Supplemental to Employment Application For Police Department Employees Madison Police Department, Alabama

These completed documents must be received by the Madison Police Department Training Unit, 100 Hughes Road, Madison, Alabama 35758 **within 5 Business Days of original receipt**.
Questions? Contact Training Unit at 256-772-5686 (Fax Number 256-461-1633).
City of Madison is an Equal Opportunity Employer.

Instructions to Applicant

- It is the determination of the Department that these questions are necessary in order to fully and adequately determine suitability for law enforcement.
- It is your responsibility to complete this form and provide all required information by the deadline provided to you, in order to continue in the process.
- Respond to ALL items and questions. If a question does not apply to you, enter "N/A" (not applicable) in the space provided for the response.
- Do not use "same as above," "see resume," or other abbreviated entries.
- If you need extra space for any response, use the page for 12. "Additional Information."
- Either type responses or neatly print responses in BLACK INK only.
- Disqualification: There are few automatic bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, misstatements, misrepresentations or omissions can and often will result in your application being rejected, regardless of the nature or reason.

  Bottom Line: You are responsible for providing complete, accurate and truthful responses.

- In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Alabama Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.
- Hand-deliver completed forms to the address above, or scan or email forms to _____.

I have read and I understand the above instructions.

Printed Name: _____Signature: _____ Date: _____

Position Applied For: _____

Section 1: Personal

Last Name:	First Name:	Middle Name:
Place of Birth: County: City: State:		
Can you provide evidence of being legally qualified to be employed in the United States? ☐ **Yes** ☐ **No**		

Has your name ever been legally changed? (this includes adoption, naturalization process, marriage, etc.) ☐ **Yes** ☐ **No** If "YES" complete the following:	Previous Name	Date and Location of Change	Reason for Change
	Previous Name	Date and Location of Change	Reason for Change
	Previous Name	Date and Location of Change	Reason for Change
Have you ever used an alias or name other than your legal name (this includes nicknames used)? ☐ **Yes** ☐ **No** If "YES" list names used.			
Have you ever used any Social Security Number other than the one show above? ☐ **Yes** ☐ **No** If "YES" please explain and provide all other social security numbers you have used.			

Residence:

How long have you resided at your present address?

Chronologically list your previous places of residence for the past 7 years (as many and as much information you can recall). If necessary, provide additional information in Section XII.

From Mo/Yr	**To Mo/Yr**	**Address, City and State**

Have you lived in any other state other than the ones listed above? If so, which states, and what were the dates?

_____

_____

Section 2: Polygraph

It is a necessary prerequisite that all applicants voluntarily submit to a polygraph examination prior to employment with the Madison Police Department.

Are you willing to take a polygraph examination to verify all information supplied in this application and the City's standard application and all other information required by this Department in the selection process?
☐ **Yes** ☐ **No**

Section 3: Personal History

1. Have you tried, used or experimented, EVEN ONE TIME, with any of the following without a physician's prescription in the last 7 years.
   a. narcotic drug
   b. barbiturate
   c. amphetamine
   d. tranquilizer
   e. marijuana
   f. steroid
   g. any hallucinogenic drug
   h. any other controlled substance or
   i. any other substance for the purpose of getting high?

☐ **Yes** ☐ **No**

If "YES," what substance(s), on how many occasions and when most recently?

2. Have you ever bought or sold illegal narcotics. If so, explain:

3. At any time in your life have you ever:
   a. been arrested and booked into a detention facility
   b. been arrested but not booked in to a detention facility
   c. been questioned by any law enforcement official as a suspect in a crime
   d. received a ticket (traffic ticket, arrest citation or any other summons or notification of a violation of law)
   e. been stopped and or questioned by any law enforcement official for any reasons

   ☐ **Yes** ☐ **No**

   If "YES", provide the following details (LISITNG each incident separately and as complete as possible) in Section XII. This information is required regardless of the disposition of the case.):
   a. the date
   b. your age at the time of the incident
   c. the police agency involved
   d. the charge (s)
   e. the details of the case
   f. the final disposition

4. Do you have any outstanding summons against you? ☐ **Yes** ☐ **No**
   If "YES", provide details in Section XII.

5. Do you have any outstanding warrants for your arrest? ☐ **Yes** ☐ **No**
   If "YES", provide details in Section XII.

6. Do you possess a valid driver's license? ☐ **Yes** ☐ **No**

   License No. _____ State: _____

7. List all the states in which you have ever been licensed to drive.

8. Has your driver's license or driving privilege ever been revoked, suspended, or cancelled in any state? ☐ **Yes** ☐ **No**

If "YES", explain the following details in Section XII:
LIST EACH INCIDENT SEPARATELY AND COMPLETELY

a. the date(s)
b. the state(s)
c. reason(s) for suspension, revocation or cancellation
d. length of suspension or revocation
e. date(s) of reinstatement of driving privileges
f. the final disposition

9. Have you ever been refused a driver's license by any state? ☐ **Yes** ☐ **No**
If "YES", provide details in Section XII.

