

A total of 10 years work history is required for all drivers. All gaps in time must be shown. Use additional pages if necessary.

| | | | |
|---|-----------------------|--|---|
| 1. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |
| 2. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |
| 3. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
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| 4. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |
| 5. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |
| 6. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
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EMPLOYMENT HISTORY CONTINUED

I affirm that I have read and fully completed this Employment Application, and the information I have provided is true and correct. I further acknowledge that I may be terminated at any time if any information I have supplied is false.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

A total of 10 years work history is required for all drivers. All gaps in time must be shown. Use additional pages if necessary.

| | | | |
|---|-----------------------|--|---|
| 7. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |
| 8. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |
| 9. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |
| 10. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |
| 11. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |
| 12. Company Name | Address | City/State | Phone |
| Dates Employed: From - To | Starting Salary \$ | Current Salary \$ | Reason for Leaving |
| Job Title | Supervisor | Were you subject to DOT Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Were you subject to Federal Motor Carrier Safety or other DOT regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Brief Description of Duties (Include # of persons supervised if applicable) | | | |
| <hr/> | | | |

EMPLOYMENT HISTORY CONTINUED

I affirm that I have read and fully completed this Employment Application, and the information I have provided is true and correct. I further acknowledge that I may be terminated at any time if any information I have supplied is false.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

D.O.T. Application Addendum

In addition to the regular application for employment, this Addendum must also be completed by all applicants who may operate a D.O.T. regulated company vehicle and/or may perform work for oilfield customers.

| | | | | |
|---|-------|--|----------------------------|----------------------------|
| Last Name | First | Middle | Date of Birth | Social Security # |
| Do you have a current CDL? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| What Class CDL do you currently have (check all that apply) | | | <input type="checkbox"/> A | <input type="checkbox"/> B |
| | | | <input type="checkbox"/> C | |
| Expiration date of your CDL? _____ | | Do you have a current Medical Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> Expires: _____ | | |

Previous Employer D.O.T. Drug & Alcohol Testing Statement

- Have you ever tested positive on a DOT Drug and/or Alcohol Test? Yes No If yes, when? _____
- Have you ever refused to take a DOT Drug and/or Alcohol Test? Yes No If yes, when? _____
- Have you ever violated any other DOT Drug and/or Alcohol Regulations? Yes No
- If you answered 'Yes' to question #3, provide specific details (attach 2nd sheet if necessary):

- In the past two years have you tested positive or refused to test on any DOT pre-employment Drug and/or Alcohol test, and did not get hired for a safety-sensitive position as a result of the positive result or refusal? Yes No
- If you answered 'Yes' to any of the above questions, did you successfully complete a DOT qualified SAP program? Yes No N/A
Attach proof of your successful completion of SAP evaluation, recommended treatment, return-to-duty testing and follow-up testing; list name and contact number of your SAP: _____
- Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations? Yes No

| Driving Experience (Include Class of Equipment): | Most Recent Dates Driven | | Total # Miles Recently Driven | Total Experience with this type of Truck |
|--|--------------------------|----------|-------------------------------|--|
| Straight Truck: _____ Type of Equipment (Van, Tanker, Flatbed, Reefer, etc.) | From _____ | To _____ | _____ Miles | _____ (days, weeks, mos, yrs) |
| Tractor Trailer: _____ Type of Equipment (Van, Tanker, Flatbed, Reefer, etc.) | From _____ | To _____ | _____ Miles | _____ (days, weeks, mos, yrs) |
| Other: _____ Type of Equipment (Van, Tanker, Flatbed, Reefer, etc.) | From _____ | To _____ | _____ Miles | _____ (days, weeks, mos, yrs) |
| Other: _____ Type of Equipment (Van, Tanker, Flatbed, Reefer, etc.) | From _____ | To _____ | _____ Miles | _____ (days, weeks, mos, yrs) |

List States Operated in for the last 5 years: _____

Are you familiar with guidelines for an over-dimensioned permit? Yes No Are you familiar with FMCSA/PHMSA regulations? Yes No

