### **EMPLOYMENT APPLICATION**

Green Companies Development Group, Inc.

Green Development is an equal opportunity employer and is committed to make employment decisions based on merit, qualifications and abilities and does not discriminate in employment opportunities and practices on the basis of race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws. Green Development will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to Green Development.

Please Print. Complete this application in full even if attaching a resume.

	EMPLOYMENT DESIRE	D	
Position(s) Applied For		Date of Application	
Date Available for work	Employment De	sired (full time, part time, etc.)	
What are your salary expectations for th	e position you are applying fo	or?	
How did you hear about this position?			
	PERSONAL INFORMATION	ON	
Last Name	First Name	Middle Name	
Current Street Address (Provide Addres	ss for Past 10 Years)	City, State, Zip Code	
Prior Street Address	Length of Residence	e City, State, Zip Code	
Prior Street Address	Length of Residence	e City, State, Zip Code	
Telephone Number	Alternative	Telephone Number	
Social Security Number	Email Addr	ress	
Former Names / Maiden Names	Aliases / Nick	knames	
	GENERAL INFORMATIO	ON.	
Are you over the age of 18 years?		of 18 years of age, can you provide proof of	
☐ Yes ☐ No	eligibility to work?	☐ Yes ☐ No	
If hired, can you provide proof of U.S. cit	izenship or proof of your lega	al right to work in the U.S.?	
Are you able to perform all of the essent	ial functions of the job for whi	ich you are applying with or without reasonable	
accommodation? ☐ Yes ☐ No			
Have you ever been convicted of a felon			
(Having a conviction will not necessarily automatically disqualify you for employment)  If yes, please explain:			
If hired, do you have reliable transportati	on to and from work? ☐ Yes	а П No	
Have you ever been employed with Gree			
If yes, when and at what location(s)?	·	-	
Do you have relatives or friends who wor	k for Green Development?	□ Yes □ No	
Do you have a valid Driver's License?	Yes 🛘 No If yes, license	#: State: Exp:	
Can you work mornings or evenings? Ye	Can you work mornings or evenings? Yes No Are you available to work holidays?   Yes No		
What days are you available to work? N	fon Tues Wed Thurs Fri	i Sat Sun (please circle)	
How did you hear about Green Develop	nent? Who referred you? (Ple	ease be specific)	

### **EMPLOYMENT APPLICATION**

Green Companies Development Group, Inc.

EDUCATION					
Type of School	Name and I Sch		Course of Study	Total Years of Study	Degree/Diploma
High School					
College					
Graduate					
Other (please specify)					
ADDITIONAL EXPERIENCE OR QUALIFICATIONS  List any other experience, skills or other qualifications including any professional, trade, business or civic activities and offices held which may help qualify you for this position:					
		EMPLO	YMENT HISTORY		
Beginning with your are attaching a resur	•	loyer, list the pas	st three employers.		te this section even if you
Employer		Start Date	End Date	Essential job f	unctions of your position
Address			City, State, Zip		
Phone Number		Starting Salary	Ending Salary		
Job Position	1	Name of Supervi	sor		
Reason(s) for leaving	<b>3</b> :				
Employer		Start Date	End Date	Essential job f	unctions of your position
Address		C	City, State, Zip		
Phone Number		Starting Salary	Ending Salary		
Job Position	,	Vame of Supervi	sor		
Reason(s) for leaving	j:				
Employer		Start Date	End Date	Essential job fi	unctions of your position
Address City, State, Zip					
Phone Number	8	Starting Salary	Ending Salary		
Job Position	Position Name of Supervisor				
Reason(s) for leaving	Reason(s) for leaving:				

### **EMPLOYMENT APPLICATION**

Green Companies Development Group, Inc.

