



CONSUMER FINANCIAL PROTECTION BUREAU (CFPB)

Trial Disclosure Sandbox Application

For more information on the Trial Disclosure Sandbox, please review the Bureau's "Policy to Encourage Trial Disclosure Programs".

If there is not enough room to answer a question on the form, or if an applicant wishes to provide additional supporting information, please provide the information as an attachment to this form.

The Office of Innovation will inform applicants if an application is complete or if additional information is needed. Submitted applications may be withdrawn at any time.

Note: The Bureau is offering this sample application form on a voluntary basis as a tool to better organize applications; failure to adhere to or provide information requested by these forms will not necessarily render an application incomplete under the Policy.

Potential applicants are strongly encouraged to contact the Office of Innovation for informal, preliminary discussion of a contemplated proposal prior to submitting an application.

Inquiries and questions related to the Policy or application form can be sent directly to the Office of Innovation at officeofinnovation@cfpb.gov with "CFPB Disclosure Sandbox Inquiry" in the subject line.

To be considered for the Trial Disclosure Sandbox, applicants may submit this completed form by e-mail to officeofinnovation@cfpb.gov with "Trial Disclosure Sandbox Application" in the subject line, or by mail to the address listed below:

CFPB Trial Disclosure Sandbox Application
C/o Office of Innovation
1700 G St NW
Washington, DC 20552

Privacy Notice

The Consumer Financial Protection Bureau (CFPB) is seeking information from your institution in connection with your application to be permitted to conduct a trial disclosure program and to receive an associated waiver.

The CFPB will obtain personally identifiable information (PII) such as your full name, mailing address, email address, and phone number, as applicable. Your name and e-mail address may be used to contact you about future related events, reports, or other announcements from the CFPB.

This collection of information is authorized by 12 U.S.C. 5492(a)(10); 12 U.S.C. 5512(b)(4)(B); 15 U.S.C. 1640(f); 15 U.S.C. 1691e(e); 15 U.S.C. 1693m(d).

Participation is voluntary.

TRIAL DISCLOSURE SANDBOX APPLICATION

Pre-Application

Was a preliminary discussion held with Office of Innovation staff regarding this application?

YES

NO

(If "Yes," with whom?)

If "no" then please email us at OfficeOfInnovation@cfpb.gov to discuss your application.

Applicant Information

1 Please list full name of applicant(s).

Please include Legal Entity Identifiers (LEIs) if you have one.

FULL NAME OF APPLICANT(S) INCLUDING ANY TRADE NAMES OR DBAs

2 Please list the mailing address of your company's headquarters.

This should NOT be a P.O. Box.

STREET

CITY

STATE

ZIP CODE

3 Please list the contact information of the person responsible for communicating with the CFPB.

POINT OF CONTACT NAME

WORK PHONE

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EMAIL



New disclosures or delivery mechanisms

Applications should include a copy of the trial disclosures to be tested, a description of what they would replace, and a clear statement of how they would be provided to consumers. If disclosures consist of modified or replacement disclosure content, that content should be in plain language, reflect a clear format and design, and be succinct. If an application is for iterative testing, it should specify the initial disclosures and the range or type of modifications contemplated. If an application is for concurrent testing, it should specify the range of variations.

4 **Describe the new disclosures or delivery mechanisms to be tested.**

NEW DISCLOSURES OR DELIVERY MECHANISMS TO BE TESTED

5 **How are these changes expected to improve upon required disclosures or delivery mechanisms?**

IMPROVEMENTS UPON REQUIRED DISCLOSURES OR DELIVERY MECHANISMS

New disclosures or delivery mechanisms (continued)

6

How can these expected improvements be measured?

EXPECTED IMPROVEMENTS MEASURED BY

Anticipated testing risks

7

Identify potential risks to consumers associated with the proposed test.

IDENTIFIED RISKS

TRIAL DISCLOSURE SANDBOX APPLICATION

8

How will risks be mitigated?

DESCRIPTION OF HOW RISKS WILL BE MITIGATED

9

What procedures will be used to assess for potential risks to consumers during the test?

DESCRIPTION OF PROCEDURES

Scope of waiver

10 Identify the statutory and regulatory requirements to be waived during the test.

Applicants should describe the scope of the requested waiver with as much specificity as practicable, in part to enable the CFPB to respond expeditiously to the application.

The CFPB recognizes that in some cases it may be difficult to determine precisely which regulatory requirements would apply, in the normal course, to a proposed trial disclosure program. In other cases, the applicant may lack the legal resources to make a fully precise determination. In such circumstances, the applicant should provide the maximum specification practicable under the circumstances and explain the limits on further specification.

IDENTIFY STATUTORY AND REGULATORY REQUIREMENTS TO BE WAIVED DURING THE TEST

Anticipated test parameters

Please provide the following parameters of the anticipated test.

- 11 **Duration of the test?**
The CFPB expects that a two-year testing period will be appropriate in most cases.

DURATION OF THE TEST

- 12 **Describe plans to wind down or modify activity at the conclusion of the test.**

DESCRIBE PLANS TO WIND DOWN OR MODIFY ACTIVITY AT THE CONCLUSION OF THE TEST

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13 Please provide information about the consumer test population.

SIZE OF CONSUMER TEST POPULATION

LOCATION OF CONSUMER TEST POPULATION

DESCRIPTION OF CONSUMER TEST POPULATION AND HOW IT WAS CHOSEN

WILL THE CONSUMER TEST POPULATION BE SCALED OR MODIFIED DURING THE TEST?

14 Describe the test result data that will be shared with the CFPB and a schedule for sharing that data.

Regulatory coordination and confidentiality

15 If the applicant would like the CFPB to coordinate with other regulators on this application, please identify those regulators and provide their contact information, if available.

16 If the applicant wishes to request confidential treatment for certain information or data, the applicant should identify this information or data and the basis for such treatment as specifically as possible.

Submit

17

By clicking this box, I am indicating that the information given is true to the best of my knowledge and belief.

DATE

COMPANY NAME

FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

 - -

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