



EMPLOYMENT APPLICATION

Chemplast Inc does not discriminate on the basis of race, color,
religion, sex, national origin, age, veteran status, disability,
citizenship status, or sexual orientation.

PERSONAL INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER
PRESENT ADDRESS			PHONE NUMBER (H) PHONE NUMBER (M)
CITY			STATE ZIP CODE
E-MAIL ADDRESS			ARE YOU 18 YEARS OF AGE OR ABOVE? YES NO IF YOU ARE UNDER 18 YEARS OF AGE, WHAT IS YOUR BIRTHDATE? _____
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.) YES NO			
DO YOU HAVE ANY FRIENDS OR RELATIVES THAT ARE CURRENTLY EMPLOYED BY CHEMPLAST INC? YES NO			
IF YES, PLEASE STATE YOUR RELATIONSHIP TO THE INDIVIDUAL			
WHO REFERRED YOU TO US? EMPLOYEE ADVERTISEMENT SCHOOL AGENCY OTHER _____			
IF THE POSITION REQUIRES IT, DO YOU HAVE A VALID DRIVERS LICENSE? YES NO			
DURING THE PAST SEVEN YERS, HAVE YOU BEEN CONVICTED OF, OR HAVE YOU PLED GUILTY OR NO CONTEST TO, A FELONY OFFENCE? YES NO		IF YES, PLEASE EXPLAIN (ANSWERING "YES" TO THIS QUESTION WILL NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT UNLESS APPLICABLE LAW REQUIRES SUCH ACTION) _____ _____	

WORK AVAILABILITY	
POSITION DESIRED (1)	POSITION DESIRED (2) SALARY OR HOURLY RATE OF PAY REQUIREMENT
TYPE OF WORK DESIRED FULL TIME PART TIME TEMPORARY	DATE AVAILABLE TO START
WILL YOU WORK OVERTIME (IF NECESSARY)? YES NO	WILL YOU WORK EXTRA DAYS IN THE WEEK (IF NECESSARY)? YES NO
WILL YOU WORK SHIFTS OTHER THAN DAYS (IF NECESSARY)? YES NO	WILL YOU WORK WEEKENDS (IF NECESSARY)? YES NO

EMPLOYMENT HISTORY - LIST ALL FORMER EMPLOYERS IN LAST 5 YEARS			
NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		TYPE OF BUSINESS	
STARTING DATE MONTH YEAR	LEAVING DATE MONTH YEAR	STARTING PAY	FINAL PAY
REASON FOR LEAVING		MAY WE CONTACT FORMER EMPLOYER? YES NO	
JOB TITLE (PRESENT OR LAST)	NAME OF SUPERVISOR	SUPERVISOR'S JOB TITLE	
DESCRIPTION OF WORK AND JOB RESPONSIBILITIES			

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		TYPE OF BUSINESS	
STARTING DATE MONTH YEAR	LEAVING DATE MONTH YEAR	STARTING PAY	FINAL PAY
REASON FOR LEAVING		MAY WE CONTACT FORMER EMPLOYER? YES NO	
JOB TITLE (PRESENT OR LAST)	NAME OF SUPERVISOR	SUPERVISOR'S JOB TITLE	
DESCRIPTION OF WORK AND JOB RESPONSIBILITIES			

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		TYPE OF BUSINESS	
STARTING DATE MONTH YEAR	LEAVING DATE MONTH YEAR	STARTING PAY	FINAL PAY
REASON FOR LEAVING		MAY WE CONTACT FORMER EMPLOYER? YES NO	
JOB TITLE (PRESENT OR LAST)	NAME OF SUPERVISOR	SUPERVISOR'S JOB TITLE	
DESCRIPTION OF WORK AND JOB RESPONSIBILITIES			