		BECEBI	ENCES		
REFERENCES  Please list three people, not related to you, who can provide professional references of your work performance within the last 5 years.					
Name	Address	Phone Number	Email Address	Relationship/Occupation	Years Known
Please			TION AND AGREE	MENT ging your understanding	
best of	my knowledge and that	I have not know	ingly withheld any ir	plication are true and compl nformation that might advers completed this application	sely affect
for on denial elapse  I agree backgre	<ul> <li>I understand that, if employed, falsification, misrepresentation, or omissions of any facts called for on this application, or any other document used to secure employment, shall be cause for denial of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</li> <li>I agree to any legally permitted testing, such as personality testing, credit, driving, and criminal background checks, references and/or other background checks, required by Green Development as a condition of employment. In addition, I understand that Green Development requires job applicants who</li> </ul>				
applica		may include work	ers' compensation	ents and references contain background checks, medica	
I understand and agree that Green Development is under no obligation to hire me as a result of accepting this application. I also understand that should I be extended an employment offer and accept such offer, my employment will be "at-will", which means that either I or Green Development may terminate the employment relationship at any time, with or without cause, notice, or any specific procedures.					
My signature below acknowledges that I have fully read, understand and agree to the above statements.					
Signature	·	<del></del>		Date	
COMPLETE AND RET	COMPLETE AND RETURN THE ATTACHED DOCUMENTS AS A CONDITION OF EMPLOYMENT				
•	Checks Disclosure and	Authorization I	Notice		
	11				

### **Background Checks**

#### **Green Companies Development Group, Inc.**

#### DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

In connection with your application for employment, and, if you are hired, in connection with any promotion, reassignment, retention and/or discipline, we may obtain a "consumer report" about you as part of our decision-making process. A "consumer report" is a written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living, and may include verification of your social security number, prior addresses, and a criminal records check and any other background check.

verification of your social security number, prior addresses, and a criminal records check and any other background check.

Should a consumer report be requested, you have the right to receive a copy of the consumer report. Please check the box below if you wish to receive a copy of such report.

I wish to obtain a copy of any consumer report obtained about me.

By your signature below, you authorize us to obtain a consumer report about you for employment purposes.

Name:

(Please print)

Address:

Signature:

SSN:

(for consumer reporting purposes only)

DOB:



### **EMPLOYMENT**

# DISCLOSURE/AUTHORIZATION

### **Please Print:**

Last Name	First Name	MI Jr./Sr. etc		
Social Security Number	Driver License Number	State		
Birth Date (mm/dd/yy)	Sex (check one) Race (check one)			
	☐ Male ☐ Female ☐ Hispanic ☐ Black	k □ White/Other		
Current Address				
City	State ZIP Ema	ail Address		
For Each Residence In The Last Five	e Years, List The City, State, Applicable Dates and L	ast Names.		
City	State From (mm/yy) To (mm/yy)	Name (at time of date listed)		
consumer reporting agencies, private investigate to employer or employer's agent(s). I also accemployment that the employer may procure, of an employee. I understand that the information be used solely for the purpose of obtaining conformation, including criminal history information from the further understand that information from	I hereby authorize employer and employer's agent(s) to obtain a consumer report on me. Employer is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore, I authorize any of these agencies to release information on me to employer or employer's agent(s). I also acknowledge that I have received a copy of a written disclosure in connection with my employment or application for employment that the employer may procure, or cause to be procured, a consumer report on me as part of the process of considering my status or candidacy as an employee. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for employment, but will be used solely for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report will not be used in violation of any			
tunity laws.	Signature of Applicant	Date		
Employer Section:  If the applicant listed any criminal offenses on his/her employment application, please indicate the year, location, and type of each offense provided:  Location: (city, state)  Offense:  Year:				
Subscriber Name:		PIN:		
I hereby certify that in accordance with my NCTC Employment Screening Contract I am requesting a report for employment purposes. I further certify that before requesting this report I obtained the employee's / applicant's authorization and provided them with a disclosure statement which advised them that before taking any adverse action based on the information obtained in a report from NCTC that I would provide them with a copy of the report and a summary of their rights as prescribed by the Federal Trade Commission. I understand that obtaining a report under false pretenses is subject to fines of up to \$2500.00 and imprisonment of up to two (2) years.				
	Signature of Employer Authorized Agent	Date		



