Hanover Township Police Department
Washington County, Pennsylvania
11 Municipal Drive Burgettstown, PA 15021
Phone: 724-947-4813
Fax: 724-947-0650

Attention Police Applicant,

Please read the following information prior to completing your application for employment. It is imperative that you complete the attached application and appendixes thoroughly and that you are available for interviews and training days as mandated by the Township and police department.

The Attached Police Officer's Application Package must be completed in its entirety. Do not leave any section blank. If a section or question does not apply indicate this by placing N/A on the appropriate line. All documentation must be printed legibly. **Under section 17 (Employment), you must include a current phone number for all previous places of employment.** The phone number is to be placed in the block above the description, which is titled "name and address of employer".

Interviews: The Township will contact you to schedule an interview if you have met the requirements of the job and all application procedures were followed as directed. Please include your cell phone number on the application so that the department may contact you to schedule an interview.

The following requirements and/or documentation must be submitted with your application:
*Must be a United States Citizen
*High School Diploma or GED certificate
*Act 120 Certification (meet all requirements of MPOETC for certification)
*Police Academy Grade Sheet
*Birth Certificate
*PA Drivers License
*Copy of your Social Security Card
*Current First Aid or First Responder Certification
*Current CPR Certification
*Current Firearms Certification
****Additional Documentation & Testing** will be required for those applicants who have never been certified by a Pennsylvania municipality or those applicants whom have not held a MPOETC certification within the last two years.

***New Cadets** who will soon complete Act 120 training must submit a letter from their training academy verifying their graduation date.

Mandatory Training: All Pavilion at Star Lake part-time seasonal detail officers **MUST** attend TWO days of training to be eligible to work the special detail.

Respectfully,
The Hanover Township Board of Supervisors

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11 Municipal Drive Burgettstown, PA 15021
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APPENDIX A: POLICE OFFICER'S APPLICATION FORM

HANOVER POLICE DEPARTMENT APPLICATION INCLUDES:

A. Application
B. Waiver and Release for Background Investigation
C. Description of Essential Duties of a Police Officer
D. Disclaimer and Signature
E. Statement of Understanding
F. Background/Credit Check

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a verification; a general waiver; and a description of essential job functions. Each one of these sections MUST be completed in order for Hanover Township to accept the application. Print (do not type) an answer to EACH question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use the reverse side and proceed with the number of the referenced block. DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.

QUESTIONNAIRE

1._____ 2._____
Last Name First Name Middle Name Social Security Number

3._____ 4._____
Alias(es), Nickname(s), Maiden Name, Other Name Changes Telephone Number

5._____
Present Residence Address including Street, City, State and Zip Code

6._____
U.S. Citizen (Yes/No) Naturalization No. Date Place Court

7. Please list below all residences for the past ten (10) years beginning with current:

Month & Year From	To	Address	With Whom Did You Live? Where are They Now?

8. FAMILY: List in order showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters and step siblings. Include any others with whom you have resided or with whom a close relationship existed or exists.

RELATIONSHIP NAME ADDRESS IF LIVING

Father_____

Mother_____

_____

_____

_____

_____

_____

_____

_____

_____

9. VEHICLE OPERATOR'S LICENSE. Give the following information concerning any vehicle operator's license(s) you have held or now hold.

Type of License	Number	Issuing Authority	Expiration

9A. Have you ever had a license suspended or revoked? If yes – list why.

_____

_____

10. Have you been arrested or charged with a violation of the law (felony, misdemeanor or summary) Yes_____ No_____
Initial Initial

If you answered yes please explain and indicate all arrests and citations including traffic violations and dispositions. *(Date of Arrest, Charge and Disposition)*_____

_____

_____

_____

_____

If you answered yes, did the arrest lead to a conviction? Yes_____ No____
Initial Initial

Have you ever been **accused** of violating a person's civil rights? Yes_____ No____
Initial Initial

If you answered yes, please explain:_____

Is your Pennsylvania driver's license currently under suspension? Yes____ No____
Initial Initial

Do you currently have a protection from abuse order against you? Yes____ No____
Initial Initial

11. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:

Name	Address	Zip	Type	Office Held	Membership Dates

12. SUBVERSIVE ORGANIZATIONS: (Yes/No)

_____ Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means?

_____ Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee?

_____ Are you now associating with, or have you associated with, any individual, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?

_____ Have you ever been engaged in any of the following activities of any organization of the type described above: Distribution(s) to, attendance at or participating in any organizational, social or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed or other matter prepared, reproduced, or published by them or any of their agents or instrumentalities?

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held. Also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

13. EDUCATION:

Highest Grade Completed – High School: 9, 10, 11, 12 College: 1, 2, 3, 4 or more

13A. List all elementary, junior high and high schools attended. Attach a transcript from the last high school attended.

NAME ADDRESS Graduated (Yes/No)

13B. Higher Education – List all colleges or universities attended. Attach a transcript from last institution.