10. At any time in your life have you ever been involved in a motor vehicle accident in which you were the operator (This includes accidents reported or not reported to a law enforcement agency, accidents occurring on private property, etc.)? ☐ **Yes** ☐ **No**

If "YES", provide the following details in Section XII:
LIST EACH INCIDENT SEPARATELY AND COMPLETELY

a. the date(s)
b. place(s) of occurrence
c. law enforcement agency involved, (if any) and
d. details of the accident(s)
e. whether any civil litigation resulted and, if so, how resolved
f. whether any criminal charges were made and, if so, who and how resolved

11. Have you ever been charged with, pleaded no contest or guilty to, or convicted of any of the following: ☐ **Yes** ☐ **No**

a. any crime involving alcohol or drug use
b. any crime involving sexual abuse
c. any crime involving burglary, theft or dishonesty
d. any crime at all (felony or misdemeanor)

If 'YES", provide details in Section XII.

Section 4: Military

1. Have you ever served in a military organization of the United States or any foreign government? ☐ **Yes** ☐ **No**

If "NO", skip to Reserve and/or National Guard Record section below.

2. If 'YES" what type of discharge did you receive? (Honorable, Chapters, Other Than Honorable, General, Administrative)?

3. Give the periods of active military service and other information requested.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____

Branch of Service _____

Unit _____ Rank _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____

Branch of Service _____

Unit _____ Rank _____

4. Have you ever received a written reprimand, been formally punished, court-martialed or received a reduction in rank for any infraction of military rules and regulations? ☐ **Yes** ☐ **No**

If "YES", provide the following details in Section XII:
LIST EACH INCIDENT SEPARATELY AND COMPLETELY

a. the date(s) of action(s)
b. charge(s) against you
c. type of court-martial or other disciplinary proceedings and
d. the disposition of the charges

Section 5: Reserve and/or National Guard Record

1. Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard?
☐ **Yes** ☐ **No**

If "NO", skip to next section below.

2. If 'YES" what type of discharge did you receive? (Honorable, Chapters, Other Than Honorable, General, Administrative)?

3. Give the periods of Reserve or National Guard service and other information requested.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____

Branch of Service _____

Unit _____ Rank _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____

Branch of Service _____

Unit _____ Rank _____

4. Have you ever received a written reprimand, been formally punished, court-martialed or received a reduction in rank for any infraction of military rules and regulations? ☐ **Yes** ☐ **No**

If "YES", provide the following details in Section XII:
LIST EACH INCIDENT SEPARATELY AND COMPLETELY

a. the date(s) of action(s)
b. charge(s) against you
c. type of court martial or other disciplinary proceedings and
d. the disposition of the charges

Section 6: Employment Information

<u>OTHER THAN THE EMPLOYMENT LISTED ON YOUR INITIAL CITY OF MADISON APPLICATION</u>, List employment history in order, beginning with the most recent employer for the past 7 years. This includes ALL past employment, including short term, part-time, summer jobs, military/government service, consulting work, etc. Give full addresses including zip codes. If necessary, provide additional details in Section XII.

Include periods of unemployment, by entering "Unemployment" for employer and include the dates.

Current Employer Name	Phone: ( )	Your Exact Title/Position
Street Address		City, State, ZIP
From (mo/yr)	To (mo/yr)	Immediate Supervisor (Name and Title)
Description of duties		
Reason for leaving or Wanting to Leave		

Next Prior Employer Name	Phone: ( )	Your Exact Title/Position
Street Address		City, State, ZIP
From (mo/yr)	To (mo/yr)	Immediate Supervisor (Name and Title)
Description of duties		
Reason for leaving or Wanting to Leave		

Next Prior Employer Name	Phone: ( )	Your Exact Title/Position
Street Address		City, State, ZIP
From (mo/yr)	To (mo/yr)	Immediate Supervisor (Name and Title)
Description of duties		
Reason for leaving or Wanting to Leave		

NOTE: If more space is needed for employment history, please provide an attachment.

