the BSOAP process, ACCREDITED ORGANIZATION NAME has attached the documents requested above in support of its request for an administrative change to be made.

Sincerely,

OFFICER'S SIGNATURE  
OFFICER'S PRINTED NAME  
OFFICER'S TITLE  
COMPANY NAME

**FORM 6.0**  
**NOTICE OF MERGER/ACQUISITION/CHANGE OF CONTROL LETTER**

**Notice of Transaction**

This form is to be completed whenever a currently accredited organization undergoes a legal transaction or event that will have an impact on their ownership or control. Every accredited organization is required by Section IV (O) of the Background Screening Organization Accreditation Program Policies and Procedures to provide notice of a merger/acquisition/change of control by completing this form.

**ACCREDITED ORGANIZATION'S CURRENT (PRE-TRANSACTION) INFORMATION**

Accredited Organization's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Primary Contact Direct Phone: \_\_\_\_\_

**OTHER ENTITY INFORMATION**

The following legal entities or individuals are involved in the above described legal transaction or event. If more than one legal entity besides the currently accredited organization is involved in the legal transaction or event, please complete the following for each entity involved and attach the same to this document.

Other Entity's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Primary Contact Direct Phone: \_\_\_\_\_

Other Entity's Current Accreditation Status:

- Not Currently Accredited
- Initial Term of Accreditation
- Seeking Re-Accreditation
- Re-Accredited
- Accreditation Terminated

**NATURE OF LEGAL TRANSACTION OR EVENT**

**Please check all that apply:**

- Transfer of ownership
- Change in key personnel
- Transfer of legal control
- Transfer of financial control
- Transfer of operational control

- Addition of operation centers or facilities
- Change in physical location(s) of operations
- Change in service-delivery platform
- Change in operational processes
- Change in control of information security
- Change in control of operational facility
- Change in client on-boarding process and/or service agreement

**Please indicate the intended outcome of the transaction:**

- Accredited organization will merge branding / or operations with another accredited organization
- Accredited organization will maintain separate branding and/ or operations with another accredited organization
  
- Accredited organization acquired by and will merge branding and/ or operations with nonaccredited organization
- Accredited organization acquired by and will maintain separate branding and/ or operations with nonaccredited organization
  
- Accredited organization acquires and will merge branding and/ or operations with nonaccredited organization
- Accredited organization acquires and will maintain separate branding and/ or operations with nonaccredited organization
  
- Other – explain: \_\_\_\_\_

**IF ORGANIZATIONS ARE MERGING OPERATIONS/BRANDING, PLEASE PROVIDE SURVIVING ENTITY INFORMATION**

As a result of this transaction, the following legal entity will survive the legal transaction or event identified above. If no change to the Accredited Organization’s Entity Information is made as a result of this legal transaction or event, simply mark “No change.”

Surviving Entity’s Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Primary Contact Title: \_\_\_\_\_  
 Primary Contact Email: \_\_\_\_\_  
 Primary Contact Direct Phone: \_\_\_\_\_

**FORM 9.0  
REQUEST FOR TERMINATION OF ACCREDITATION**

[COMPANY LETTERHEAD]

Month, Day, Year

PBSA  
110 Horizon Drive, Suite 210  
Raleigh, NC 27615

Re: Request for Termination of Accreditation

At this time, we would like the following organization(s) to be removed from the PBSA LIST OF ACCREDITED COMPANIES immediately.

ACCREDITED ORGANIZATION NAME #1 TO BE REMOVED:

---

ACCREDITED ORGANIZATION NAME #2 (where applicable) TO BE REMOVED:

---

I am a current officer fully authorized to act on behalf of COMPANY NAME.

We are fully aware and are taking immediate action to ensure that in addition to having our name removed from the PBSA LIST OF ACCREDITED COMPANIES on the PBSA website, we must remove all references to this accreditation on all company marketing materials, letterhead, websites, and any other place it may exist.

Sincerely,

OFFICER'S SIGNATURE  
OFFICER'S PRINTED NAME  
OFFICER'S TITLE  
COMPANY NAME

**FORM 10.0**  
**Change of Physical Office Location(s)**

This form is to be completed whenever a currently accredited organization moves, or closes, one or more of their physical office locations, including its headquarters or any operating offices where services under the Standard are being completed, **OR** if the organization establishes a new or additional office location where services under the Standard will be completed.

Accredited Organization's Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Primary Contact Direct Phone: \_\_\_\_\_

Provide ALL Office Location(s)  
(Attach separate sheet if necessary.)

*Location 1:*

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

- Unchanged since last audit
- Closed location as of \_\_\_/\_\_\_/\_\_\_
- New location since last audit, new as of \_\_\_/\_\_\_/\_\_\_

*Location 2:*

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

- Unchanged since last audit
- Closed location as of \_\_\_/\_\_\_/\_\_\_
- New location since last audit, new as of \_\_\_/\_\_\_/\_\_\_

*Location 3:*

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

- Unchanged since last audit
- Closed location as of \_\_\_/\_\_\_/\_\_\_
- New location since last audit, new as of \_\_\_/\_\_\_/\_\_\_

## **LIST OF ATTACHMENTS AND APPROVED FORMS**

**\*Numbering retains historical use and is not sequential**

Fee Schedule

Attachment 1 – Initial Accreditation Process

Attachment 3 – Reaccreditation Process

Attachment 4 – Interim Surveillance Audit (ISA) Process

Attachment 5 – Complaint / Grievance Process

Attachment 6 – Optional Appeal Process

Attachment 7 – Change of Control Process

Form 5.0 - Notice of Administrative Change for Accredited Organization

Form 6.0 - Notice of Merger/Acquisition/Change of Control Letter

Form 9.0 – Request for Termination of Accreditation

Form 10.0 - Change of Physical Office Location(s)