EDUCATIONAL TRAINING DATA

SCHOOL	NAME & ADDRESS OF SCHOOL	NO OF YEARS COMPLETED	DID YOU GRADUATE? YES NO	LIST DIPLOMA, DEGREE OR COURSE OF STUDY
MIDDLE SCHOOL		5 6 7 8		
HIGH SCHOOL		1 2 3 4		
COLLEGE OR UNIVERSITY		1 2 3 4 5		
GRADUATE SCHOOL		1 2 3 4 5		
OTHER				

LIST ANY JOB-RELATED PROFESSIONAL MEMBERSHIPS, ORGANIZATIONS, CERTIFICATIONS, OR OTHER INFORMATION RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING FOR (PLEASE EXCLUDE RACIAL, RELIGIOUS, OR NATIONAL ORIGIN GROUPS)

LIST ANY EXTRACURRICULAR ACTIVITIES OR HOBBIES WHICH YOU PARTICIPATE OR HAVE INTEREST IN THAT MAY BE BENEFICIAL TO YOUR EMPLOYMENT (PLEASE EXCLUDE RACIAL, RELIGIOUS, OR NATIONAL ORIGIN GROUPS)

PLEASE STATE ANY SKILLS, TALENTS, OR TRAINING WHICH WOULD CONTRIBUTE TO YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING FOR

LANGUAGES

WHAT LANGUAGES DO YOU SPEAK? (WRITE YES IN ONE SECTION ONLY FOR EACH LANGUAGE)

LANGUAGES	READ, WRITE, AND SPEAK	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

OTHER SKILLS

PLEASE STATE ANY OFFICE EQUIPMENT THAT YOU HAVE USED WHICH WOULD CONTRIBUTE TO YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING FOR

LIST ANY COMPUTER SOFTWARE PROGRAMMING IN WHICH YOU ARE PROFICIENT IN (FOR EXAMPLE SPECIFIC WORD PROCESSING OR SPREADSHEET PROGRAMS)

MACHINES OPERATED

PLEASE LIST ALL FACTORY MACHINES WHICH YOU HAVE OPERATED

CERTIFICATE OF APPLICANT - READ CAREFULLY BEFORE SIGNING

In making this application for employment, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, and personal characteristics, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I CERTIFY that the answers given by me to the forgoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of the facts called for in this application or any supplements thereto may result in rejection of my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me, whether or not such information is part of records. I hereby release said organizations or persons from any liability or damages for issuing this information.

I UNDERSTAND AND AGREE that, if hired, the employment relationship between myself and Chemplast Inc, shall be terminate at the will and option of either party and that no promises, guarantees, obligations or contracts of employment, either expressed or implied have been offered to me in connection with or are created by this application for employment or any subsequent employment.

I UNDERSTAND that as a condition of employment, after a conditional offer of employment has been made, I will be required to pass the company's employment physical and any future physical examinations as required by the company. I understand that such employment is subject to: (a) the security policies of the company, (b) receiving and retaining security clearances required by government regulations whenever such clearances are necessary for work on jobs to which I may be assigned or areas in which I may be required to work, and (c) abiding by all Company Regulations and Safety Rules.

I further understand that Chemplast Inc. is committed to maintaining a clean air work environment to protect the health of all employees. Therefore, no smoking will be allowed in company facilities, vehicles, and by employees on company business while visiting customers and suppliers.

I agree that if employed by the company, I will in consideration of such employment, enter into an employee trade secret and patent agreement. It is understood that the use of this form does not indicate that there are any positions openings and does not in any way obligate the company. If I am employed, I further understand and agree that when my employment is terminated by retirement or otherwise, I will return all of the company's property in my custody, including office keys, manuals, credit cards and ID cards. I authorize Chemplast Inc to withhold repayment of any cash advance from any monies due me, such advance to include but not limited to travel and tuition.

