



Pricing Request Form



1. Screening Needs: ___ Employment Screening ___ Tenant Screening ___ Vendor/Contractor Screening

2. Do you currently have as a background check program? _____

3. If so, who is the provider? _____

4. How many checks annually? _____

5. Please check the types of searches you are interested in below

- Statewide/County Criminal Records**
- Civil Records Check**
- Social Security/Past Address Trace**
- SSN Validation Through SSA (CBSV)**
- Credit History (Employment Screening)**
- Credit History (Tenant Screening)**
- Federal Criminal Check**
- Federal Civil Check**
- Federal Bankruptcy**
- Motor Vehicle Records**
- Education Verification**
- Employment History**
- Reference Check**
- Sex Offender Check**
- Professional Credential Check**

- Drug & Alcohol Testing**
- Worker's Compensation**
- Multi-Jurisdiction Criminal**
- Nationwide Sex Offender**
- Adverse Action Compliance Assistance**
- International Checks**
- Healthcare Fraud and Abuse Scans**
- Eviction Reports**
- DCF Abuse and Neglect Registry**
- Public Media Scan**
- Massachusetts CORI**
- Real Estate/Asset Search**
- Military Verification**
- OFAC Sanctions Scan**

Contact Information:

Contact Person: _____

Email: _____

Phone: _____

Company Name and Address: _____

If additional space is needed please provide information below:

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