## **Employment Screening**

### **Disclosure Statement**

Employer may procure, or cause to be procured considering my status or candidacy as an employer in whole or in part in making an adverse decision	my employment, or application for employment, that ed, a consumer report on me as part of the process ee. In the event that information from a report is utilized in with regard to my employment or application, I have copy of the consumer report on me, as allowed by law, v.
Signature of Applicant	Date
Copy of report provided to applicant/employee on:	: DATE
Copy of report provided by:  Signature of Employe	er Representative
NCTC DISCLOSURE STATEMENT: COPY REQUSTING A REPORT FROM NCTC.	TO BE PROVIDED TO APPLICANT PRIOR TO

### **Applicant Release of Information**

Green Companies Development Group, Inc.

I hereby authorize the below stated company (former employer) to release any information it may have concerning me which is on record or otherwise related to my past employment to Green Development (prospective employer). I release and discharge both my former and prospective employer, and all individuals connected therewith, from any and all liability whatsoever that may otherwise be incurred in furnishing such information related to this Employment Verification.

Printed Applicant Name:				Date:			
Signature of Applicant:				S	S#:		
3 - 3 <b>9</b>	# # # # # # # # # # # # # # # # # # #	<b>OF</b>	ICE USE	ONLY			
Dear		_ (former emp	loyer),				
company. The release sign	nt named below is e applicant has liste ed by the applican amed and return	d you or your t above, ple	organiza ase prov	ation as hi vide the i	s/her form equested	er employer. I information	Pursuant to the concerning the
Thank you.							
Dates of Emp	oloyment:				Salary His	story:	
Position(s) He	eld:						
Reason for le	aving:						
Please rate th	ne Applicant in each	of the followin	g areas:				
		Excellent				Poor	
	Job Skill						
	Quality of Work	[]	Ū				
	Initiative						
	Attendance	Ū	Ō.	Δ	0		
	Conduct						
	Supervisory Skills		П	Ū			
Would you rei	hire the Applicant?	□ Yes □ N	10				
Reference Giv	ren By: Printed Name 8	Job Title		Si	gnature		Date
May we conta	ict you should we ha	ve any additio	nal ques	tions?	Yes 🛮	No	
If yes, please	provide your contact	information _	Phon	ıe/Email Ad	dress		



Dear Prospective Employee,

Thank you for your interest in working with us. We are asking you for the following information to determine if we, your potential employer, could be entitled to tax credit benefits. These tax credits were created to help people that have historically faced barriers to employment.

We may be able to obtain valuable tax credits based on your answers to the upcoming questions. Completion of these forms is voluntary and may assist members of targeted groups in securing employment.

While you are not required to complete this questionnaire, we cannot receive tax credits without gathering this information from prospective employees like you. Finally, we guarantee that your answers to these questions will not affect your eligibility for employment nor any benefits you or your family may currently be receiving.

We appreciate your assistance and look forward to speaking with you again.

Sincerely,

Emily Wilkins
Green Companies Development Group, Inc.