Section 7: Additional Employment Information

1. Have you ever been terminated, fired, laid-off or have you ever involuntarily resigned from any employment?
   ☐ **Yes** ☐ **No**

   If "YES", provide the following details on a separate sheet:
   LIST EACH INCIDENT SEPARATELY AND COMPLETELY
   a. Employer's name(s)
   b. Date(s) of incident(s)
   c. Supervisor(s) and
   d. Details of incident(s)

2. Have you ever previously applied for a position with any law enforcement agency? ☐ **Yes** ☐ **No**

   If "YES", list when and where:

   _____

   _____

3. Have you ever been denied employment with any law enforcement agency? ☐ **Yes** ☐ **No**

   If "YES", list when and where:

   _____

   _____

4. Are you currently on any eligibility list for employment? ☐ **Yes** ☐ **No**

   If "YES", list where and for what position(s):

   _____

   _____

5. Do you object to your present employer being contacted? ☐ **Yes** ☐ **No**

   If "YES", please explain:

   _____

   _____

Section 8: Law Enforcement Academy or Certification Information

1. Have you ever attended a law enforcement academy or been certified as a law enforcement officer? ☐ **Yes** ☐ **No**

   If "YES", please list when and where:

   _____

   _____

2. ***(Current and Former Police Officer***) In your capacity as a police officer, have you ever been formally disciplined for violating rules and regulations, laws, policies or ordinances?

   ☐ **Yes** ☐ **No**

   If "YES", provide in Section XII, a list of all formal disciplinary actions, including charges, approximate date, type of discipline received, and any other relevant information.

3. ***(Current Police Officer***) Are you currently under investigation by your agency (or do you have disciplinary action pending) regarding a complaint or other disciplinary matter?

   ☐ **Yes** ☐ **No**

   If "YES", provide details in Section XII.

4. ***(Current and Former Police Officer***) Have you experienced an at-fault traffic accident, either while you were operating an agency vehicle or while you were on-duty with your police employer?

   ☐ **Yes** ☐ **No**

   If "YES", provide a complete list of ALL at-fault traffic accidents with details in Section XII.

5. ***(Current and Former Police Officer***) Do you currently have any civil judgment, and/or garnishment of wages pending against you?

   ☐ **Yes** ☐ **No**

   If "YES", attach details in Section XII.

Section 9: Professional References

In the spaces below, list the names of three (3) professional reference. These could include supervisors, coworkers, business contacts, teachers, education counselors, or other employment or education related references. All persons to whom you refer will be asked to appraise your work ethic, experience, loyalty, skills work behavior and work reputation.

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Section 10: Personal References

In the spaces below, list the names of three (3) persons who are not related to you, who are not former employers and who have known you for at least five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities. Complete the following **FULLY** for each reference. All information must be current. Be sure to include full addresses including zip codes.

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Name:	Home Phone Number(s):
Complete Home Address	
Occupation or Profession	Time Known
Business Name	Business Phone Number(s):
Business Address	

Section 11: Loyalty

The term "subversive organization" means any organization whose primary goals and objectives are directed toward the undermining and overthrow of the government of the United States of America, the principles of democracy and/or the federal, state or local government.

Answer "YES" or "NO" to each question. **If "YES", provide details in Section XII.**

1.	Have you ever by word of mouth or in writing advocated, advised or taught the doctrine that the Government of the United States of America or any state or any political subdivision thereof should be overthrown by force, violence or any unlawful means? ☐ **Yes** ☐ **No**
2.	Are you now or have you ever been a member of any subversive organization? ☐ **Yes** ☐ **No**
3.	Have you ever knowingly paid, contributed, collected or solicited any money or dues to, for or on behalf of any subversive organization? ☐ **Yes** ☐ **No**
4.	Have you ever attended any meetings or have you ever been connected or affiliated in any matter with any subversive organization? ☐ **Yes** ☐ **No**
5.	Do you belong to any group or hold any belief, which would prevent you from vowing allegiance to the flag or Constitution of the United States of America or from taking a life in carrying out your duties when such action is lawful and necessary? ☐ **Yes** ☐ **No**
6.	Have you ever participated in any parade, picket line, delegation or demonstration sponsored by any subversive organization? ☐ **Yes** ☐ **No**

Section 12: Additional Information

Section 13: Documents Required

The following is a list of documents to be included with your application. Each of the documents that apply to you must be included for your application to be considered. Please check "Included" beside the documents that you have included with your application. If a document does not apply to you, write in "WHY" it does not apply.