NAME ADDRESS Graduated (Yes/No)

Major and Minor Courses:

13C. Other Schools or training (trade, vocational, military). List for each the name and location of school, years attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

14. SPECIAL QUALIFICATIONS AND SKILLS:

A. Indicate type of special license such as pilot, radio operator, etc...showing licensing authority, where the license was first issued and date current license expires.

B. Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

C. Approximate number of words per minute: Keyboard or typing____ Shorthand_____

D. Special Qualifications not covered in application. (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc...)

15. FOREIGN LANGUAGE. Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing

16. FOREIGN TRAVEL. Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. Military duties.

Dates	Country	Purpose of Travel

17. HOBBIES AND SPORTS

Name	Length of Participation	Level of Proficiency

18. EMPLOYMENT. Begin with your most recent job and list your work history for the past 10 years, including part- time, temporary or seasonal employment and all periods of unemployment.

Dates of Employment	Name & Address of Employer	Job Title
Rate of Pay		Description of Duties
Reason For Leaving	Name of Supervisor	Name of Co-Worker
	Phone:	Phone:

Dates of Employment	Name & Address of Employer	Job Title
Rate of Pay		Description of Duties
Reason For Leaving	Name of Supervisor	Name of Co-Worker
	Phone:	Phone:

Dates of Employment	Name & Address of Employer	Job Title
Rate of Pay		Description of Duties
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	Phone:	Phone:

Dates of Employment	Name & Address of Employer	Job Title
Rate of Pay		Description of Duties
Reason For Leaving	Name of Supervisor	Name of Co-Worker
	Phone:	Phone:

Dates of Employment	Name & Address of Employer	Job Title
Rate of Pay		Description of Duties
Reason For Leaving	Name of Supervisor	Name of Co-Worker
	Phone:	Phone:

If additional employer blocks are needed, attach requested information on a separate sheet

18A. May we contact your previous or current employers? Yes_____ No_____

If no, specify which employer and the reason why:_____

_____

_____

18B. Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state reason.

_____

_____

_____

18C. Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain. List name and address of employer, approximate date and reasons in each case.

_____

_____

_____

19. MILITARY STATUS

	Yes	No
A. Have you ever served in the U.S. Armed Forces? If yes, attach photo copy of discharge or separation papers	_____	_____
B. Do you claim veterans' preference?	_____	_____
C. While in the military service, were you ever convicted for any crime Graded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court Martial , charge and action taken for each incident. Use separate sheet to record this information.	_____	_____
D. Are you presently a member of the U.S. Reserve or State Guard organization?	_____	_____

If yes, complete the following:

Grade and Service Number:_____

Service and Component:_____

Organization and Station or Unit and Address:_____

_____

Status:_____

Indicate reserve obligation, if any:_____

20. SELECTIVE SERVICE

Last Classification:_____ Selective Service No.:_____

Date:_____ Local Board:_____

Address:_____

21. CHARACTER REFERENCES. List only character references that have definite knowledge of your qualifications for the position of application. List five character references. (Do not list relatives, former employers or persons living outside the United States).

	Name	Address	Home Phone	Work Phone	Years Known
1.					
2.					
3.					

22. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation. If yes, please provide details.

_____

_____

_____

23. Have you ever applied for a position with any other governmental agencies? If yes, provide details.

_____

_____

_____

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the above entries made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

_____ _____

Signature of Applicant Date

_____

Please Print Name Here

APPENDIX B

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____ (Print Name of Applicant), hereby give **HANOVER TOWNSHIP** the right to make a thorough investigation into my background, previous employment, education and references in order to ascertain my suitability for service as a police officer. I release from all liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever to representatives of **HANOVER TOWNSHIP**. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause. I release, indemnify and hold harmless **HANOVER TOWNSHIP**, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

_____

Signature of Applicant

_____

Date

APPENDIX C

ESSENTIAL DUTIES OF A POLICE OFFICER

1. Running for several hundred yards.
2. Climbing over obstacles.
3. Crawling.
4. Pushing motor vehicles.
5. Pulling or carrying accident, fire or crime victims.
6. Using physical force to apprehend and subdue arrestees.
7. Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions.
8. Withstanding prolonged periods of standing and sitting.
9. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes or suicide.
10. Dealing with domestic disputes.
11. Dealing with verbal and physical abuse of the officer, including taunts, insults and threats to the officer, members of his family or fellow police officers.
12. To communicate effectively with individuals suffering from trauma.
13. Operate a motor vehicle for long periods of time.
14. Use a firearm effectively.
15. Complete written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Hanover Township police officer and believe that:

_____ I can fully perform all duties without reasonable accommodations.

_____ I can fully perform all duties but only with the following reasonable accommodations for the duties specified. Specify:_____

_____

_____ I cannot fully perform all duties even with reasonable accommodations.

_____ _____

Print Name Signature of Applicant

_____

Date

APPENDIX D

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applies? A description of the activities involved in such a job or occupation is attached.

