



www.SimsTrucking.com

APPLICATION FOR EMPLOYMENT (NON-DOT)

Application must be filled out entirely, even if attaching resume.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Street

City, State

Zip Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Applied For: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying: \_\_\_Yes\_\_\_No
(If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

Are you available to work: (select all that apply)
\_\_\_Full-Time\_\_\_ \_\_\_Part-Time\_\_\_ \_\_\_Days\_\_\_ \_\_\_Evenings\_\_\_ \_\_\_Nights\_\_\_ \_\_\_Weekends\_\_\_

If you are unable to work weekends, please explain: \_\_\_\_\_

Table with 8 columns: Day, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday. Rows: From, To. Each cell contains 'am/pm'.

Are you legally eligible to work in the United States? \_\_\_Yes\_\_\_No
(Proof of identity and eligibility will be required upon employment)

Have you ever been convicted of a crime? \_\_\_Yes\_\_\_No If yes, please explain: \_\_\_\_\_

A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Have you ever worked for this Company before? \_\_\_Dates: From\_\_\_To\_\_\_

Do you have a Drivers License? \_\_\_Drivers License #:\_\_\_State\_\_\_

**EDUCATION**

	Name & Location of School	Course of Study	No. of Years Completed	Diploma/ Degree Received
High School				
College				
Vocational or Trade School				
Other				

Have you completed any special courses, seminars, and/or training that would enable you to perform the position for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please describe: \_\_\_\_\_

**EMPLOYMENT**(Please complete in its entirety, starting with the most recent.)

Name of Employer		Telephone Number	May we Contact? Yes or No	
Full Address(Including Street, City, State, Zip Code)		Supervisor's Name and Title		
From (mo/yr)	To (mo/yr)	Starting Pay Rate:	Final Pay:	
Describe Work Performed:		Reason For Leaving:		
Name of Employer		Telephone Number	May we Contact? Yes or No	

Full Address(Including Street, City, State, Zip Code)		Supervisor's Name and Title	
From (mo/yr)	To (mo/yr)	Starting Pay Rate:	Final Pay:
Describe Work Performed:		Reason For Leaving:	
Name of Employer		Telephone Number	May we Contact? Yes or No
Full Address(Including Street, City, State, Zip Code)		Supervisor's Name and Title	
From (mo/yr)	To (mo/yr)	Starting Pay Rate:	Final Pay:
Describe Work Performed:		Reason For Leaving:	

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether some is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this Company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that it offered a job, it may be conditioned on the results of a physical examination and/or drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hire, I agree to abide by all rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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**Applicant's Signature**

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**Date**

**MOTOR VEHICLE DRIVER'S**  
**Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

**(If you have had no violations, check the following box –  None.)**

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving       Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
**Doyle Sims and Sons Trucking, Inc.**      **2141 Bynum Rd Dresden, TN 38225**  
Motor Carrier Name      Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Doyle Sims and Sons Trucking, Inc.  
(Prospective Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_ In accordance with Section 391.23, Federal Department of Transportation Regulations,  
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_ In accordance with Section 391.25, Federal Department of Transportation Regulations,  
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/ DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

## REQUESTED BY

Doyle Sims and Sons Trucking, Inc.  
(Name of Company)

\_\_\_\_\_  
(Typed Name)

2141 Bynum Road  
(Address)

\_\_\_\_\_  
(Title)

Dresden \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature)

Doyle Sims & Sons Trucking, Inc.

Carrier Name

2141 Bynum Road Dresden, TN. 38225

Carrier Address

### PAST EMPLOYMENT HISTORY REQUEST

The person named herein has applied to Doyle Sims & Sons Trucking, Inc. for employment in a safety-sensitive position.

After completion please return by faxing to: 731-648-1695 or email: schandler@simstrucking.com

**Name of Applicant:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

I, the listed applicant, hereby authorize the following company to release all records of employment, including assessments of my job performance, ability and fitness to Doyle Sims & Sons Trucking, Inc. I hereby release the below listed company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company.

Past Employer's Name: \_\_\_\_\_

Past Employer's Address: \_\_\_\_\_

Past Employer's Fax #: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### To be completed by past employer:

Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Full Time: \_\_\_ Part-Time: \_\_\_

Position(s) Held: \_\_\_\_\_

Reason for leaving: \_\_\_ Voluntary \_\_\_ Lay-Off \_\_\_ Terminated \_\_\_ Retired

If terminated, why? \_\_\_\_\_

Eligible for rehire? \_\_\_ Yes \_\_\_ No \_\_\_ Upon Review \_\_\_ No, Company Policy: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information provided by (name & job title): \_\_\_\_\_ **Date:** \_\_\_\_\_

First Request Date: \_\_\_/\_\_\_/\_\_\_

Second Request Date: \_\_\_/\_\_\_/\_\_\_

Third Request Date: \_\_\_/\_\_\_/\_\_\_

Fax \_\_\_ Mail \_\_\_ Phone \_\_\_

Fax \_\_\_ Mail \_\_\_ Phone \_\_\_

Fax \_\_\_ Mail \_\_\_ Phone \_\_\_

Attempt Made By: \_\_\_\_\_

Attempt Made By: \_\_\_\_\_

Attempt Made By: \_\_\_\_\_

Doyle Sims & Sons Trucking, Inc.

Carrier Name

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Carrier Address

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Past Employer's Address: \_\_\_\_\_

Past Employer's Fax #: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### To be completed by past employer:

Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Full Time: \_\_\_ Part-Time: \_\_\_

Position(s) Held: \_\_\_\_\_

Reason for leaving: \_\_\_ Voluntary \_\_\_ Lay-Off \_\_\_ Terminated \_\_\_ Retired

If terminated, why? \_\_\_\_\_

Eligible for rehire? \_\_\_ Yes \_\_\_ No \_\_\_ Upon Review \_\_\_ No, Company Policy: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information provided by (name & job title): \_\_\_\_\_ **Date:** \_\_\_\_\_

First Request Date: \_\_\_/\_\_\_/\_\_\_

Second Request Date: \_\_\_/\_\_\_/\_\_\_

Third Request Date: \_\_\_/\_\_\_/\_\_\_

Fax \_\_\_ Mail \_\_\_ Phone \_\_\_

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Past Employer's Address: \_\_\_\_\_

Past Employer's Fax #: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### To be completed by past employer:

Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Full Time: \_\_\_ Part-Time: \_\_\_

Position(s) Held: \_\_\_\_\_

Reason for leaving: \_\_\_ Voluntary \_\_\_ Lay-Off \_\_\_ Terminated \_\_\_ Retired

If terminated, why? \_\_\_\_\_

Eligible for rehire? \_\_\_ Yes \_\_\_ No \_\_\_ Upon Review \_\_\_ No, Company Policy: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information provided by (name & job title): \_\_\_\_\_ **Date:** \_\_\_\_\_

First Request Date: \_\_\_/\_\_\_/\_\_\_

Second Request Date: \_\_\_/\_\_\_/\_\_\_

Third Request Date: \_\_\_/\_\_\_/\_\_\_

Fax \_\_\_ Mail \_\_\_ Phone \_\_\_

Fax \_\_\_ Mail \_\_\_ Phone \_\_\_

Fax \_\_\_ Mail \_\_\_ Phone \_\_\_

Attempt Made By: \_\_\_\_\_

Attempt Made By: \_\_\_\_\_

Attempt Made By: \_\_\_\_\_

Doyle Sims and Sons Trucking, Inc.

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security number

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://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](http://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](http://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](http://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](http://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](http://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:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<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 &amp; 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</p>

600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
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