IF YOU ARE UNABLE TO OBTAIN A DOCUMENT, PLEASE EXPLAIN THE REASON IN WRITING. IF YOU NEED ADDITIONAL TIME TO OBTAIN A DOCUMENT, PLEASE EXPLAIN IN WRITING WHY YOU NEED ADDITIONAL TIME. YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF YOU FAIL TO PROVIDE THE REQUIRED DOCUMENTS OR FAIL TO PROVIDE ADEQUATE EXPLANATION AS TO WHY SUCH DOCUMENTS CANNOT BE OBTAINED. IF YOUR APPLICATION IS INCOMPLETE, YOU WILL BE REMOVED FROM THE SELECTION PROCESS.

1. Recent Photograph (within six months)	--	Included	( )
2. Birth Certificate	--	Included	( )
3. High School Diploma or GED	--	Included	( )
4. College Diploma (if applicable)	--	Included	( )
5. College Transcript (if applicable)	--	Included	( )
6. Marriage License (for each marriage) (if applicable)	--	Included	( )
7. Divorce Decree (for each divorce) (if applicable)	--	Included	( )
8. Police Standards Certificate (if applicable)	--	Included	( )
9. DD 214 Form(s) (if applicable)	--	Included	( )
10. Copy of Drivers License	--	Included	( )
11. Certificate of Naturalization (if applicable)	--	Included	( )

EXPLANATIONS (list document number above for each explanation provided): _____

IMPORTANT: The Certification and Release on the following pages must be signed.

Certification and Authorization to Validate Application

_____(Review and Initial here) All job offers are contingent on furnishing proof of authorization to work in the United States. Safety sensitive position offers are contingent upon successful completion of a drug screen and validation of physical requirements to perform the job, with or without reasonable accommodation.

_____(Review and Initial here) I hereby affirm that the information provided on this application and accompanying resume (if any) is true and accurate, and I authorize the City of Madison to verify all such information. No facts or circumstances which would affect my suitability for employment have been withheld. I also understand and agree that any false information or any relevant omissions on this application may disqualify me from further consideration for employment and shall be justification for immediate dismissal from employment if discovered at a later date.

_____(Review and Initial here) I understand that no management official has any authority to enter into any agreement or make any oral assurance or promise of continued employment. If hired for a regular position, I fully understand that my employment can be terminated at the City's discretion at any time, with or without cause, during a one year probationary period. If hired for a temporary position, I fully understand that my position may be terminated at any time by either party with or without cause

_____(Review and Initial here) I understand that, if employed by the City, I may be reassigned to any facility, shift, department, position, tasks or duties at the sole discretion of the City.

_____(Review and Initial here) I authorize the City of Madison, or its agents, to conduct a background investigation into my employment, education, and other activities such as criminal background, driving record and/or credit history (if applicable to position). To conduct that investigation, I authorize the city to obtain information to the extent necessary to evaluate my suitability for employment.

_____(Review and Initial here) **WAIVER AND AUTHORIZATION – TO WHOM IT MAY CONCERN**:
I respectfully request and authorize you to furnish the City of Madison any and all information you have concerning me, my work record, my military service records, my credit history, my financial status, my criminal record (if any) and any other information you have regarding me. I understand that your reply will be used to assist the City of Madison and its agents in determining my qualification and fitness for the position I am seeking with the City of Madison. I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the City of Madison in conjunction with employment procedures and/or security matters. In consideration of the review of my employment with the City of Madison, I hereby release the City of Madison, its agents, officials, servants or employees and all persons or entities who supply information pursuant to this authorization from any and all liability or damage which may result from furnishing or using the information requested.

Applicant: Please complete the following for proper identification purposes. This information is for Human Resources or Police Department Internal Affairs only. *Print Legibly.*

Name:_____
Last First Middle Maiden

Driver's License No. & State: _____Social Security #:_____

Date of Birth: _____ High School Graduation/GED Date:_____

Residence: _____
Street City State Zip

Other Names or Social Security No.'s you have used other than ones included on your electronic application (if none, write N/A.) _____

Signature: _____ Date: _____

ACKNOWLEDGEMENT FORM

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

[Execute in Duplicate and Retain One Copy for Personal Record]

The **City of Madison**, when considering your application for employment, making a decision whether to offer you employment, deciding whether to continue your employment (if you are hired), and when making other employment-related decisions directly affecting you, may wish to obtain and use a "consumer report" and an "investigative consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA") which applies to you. As either an applicant for employment or an employee of the City of Madison, you are a "consumer" with rights under the FCRA.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment. An "investigative consumer report" is a consumer report in which the information about your character, general reputation, personal characteristics and mode of living is obtained in whole or in part through personal interviews with persons who may have knowledge concerning such information.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE DOCUMENT TITLED "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

_____
Signature

_____
Printed Name

_____
Date

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Applicant Copy

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_____
Signature

_____
Printed Name

_____
Date