Yes_____ No_____

DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless chance is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature:_____ Date:_____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes_____ No_____
Remarks:_____

Employed: Yes_____ No_____ Date of Employment:_____

Job Title:_____ Hourly Rate/Salary:_____ Department:_____

By:_____
Name and Title Date

Notes:_____

APPENDIX E

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY, THEN SIGN & DATE THE APPLICATION.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that falsification of any of the facts contained in this application shall be considered grounds for immediate dismissal. Further, I hereby give Hanover Township permission to investigate and verify the information on the application.

Additionally, I acknowledge that a valid driver's license is a condition of employment should my position require the operation, inspection and/or the service of motor vehicles. I acknowledge that my employment could be terminated or the offer of work rescinded if it is discovered that I do not possess a valid driver's license.

Further, I acknowledge that I may be subject to a motor vehicle report (MVR), criminal record check, and credit report as part of the pre-employment process, and while I am employed at the company, should I be offered employment. If a review of my MVR reveals an unsatisfactory of high risk driving record I could be terminated or an offer of work rescinded. This will be done in conformity with The Fair Credit Report Act.

Finally, any prospective employee may be required to submit to a drug screen test. A positive result to this test will result in the rescinding of an offer of employment, or termination after employment. Post-offer, employees may be required to take a physical examination.

I acknowledge that this application does not constitute an offer of work. If I am offered employment by the Township, I acknowledge that the company is an at will employer. Accordingly, both the employee, and the employer are free to terminate the employment relationship without cause or notice. There does not exist any contract or guarantee of employment.

_____ _____

Signature of Applicant Date

APPENDIX F

BACKGROUND/CREDIT CHECK

Please know that we may request a motor vehicle report, criminal record history and or a credit history report as part of your pre-employment process. These may occur in addition to the standard reference check and application and or resume confirmation processes which are standard practice in recruitment and hiring at Hanover Township.

Under the Fair Credit Report Act (FCRA) we have a duty to notify you of your rights and entitlements with respect to consumer and investigative reports. Therefore, please know:

1. We agree to notify you within three (3) days after ordering a criminal record history.
2. You are entitled to further information about the nature and scope of the criminal record history report or credit report.
3. Should you desire additional information please make your request in writing to the attention of the Township Supervisors. The employer will respond within five (5) business days to your request.
4. You are entitled to be notified in advance of any adverse action which is based upon the consumer or investigative reports.
5. You are entitled to receive a copy of the report upon which the adverse decision is based.
6. You are entitled to the name, address and telephone number of the agency which prepared the report.
7. You have a right to contact the reporting agency to dispute the report in whole or in part.
8. You are entitled to a copy of this document.

This signed document will be delivered to the agency who is doing the report so as to confirm that you have been notified of your rights with respect to consumer and investigative reports.

We commit that any report collected for purposes of making an informed and appropriate decision on behalf of the Township will neither be used in any manner nor for any purpose which in any way violates our commitment to employment and recruitment practices which are free from any form of discrimination, harassment and or hostility.

If you feel your rights have in any way been violated or compromised, please submit a confidential complaint to the Township Supervisors.

By my signature below, I am acknowledging that I have read and received this document. Further, I give permission for Hanover Township to seek both consumer and investigative reports regarding myself as part of the pre-employment and or employment process.

_____
Employee Name (Printed)

_____
Employee Signature

_____
Employee SS#

_____
Date Signed

EMPLOYMENT DISCLOURE/AUTHORIZATION

In connection with your application for/continued employment with **HANOVER TOWNSHIP**, on their behalf, CBY Systems Inc. will make inquires, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, residence, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments. Such inquires may include investigative consumer reports that relate to your character, general reputation, personal characteristics, or mode of living and are obtained by personal interviews with your neighbors, friends, associates, and others.

In compliance with the Fair Credit Reporting Act (FCRA), you are entitled to be informed if an offer of employment is withheld because of information obtained from CBY Systems Inc. and, in that event, upon your written request, CBY Systems Inc. will provide a copy of the consumer and/or investigative consumer reports we receive, information regarding the nature and scope of the investigation, and FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act." A copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" is also attached to the Employment Inquiry Release.

Please complete and sign this form authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions, and private information bureaus or repositories, contacted by CBY System Inc. to furnish any or all of the above-mentioned information, including consumer reports and/or investigative consumer reports. Your signature allows a photocopy or fac copy of this authorization to be as valid as the original.

PRINT FULL NAME_____*DATE OF BIRTH_____

SOCIAL SECURITY #_____ DRIVERS LICENSE_____

STREET ADDRESS_____

CITY, STATE, ZIP_____

MAIDEN OR OTHER NAME USED_____

GRAUATION DATE: HIGH SCHOOL _____ COLLEGE: _____

APPLICANT SIGNATURE AND DATE: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, 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 NW, 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 1-888-567-8688.

- 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:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW

TYPE OF BUSINESS:	CONTACT:
	Washington, DC 20580 (877) 382-4357