APPLICANT SIGNATURE

DATE



**EMPLOYEE AGREEMENT AND CONSENT TO
DRUG AND/OR ALCOHOL TESTING**

I hereby agree upon a request made under the drug/alcohol testing policy of **CHEMPLAST** (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such a test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee

Date

Employee's Name - Printed

Company Representative

Date



MUTUAL AGREEMENT TO ARBITRATE

Because of the delay and expense of the court system, Chemplast, Inc. (the “Company”) and I agree to use confidential binding arbitration, instead of going to court, for any disputes that arise between me and the Company, its related companies, and/or their current or former employees. Without limitation, such disputes would include any concerning the application and hiring process and employment including, but not limited to, any statutory or common law claims, whether under state, federal, or local law. In any arbitration, the then prevailing employment dispute resolution rules of the American Arbitration Association will apply, except that the Company will pay the arbitrator's fees, and the Company will pay that portion of the arbitration filing fee in excess of the similar court filing fee had I gone to court.

I agree that I am waiving my right to file, participate or proceed in class or collective actions (including a Fair Labor Standards Act (“FLSA”) collective action) in any civil court or arbitration proceeding, including but not limited to receiving or requesting notice from a pending collective action, to the extent permitted by law. Therefore, I agree that I cannot file or opt-in to a collective action under this Agreement, unless agreed upon by me and the Company in writing. In no way does this waiver of class and collective actions preclude the consolidation of my claim and other employees’ or applicants’ claims within a single arbitration proceeding to promote efficiency and cost-effectiveness. Additionally, in no way does this Agreement serve to preclude me from bringing an unfair labor practices claim against the Company pursuant to the National Labor Relations Act. Additionally, I acknowledge that under this Agreement, while I may not file a lawsuit to resolve a dispute against the Company, that I may file a complaint with a federal, state, or other governmental administrative agency regarding legally protected rights. For Claims covered by this Agreement, arbitration is the Parties’ exclusive remedy.

I also acknowledge that this Agreement applies to all employment disputes, including disputes that arise or are asserted after I leave the Company. Furthermore, I understand that this Agreement applies to any dispute that occurred before or after I sign, or otherwise agree to, this Agreement.

Under this Agreement, I understand that the arbitrator may grant any remedy or relief that the arbitrator deems just and equitable, including any remedy or relief that would have been available to me or the Company, had the matter been heard in court. This authority includes the right to award compensatory and exemplary damages, attorney’s fees, costs, and other remedies to the extent those remedies would be available under applicable law in court.

I understand that signing this Agreement does not mean that the Company will hire me, and that if I am hired, this Agreement does not alter the at-will employment relationship between the Company and me.

I HAVE READ THE AGREEMENT ABOVE CAREFULLY. I KNOWINGLY AND VOLUNTARILY AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT.

Applicant Name

Applicant Signature

Date



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

CHEMPLAST (“the Company”) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; www.verifiedfirst.com. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature:

Date:



**DISCLOSURE REGARDING “INVESTIGATIVE CONSUMER REPORT”
BACKGROUND INVESTIGATION**

CHEMPLAST (the “Company”), to which you have applied for employment, may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; www.verifiedfirst.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

Signature:

Date:



DO NOT STAPLE

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by CHEMPLAST, INC. (“Employer”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com and/or Employer.** I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer. ☐

PLEASE COMPLETE ALL FIELDS BELOW

Last Name		First Name	Middle Name <small>check box if no middle name</small> <input type="checkbox"/>
Social Security Number* ###-##-####		Date of Birth* month/date/year	Email Address <small>required</small>
Driver's License Number	Issuing State*	Former Names/Aliases <small>separate aliases with comma</small>	

CURRENT ADDRESS

Street		Apt/Unit
City	State	Zip

FORMER EMPLOYER

Company	City, State
Position	Dates of Employment

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Applicant Signature

Date

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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.

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.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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, N.W., Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W., 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 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200, Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street, Alexandria, VA 223 14
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200, Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E., Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	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, N.W., Washington, DC 20580 (877) 382-4357