Have you ever hauled Class A permitted heavy haul, over-width, over-height, over-length loads? Yes No

Special courses of training that will help you as a driver:

In addition to what you listed on the application and/or what you listed in "driving experience" above, please list any additional trucking, transportation, or other experiences that may help in your work for this company:

Safe driving awards held, dates and from whom:

Have you ever been denied a license, permit or privileges to operate a motor vehicle? Yes No Please give details: _____

Has any license, permit, or privilege ever been suspend or revoked? Yes No Please give details: _____

I affirm that I have read and fully completed this D.O.T. Application Addendum, and the information I have provided is true and correct. I further acknowledge that I may be terminated at any time if any information I have supplied is false.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Voluntary Self Identification Form

Our company is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

NAME: _____ **DATE:** _____

Section 2: Please check all that apply (See below for definitions):

| | | |
|--|---|---|
| <p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>If <u>NOT</u> Hispanic/Latino, choose one below:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Two or More Races</p> | <p>Veteran Status</p> <p><input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran</p> <p>Service Branch: _____</p> <p>War: _____</p> <p><input type="checkbox"/> Recently Separated Veteran</p> <p>Separation Date: _____</p> <p><input type="checkbox"/> Armed Forces Service Medal</p> <p><input type="checkbox"/> Special Disabled Veteran</p> <p><input type="checkbox"/> Active Wartime or Campaign Badge Veteran</p> | <p>Disability</p> <p><input type="checkbox"/> Individual with Disabilities</p> <p><input type="checkbox"/> Not an individual with Disabilities</p> <p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> |
| <p><input type="checkbox"/> <i>I DO NOT WISH TO SELF-IDENTIFY</i></p> | | |

*[**Note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis, and according to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis: (1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities/special disabled veterans at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.]*

EEOC IDENTIFICATION CATEGORIES

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races - All persons who identify with more than one of the above five races.

Recently Separated Veteran - Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran - Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

Special Disabled Veteran - Means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Active Wartime or Campaign Badge Veteran - Includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Individual with Disabilities - Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

For Internal Use Only:

Company: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize PLH Group, Inc., and any of its subsidiaries and agents (hereafter referred to as "the Company"), to make an independent investigation of my background, references, character, past employment, education, credit history, criminal/police records - including those maintained by both public and private organizations - and all public records for the purpose of confirming the information contained on my application. I further allow the Company to obtain other information which may also be material to my qualifications for employment. I grant the Company permission to perform such investigations and informational inquiries now and for the rest of my tenure with the Company.

I release the Company and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any of the above referenced sources.

I further realize that employment may be offered to me and later withdrawn due to discovery of information, events, or conditions as a result of this investigation.

Full Name (Print)

Maiden Name or Aliases (print)

Present Street Address

City

State

Zip

How long at address?

Previous Street Address

City

State

Zip

How long at address?

_____/_____/_____
Date of Birth

____-____-_____
Social Security Number

Driver's License/State ID #

State

CDL? YES NO

I verify all information contained herein to be true and complete to the best of my knowledge. I understand that my information is to be used solely to determine eligibility for employment and will not be shared with outside individuals or organizations. PLH Group, Inc. is an Equal Opportunity Employer.

Signature

_____/_____/_____
Date

DRUG TESTING CONSENT

I have applied for employment with PLH Group. In the interests of safety, PLH Group (PLH) is a drug-free workplace. As a condition for having my application considered, I agree to undergo a drug test. I understand that if my drug test results are positive, I will not be considered for employment with PLH. Where required by applicable law, I may have my drug test results confirmed and reviewed by a medical review officer. I understand that if I choose to have my drug test reviewed, it may be at my expense and not the company's.

I realize that as a condition of employment, I may be subjected to further drug testing during my employment with PLH Group. Such testing will only be conducted in a manner allowed by applicable law.

