



P.O. Box 477, Wooster, OH 44691

Date of Application: _____

Full-time
 Part-time

Name: _____
Last First Middle

Telephone Number: _____

Present Address: _____
City State Zip

Date of Birth: _____ Social Security Number _____

Previous Address(es) during last three years:

1.) _____
City State Zip From To

2.) _____
City State Zip From To

3.) _____
City State Zip From To

Have you applied for work and/or worked for this company before? Yes When? No

If hired, can you provide evidence of U.S. Citizenship or proof of your legal right to live and work in this country? Yes No

How did you find out about D+S Distribution, Inc? _____

EDUCATION/PERSONAL INFORMATION

Enter the highest grade completed

Grade School (1-8) High School (9-12) College (1-4) Trade/Tech (1-4)

Last School Attended _____ List other specialty training or schools: _____

Have you ever received any safety awards? _____

Do you have full knowledge of the Federal Motor Carrier Safety Regulations? Yes No

Have you ever been convicted of a crime, other than minor traffic violations? Yes No

Have you ever been discharged or asked to resign by any other employer? Yes If Yes Explain No

If Yes Explain

MILITARY STATUS

Have you served in the U.S. Armed Forces? Yes No Branch _____ Dates: From _____ To _____

Duties _____

EMPLOYMENT RECORD FOR PAST TEN YEARS

All applicants must list all full and part-time employment including military service, self-employment and periods of unemployment during the preceding 10 years. Note: List employers in reverse order starting with the most recent. Use additional sheets if necessary.

CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			
CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			
CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			
CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			
CURRENT OR MOST RECENT EMPLOYER		Month Day Year	Month Day Year
Name:	_____	From _____	To _____
Address	_____	Phone # _____	_____
Position Held	_____	Supervisor _____	_____
Reason for leaving	_____	Equip. Type _____	_____
Gap in Employment From	_____	To _____	Explain _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? Yes No *Was this job subject to FMCSA Regulations? Yes No			

*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

COMMERCIAL DRIVER'S LICENSE INFORMATION				
Class of Equipment	TYPE OF EQUIPMENT VAN, TANKER, FLAT, ETC.	FROM	TO	Approx. # of MILES
Straight Truck				
Tractor/Semi Trailer				
Other				

LICENSE-LIST ALL DRIVERS LICENSES HELD IN THE PAST THREE YEARS				
LICENSE #	TYPE	STATE	EXPIRATION DATE: (Month/Day/Year)	
Endorsements (check all that apply)	<input type="checkbox"/>	Double/Triple Trailers	<input type="checkbox"/>	Tank Vehicles
	<input type="checkbox"/>	Passenger Vehicles	<input type="checkbox"/>	Hazardous Materials
LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST THREE YEARS:				
STATE:		EXPIRATION DATE:		
STATE:		EXPIRATION DATE:		
HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? Yes No				
HAS ANY LICENSE, PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED OR REVOKED? YES No				
IF YES EXPLAIN:				

ACCIDENTS					
PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"					
DATE	DESCRIPTION	STATE	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL Yes or No

TRAFFIC ACCIDENTS AND FORFEITURES			
PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS (OTHER THAN PARKING) IF NONE, WRITE "NONE"			
DATE	LOCATION	CHARGE	PENALTY

HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULES DURING THE PAST TWO YEARS?

Yes

No

Please Initial _____

Please read the following carefully. By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information, which, if known to the Company, would affect my application, unfavorably.

If I am hired by the Company; and if the Company discovers at any time during my term with the Company that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

I agree to submit to a medical examination, which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination or testing for drugs or alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

In consideration of term with the Company, I agree to abide by all the Company's rules and regulations as well as the Federal Motor Carrier Safety Regulations.

I understand that nothing in this application creates a contract of employment between the Company and me. If I am hired by the Company, my terms and compensation are 'at will,' which means that my terms can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any agreements with me, either orally or in writing, that is not an at will agreement. Only the President of the Company has the authority to enter into an agreement with me for any specified period of time. I also agree and understand that if I am selected to drive for the Company that I will be on a probationary period during which time I may be discharged without recourse.