# Form **8850**(Rev. March 2016) Department of the Treasury Internal Revenue Service

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your	Your name	Social security number ▶				
Stree	reet address where you live					
City o	City or town, state, and ZIP code					
Coun	County T	elephone number				
f you	f you are under age 40, enter your date of birth (month, day, year)					
1	Check here if you received a conditional certification from the state w for the work opportunity credit.	vorkforce agency (SWA) or a participating local agency				
2	<ul> <li>Check here if any of the following statements apply to you.</li> <li>I am a member of a family that has received assistance from Temmonths during the past 18 months.</li> <li>I am a veteran and a member of a family that received Supplements stamps) for at least a 3-month period during the past 15 months.</li> <li>I was referred here by a rehabilitation agency approved by the state program, or the Department of Veterans Affairs.</li> <li>I am at least age 18 but not age 40 or older and I am a member of a. Received SNAP benefits (food stamps) for the past 6 months; or b. Received SNAP benefits (food stamps) for at least 3 of the past 5 m.</li> <li>During the past year, I was convicted of a felony or released from power in the past year.</li> <li>I am a veteran and I was unemployed for a period or periods totaling past year.</li> </ul>	tal Nutrition Assistance Program (SNAP) benefits (food e, an employment network under the Ticket to Work a family that:  r onths, <b>but</b> is no longer eligible to receive them. rison for a felony. th ending during the past 60 days.				
3	3 Check here if you are a veteran and you were unemployed for a period year.	od or periods totaling at least 6 months during the past				
4	4 Check here if you are a veteran entitled to compensation for a server released from active duty in the U.S. Armed Forces during the past year.					
5	5 Check here if you are a veteran entitled to compensation for a service period or periods totaling at least 6 months during the past year.	e-connected disability and you were unemployed for a				
6	<ul> <li>Check here if you are a member of a family that:</li> <li>Received TANF payments for at least the past 18 months; or</li> <li>Received TANF payments for any 18 months beginning after August after August 5, 1997, ended during the past 2 years; or</li> <li>Stopped being eligible for TANF payments during the past 2 years I those payments could be made.</li> </ul>					
7	7 Check here if you are in a period of unemployment that is at least 2 you received unemployment compensation.	7 consecutive weeks and for all or part of that period				
	Signature—All Applicants Mus	et Sign				
	Under penalties of perjury, I declare that I gave the above information to the employer on or before the correct, and complete.	day I was offered a job, and it is, to the best of my knowledge, true,				
.5.150	and complete.					

Form 8850 (Rev. 3-2016) Page **2** 

	For	Employer's Use Only		
Employer's name		Telephone no.	EIN ▶	
Street address				
City or town, state, and ZIP	code			
Person to contact, if differen	t from above		Telephone no.	
Street address				
City or town, state, and ZIP	code			
	•	or she is a member of group 4 or 6 group number (4 or 6)	·	
Date applicant:				
Gave information	Was offered job	Was hired	Started job	

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ► Title

### Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Date** 

**Recordkeeping** . . 6 hr., 27 min.

Learning about the law

or the form . . . . . . . . 24 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service Tax Forms and Publications 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

#### Payopin Tat. Oraxiit Geografia againa

The implication content of the production of the

House Geno:	Pugl Cost	โรตดาล" Security กษากที่เลย (โรส) คื พ.ศ.ศ.	2000 (mi/)
1 .1	foast age retitut under age 400 Mass prier von oose		100 000
2 M ME 7003	even worked for this employer belond is $f_{ij}$ as less employer	dake of en programme	15 1 100
16 5 5 6 7 5 6 1	a percent of internation ruest distribuse, bears 10 (122) secondice inemptoyment contrains afficially liet state did you receive the tripley have contrained affilmin		168 110 1
A yeth in a Berlinin + VE2, em mix medick TA, molyc	reaction billio (1.6). Armood Potoech (1.00) type ic repeats type to the helper of a harrify the Linguige tender (1.1) in and his a thombood primary receptors.  The matter benefits were reconsided.  The matter benefits were reconsided in the service was a post of the service	eng cot will produce to the Demonth between the period of the demonth of	Past Past Past Past Past Past Past Past
	ra comen played baca combinate period of access 6 mem Note you visit lines?	hs (voietner or new scrate cultivil) during	(195) (195)
to inclore Office of CASSIVE	r conformer on mily in a received Supplemental him to a confort from a variety of the distribution of the test of the distribution of the test of the former of the distribution of the test of the former of the distribution of the test of the former of the distribution of the distributi	•	7. s <sub>0</sub>
that by an	refer ed to an employing to a Morphonal melaphablish for fig any formany fisherational makes bus not at the Work Program Copusy partial Mederation Milates?	·	(100
Fig. are so indicate as sulf, one no or state, thy the WD, area to SEC, and to SEC, and	nomber of a family that consider I mills passistance to at a memor of a family that receives if ARL Deceives for a treative theory at \$1997, or these teaming often may ust \$1997, or the stainty skeeps and offer that if costs may at a family skeeps and offer that if a costs may are the may taken as a could be may take	vrig the months beginning after August 6, 1920, who have before you were the fit of years botone you wono hined becomes a healers week	(0.5) (10) (10) (10) (10) (10) (10) (10) (10
$b \in ES_1 \times C$	Emporths, have you trad a fallony convenient, water raises halds to convenient and draw or exercit	reference	788 1 000
य Cjo you o yeu yarab	od za Stypotemental Security (neorne 1984), pemelits for an inc til	ry mosoni carding social in it. They's ballons	(cz. 196)
oneg se Normali	Address and rapidly of the Elegabers of Careers last (contribution of Careers last (contribution of Careers last (contribution)) and the Careers last of Caree	oned a little lange that the tree thin (we can be)	(10) (10) (10) (10) (10) (10) (10)
igaspization des Paysona ATTI	as Carrestian mares, de la paques de lles Chiré, e la fine, bross incommédia la 1. Ta (Ca <mark>edh Dep</mark> r	MAS ANY Start protegors And 1885	
ax 124 Markit delta terrereli y N	nni Raj MS dineti e, Sministeri	eq c 1 lab	
r Liberty Control of S	OFFICE GRADEN STEEL GOVERN	For the Quality	
Thusterns	oka pove somstave or di norvi be vedovest by Playrown	na itis i ban 15 da n nim ins new Employee's	r grant dess.