I hereby authorize any physician, laboratory, hospital or medical professional retained by PLH and/or a certified PLH employee for screening purposes to conduct such screening and to provide the results to PLH. I also release PLH and any person affiliated with PLH and any such institution or person conducting the screening, from liability.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

APPLICANT'S STATEMENT

In connection with my application to PLH Group, Inc. or any of its subsidiaries (hereafter referred to as "the Company"), I acknowledge that I have been provided with a notice of my rights under the Fair Credit Reporting Act, and I have signed an authorization form allowing the company to make FCRA-related inquiries. I understand that additional investigative background inquiries, if required by the United States Department of Transportation, may also be made.

I certify that I have completed this application of my own free will. I further certify that all entries on this application, and the information I have furnished on it, are true and complete. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand also that I am required to abide by all of the Company's rules and regulations if a conditional offer of employment is made. I AGREE THAT THIS DOES NOT CHANGE THE AT-WILL NATURE OF MY EMPLOYMENT.

By applying for employment with our Company, I affirm that I am legally entitled to do so, and have no contractual constraints which prevent me from accepting an offer of employment or performing the essential functions of the position for which I am applying.

JURY TRIAL WAIVER

As a condition of application with and/or employment by the Company, I voluntarily and knowingly waive any rights I may have to a jury trial in any court action relating to or concerning the Company and its employees. I understand the Company has likewise agreed to waive its right to a jury trial regarding any issues arising from its employment of me. Such disputes will be decided by a judge without a jury, also known as a bench trial. This waiver does not forego any substantive rights the Company or I may have. This voluntary and knowing jury trial waiver includes, but is not limited to, any disputes, claims, or controversies relating to or concerning my application for employment with, and/or employment with, the Company, including claims against Company supervisors.

I understand that I will not be employed by the Company unless I sign this Agreement. This agreement shall be binding upon and inure to the benefit of Company successors or assignees, as well as my heirs, executors, and administrators. This agreement and the rights and responsibilities discussed herein survive the termination of the employment relationship/application process. I acknowledge that if I am hired, this agreement does not alter the "at-will" status of my employment with the Company. No other inference is to be drawn from this Agreement.

I further understand that my agreement to a bench trial, in lieu of a jury trial, cannot be amended or altered in any way, except in a writing signed by the President of the Company or the President's authorized representative. For example, if the Company President and I have signed an arbitration agreement, then such agreement is enforceable in lieu of this mutual bench trial agreement.

In the event that either side must incur attorneys' fees or court costs to enforce this Mutual Agreement to Bench Trial ("Agreement"), the prevailing party may recover reasonable attorneys' fees and costs.

THUS, BY MY SIGNATURE BELOW, I VOLUNTARILY AND KNOWINGLY WAIVE ANY RIGHTS I MAY HAVE TO A JURY TRIAL IN ANY COURT ACTION BROUGHT BY ME FOR ALL DISPUTES, CLAIMS, OR CONTROVERSIES RELATING TO OR CONCERNING THE COMPANY AND ITS EMPLOYEES. MY VOLUNTARY AND KNOWING JURY WAIVER INCLUDES, BUT IS NOT LIMITED TO, ANY DISPUTES, CLAIMS, OR CONTROVERSIES RELATING TO OR CONCERNING MY APPLICATION FOR EMPLOYMENT WITH, AND/OR EMPLOYMENT BY, THE COMPANY.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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 20552.**

- **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 identity 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 1-800-XXX-XXXX.
- **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.

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: |
|--|---|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p> | <p>a. Consumer Financial Protection Bureau 1700 G Street, NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p> |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>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</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p> |
| <p>3. Air carriers</p> | <p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p> |
| <p>4. Creditors Subject to the Surface Transportation Board</p> | <p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p> |
| <p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p> | <p>Nearest Packers and Stockyards Administration area supervisor</p> |
| <p>6. Small Business Investment Companies</p> | <p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p> |
| <p>7. Brokers and Dealers</p> | <p>Securities and Exchange Commission 100 F Street, NE Washington, DC 20549</p> |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p> | <p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p> |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p> | <p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p> |