I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs. I acknowledge that this is general release and that if hired it remains in effect for my term with the Company.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

We are an Equal Opportunity Employer and in compliance with Federal and State equal opportunity laws; qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, veteran status, handicap or non-job related disability.

I give the Company my permission to conduct any investigation regarding the information contained in my application, which the company thinks, is necessary to determine my qualifications for assuming a job with the company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally, release all named and unnamed sources from any and all liability, which might result from furnishing any information about me.

I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also understand that I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for these previous employers to re-send the corrected information to the prospective employer and
- Have a rebuttal a rebuttal statement attached to the alleged erroneous information if the previous employers(s) and I cannot agree on the accuracy of the information.

In making this application it is understood that a copy of a consumer report prepared by a consumer reporting agency, also known as a credit report, may be obtained as part of a routine background check. Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. Before taking any adverse actions based on the consumer report, including denying my terms, D+S Distribution, Inc. will provide to you without charge a copy of the report plus a written summary of consumer rights under the Fair Credit Reporting Act. I hereby authorize a copy of my consumer report from a consumer-reporting agency be released to D+S Distribution, Inc.

(Date of Application)

(Applicant Signature)

**DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND
CONTROLLED SUBSTANCES STATEMENT**

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Have you, the applicant, tested positive, or refused to test, on any **pre-employment** drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: YES NO

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: _____

Address: _____

Telephone No. _____

In addition, if the answer to the above question was YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: _____

Address: _____

Telephone No. _____

I certify that the information provided on this document is true and correct.

Signature of Applicant

Date

Important Notice
Regarding Background Reports for D+S Distribution, Inc.
From The PSP *Online Service*

In connection with your application for employment with D+S Distribution, Inc. (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize D+S Distribution, Inc. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by D+S Distribution, Inc. and I understand that if I sign this consent form, D+S Distribution, Inc. may obtain a report of my crash and inspection history. I hereby authorize D+S Distribution, Inc. and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name: _____
(Please Print)

D+S Distribution, Inc.

P.O. Box 477, Wooster, OH 44691, Phone: (330) 264-0522 ext.1206 (Gene Whipkey) Fax: (330) 264-1422

RELEASE FOR INFORMATION FROM PREVIOUS EMPLOYER ALCOHOL AND CONTROLLED SUBSTANCE TESTING

Previous Employer: _____		
Complete Street Address: _____		
City: _____	State: _____	Zip: _____
<p>In compliance with 49 C.F.R. Sections 382.405, 382, 413, and 391.89, please supply the following information regarding the applicant listed below. For the purposes of this investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations, you are released from any and all liability which may result from furnishing such information.</p>		
Applicant _____		SS#: _____
Dates of Employment: From: _____		To: _____
RELEASE: I HEREBY AUTHORIZE RELEASE OF THIS REQUESTED INFORMATION TO D+S DISTRIBUTION, INC.		
_____ (Date)	_____ (Signature of Applicant)	
BASED UPON A REVIEW OF YOUR COMPANY'S DRUG AND ALCOHOL TEST RECORDS:		
Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past three- (3) years?	Yes	No
Has this individual had a controlled substance test with a positive result in the past three- (3) years?	Yes	No
Has this individual refused a controlled substance test and/or alcohol test within the past three- (3) years?	Yes	No
Did the employee have other violations of DOT agency drug and alcohol testing regulations?	Yes	No
Did a previous employer report a drug and alcohol rule violation to you?	Yes	No
If "yes" to any of the above questions, did the employee complete a rehabilitation program under direction of a SAP or MRO? <u>N/A</u>	Yes	No
Not subject to Federal Testing Requirements		
Did he/she drive:	Motor Vehicle	Straight Truck
Bus?	Other (specify):	Tractor-Semi-trailer
Was he/she a safe and efficient driver?	Yes	No
Reason for leaving:	Resigned	Discharged
	Lay Off	Military Duty
Was his/her general conduct satisfactory?	Yes	No
Was he/she involved in any accidents while employed at your company?	Yes	No
General Comments:		
This form completed by: _____	Title: _____	Date: _____