्रिक्ष इंग्लब्ब (c. C.) 20 (Cip.)

### A Summary of Your Rights Under the Fair Credit Reporting Act

Green Companies Development Group, Inc.

Para informacion en espanol, visite <u>www.ftc.gov/credit</u> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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 <a href="www.ftc.gov/credit">www.ftc.gov/credit</a> or write to: Consumer Response Center, Room 130-A, Federal Trade Commissiou, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- 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:
  - o a person has taken adverse action against you because of information in your credit report;
  - o you are the victim of identity theft and place a fraud alert in your file;
  - o your file contains inaccurate information as a result of fraud;
  - o you are on public assistance;
  - o you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <a href="https://www.ftc.gov/credit">www.ftc.gov/credit</a> for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness 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 <a href="www.ftc.gov/credit">www.ftc.gov/credit</a> for an explanation of dispute
  procedures.
- Consumer reporting ageucies 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 <a href="https://www.ftc.gov/credit">www.ftc.gov/credit</a>.
- 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).
- 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.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:		
Consumer reporting agencies, creditors and others not	Federal Trade Commission: Consumer Response Center -		
listed below	FCRA		
	Washington, DC 20580 1-877-382-4357		
National banks, federal branches/agencies of foreign banks	Office of the Comptroller of the Currency Compliance		
(word "National" or initials "N.A." appear in or after bank's	Management, Mail Stop 6-6		
name)	Washington, DC 20219 1-800-613-6743		
Federal Reserve System member banks (except national	Federal Reserve Board		
banks, and federal branches/agencies of foreign banks)	Division of Consumer and Community Affairs		
	Washington, DC 20551 202-452-3693		
Savings associations and federally chartered savings banks	Office of Thrift Supervision		
(word "Federal" or initials "F.S.B." appear in federal	Consumer Complaints		
institution's name)	Washington, DC 20552 800-842-6929		
Federal credit unions (words "Federal Credit Union" appear	National Credit Union Administration		
in institution's name)	1775 Duke Street		
	Alexandria, VA 22314 703-519-4600		
State-chartered banks that are not members of the Federal	Federal Deposit Insurance Corporation		
Reserve System	Consumer Response Center, 2345 Grand Ave, Suite 100		
	Kansas City, Missouri 64108 1-877-275-3342		
Air, surface, or rail common carriers regulated by former	Department of Transportation, Office of Financial		
Civil Aeronautics Board or Interstate Commerce	Management		
Commission	Washington DC 20590 202-366-1306		
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture		
	Office of Deputy Administrator – GIPSA		
	Washington, DC 20250 202-720-7051		

### FCRA Summary of Rights Acknowledgement

I acknowledge I have been given a copy of the Fair Credit Reporting Act (FCRA) Summary of Rights and that have asked any questions that are of concern to me regarding it.			
Printed Name			
Signature	 Date		