**FCRA NOTICE AND AUTHORIZATION CONCERNING C ONSUMER
AND INVESTIGATIVE CONSUMER RE PORTS**

DISCLOSURE:

This form, which you should read carefully, has been provided to you because **D + S Distribution, Inc** .may request consumer reports or investigative consumer reports, as defined by the Fair Credit Reporting Act, about you from a third party company engaged in the business of collecting this type of information – **Screenpointe, Inc** | 1445 Worthington Woods Blvd Suite C, **Worthington, OH 43085** | **1-877-891-3302** | **compliance@screenpointe.com** (“Screening Agent”) for the purposes set forth below in “Authorization.”

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, civil and criminal court records, address history, driving records, credit reports, personal interviews, professional reference interviews, professional licensing, public records or information obtained from governmental or law enforcement agencies, summaries of educational and employment records and histories, and any other information bearing on my character, general reputation, personal characteristics, qualifications, skills, creditworthiness, and trustworthiness (“Screening Reports”). The information contained in these reports may be obtained by a Screening Agent from public record sources or through personal interviews with your co-workers, neighbors, friends, associated, current or former employers, or other personal acquaintances.

Should any of the information contained in the Consumer Report lead to adverse action for the purposes of employment, volunteer work or housing, The Fair Credit Reporting Act requires you to be provided with a copy of the Consumer Report and a summary of your rights under the FCRA. The above referenced Screening Agent is responsible for the compilation in whole or in part of the Consumer Report, however does not make determination or provide guidance or recommendations on worthiness of employment, housing or volunteer opportunity.

AUTHORIZATION:

I have carefully read and understand this notice, and by my signature below, I authorize the Company to procure Screening Reports as defined above from a Screening Agent. I understand that the Company may use the Screening Reports for the following purposes: (1) in conjunction with my engagement by the Company or (2) throughout the duration of my relationship with the Company for purposes of evaluating my suitability for continuing the relationship. I certify that this consent shall be in full force and effect for the duration of my engagement or employment by the Company.

I hereby authorize all persons and entities, including but not limited to, businesses, corporations, former employers, credit agencies, motor vehicle bureaus, governmental agencies, law enforcement authorities, courts, educational institutions, state insurance departments, private regulatory agencies and all military services to release all written and verbal information about me to the Company or the Screening Agent. I release and hold each harmless from all liability and responsibility for doing so.

I further understand that any and all information contained in my resume or otherwise disclosed to the Company or Screening Agent by me before, during or after my engagement or employment by the Company may be utilized for the purpose of obtaining the Screening Reports requested by the Company and certify that all such information provided in connection with my contract with the Company is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or engagement or a promise of continued engagement. I hereby authorize the Company to share the contents of the Consumer Report with its clients and partners as necessary prior to and during my engagement with the Company.

I further understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act and may have additional rights under relevant state law. I hereby certify that I have received a copy of and understand the Summary of Rights under the Fair Credit Reporting Act.

Name (Print)

Name (Signature)

Date

CANDIDATE INFORMATION FORM

Basic Information:

First Name _____ **Middle Initial** _____ **Last Name** _____

Social Security Number _____ **Date of Birth** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Driver's License No. _____ **State of License** _____

Email Address: _____ **Phone Number:** _____

List all other NAMES (i.e. Maiden) known by during the past 7 years:

List all other CITIES, COUNTIES, STATES & ZIP CODES you resided or were employed in the past 7 years:

City _____	County _____	State _____	Zip Code _____
City _____	County _____	State _____	Zip Code _____
City _____	County _____	State _____	Zip Code _____
City _____	County _____	State _____	Zip Code _____
City _____	County _____	State _____	Zip Code _____
City _____	County _____	State _____	Zip Code _____

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 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 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. 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 Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 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, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. 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>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>