



APPLICATION FOR EMPLOYMENT

THE COMPANY DOES NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, NATIONAL ORIGIN, AGE, MARITAL STATUS, HEIGHT, WEIGHT, DISABILITY, GENDER, PREFERENCES OR VETERAN STATUS. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION. AMERICAN WASTE AND SUBSIDIARIES ARE ENGLISH SPEAKING COMPANIES.

Please Print Clearly

Date of Application ___/___/___

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency

Other _____ Email Address: _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Social Security Number ____-____-____
Area Code

If employed and you are under 18, can you furnish a work permit? Yes No Are you over 18? Yes No

Have you filed an application here before? Yes No If yes, give date ___/___/___

Have you ever been employed here before? Yes No If yes, give date ___/___/___

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? ___/___/___

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a layoff and subject to recall? Yes No Can you travel if a job requires it? Yes No

Have you been convicted of or pled "no contest," or "guilty" to a felony at any time? Yes No

Have you ever been known by any name other than the one on this application Yes No Name: _____

If "yes" to any of the above, explain here:

Are you currently awaiting trial or other disposition of a felony charge in connection with which you are currently out on bail or on your own recognizance? Yes No If "yes" to either question, please explain: _

Note: A conviction record will not necessarily be a bar to employment, and factors such as the applicant's age at the time of the offense, the age of the offense, and the nature and seriousness of the violation will be taken into account.

EDUCATION

	High School	Technical School College/University	Graduate/ Professional
School name			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Did you Graduate?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Diploma/Degree Or Certification?			
Specialized Licensing			
Expiration of Certificates/Licenses			
Specialized Training, Trucking School, Apprenticeship			

EMPLOYMENT EXPERIENCE

List all jobs in order starting with your present or last job. Include military service for the last 10 years. Drivers please check box if subject to FMCSR or Part 40 US DOT drug test.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
City, State, Zipcode		Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason For Leaving		Subject to FMCSR ___yes___no Part 40 US DOT Drug Test ___yes___no		
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
City, State, Zipcode		Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason For Leaving		Subject to FMCSR ___yes___no Part 40 US DOT Drug Test ___yes___no		
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
City, State, Zipcode		Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason For Leaving		Subject to FMCSR ___yes___no Part 40 US DOT Drug Test ___yes___no		

Employer Telephone ()	Dates Employed		Work Performed
	From	To	
Address			
City, State, Zipcode	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason For Leaving	Subject to FMCSR ____yes ____no Part 40 US DOT Drug Test ____yes ____no		

You must attach a separate sheet if you have been employed by any other employer not listed above.

Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without reasonable accommodation? Yes No

Trucking Applicants Only

Driving Experience

Class/Type of Equipment (Buses, Trucks, Tractor-Trailer)	Dates	Yrs	Total Miles
_____	___/___/___ to ___/___/___	___	___
_____	___/___/___ to ___/___/___	___	___
_____	___/___/___ to ___/___/___	___	___

Have you driven standard transmission trucks ____yes ____no If "yes", approximate miles driven _

Have you operated heavy machinery? (back hoes, tractors, dozers, etc) Describe: _____

Has your operators/chauffeurs license ever been suspended Yes No If yes, when/ explain: _____

CDL Licensing By State (past 3 years)

State	License Number	Type	Expiration Date
___	_____	___	___/___/___
___	_____	___	___/___/___
___	_____	___	___/___/___

Violations of motor vehicle laws or ordinances – 3 years preceding this application date (convicted or forfeited bond)

Date	Location	Charge	Penalty
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

Motor Vehicle Accidents – 3 years preceding this application date

Date	Nature of Accident	Fatalities	#Injuries
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

Applicants Signature: _____ Date: _____

READ BEFORE SIGNING

1. I understand this application will be considered current for 90 days and that a new application must be completed for further consideration after 90 days.
2. In consideration of any employment of me by your Company, I agree that my employment is at the will of the Company, which means that the Company has the right to discharge me or lay me off at any time, with or without cause, and with or without notice. It is expressly agreed and understood that this is the entire agreement between the Company and myself on the subject of discharge, termination and/or layoff, and that this agreement may be changed only by an agreement in writing signed by the President of the Company and addressed specifically to me.
3. I further recognize that if employed by the Company, I agree, in partial consideration of my employment, to file a demand for arbitration to resolve any disputes arising from my employment, as required under Paragraph 10 below. **I agree to file such demand within six (6) months after the claim arises or within the applicable statutory limitations period(s) provided by law, whichever occurs first.**
4. I understand that any offer of employment made to me by the Company is contingent upon a favorable health evaluation which may include a physical examination (including drug screening) by a doctor selected by the Company. I hereby agree to complete a health evaluation form.
5. American Waste and its subsidiaries are English speaking companies, mandates that all applicants, employees speak, read, and write English fluently.
6. I have been given and read a separate consumer report disclosure, and I hereby authorize an investigation of my education, employment, driving, criminal and credit histories, including related statements contained in this application, and specifically authorize the Company to consult with all third parties with whom or which I have been associated concerning those histories and/or any other aspect of my qualifications, or with any third parties who may have information bearing thereon and to receive and utilize any information which may be material to my histories or qualifications; and I hereby release all third parties who provide information to the Company with or without notice to me, from any and all liability for the transmittal of any information bearing on my histories or qualifications, in connection with any such request. I further authorize and release the Company from all liability for forwarding to any other entity to which I may apply for employment, any information concerning me and/or my histories or qualifications as the Company has at the time of my application for employment or hereafter acquires. I further release from all liability any and all third parties for any statements made or any action taken in connection with this application or any other applications made simultaneously herewith, or in connection with any other form of review of my histories or qualifications. I hereby waive on behalf of the Company any and all third parties any and all notice(s) I would otherwise be entitled to receive by law in connection with any reference check.
7. I will hold in strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without the Company's prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, techniques and processes, sales promotions and ideas, customer lists or other confidential matters of the Company.
8. I understand that if I have a disability I must timely tell you in writing of my need for accommodation after I know or reasonably should know that an accommodation is needed. I further understand failure to do so will prevent me from alleging a violation of the accommodation requirements otherwise imposed by law.
9. I certify that all information submitted by me in this application is true, complete and correct and understand that if any such information is found to be misrepresented, omitted or otherwise incorrect, it may result in discharge from employment.
10. **ANY DISPUTE ARISING OUT OF OR IN CONNECTION WITH ANY ASPECT OF MY EMPLOYMENT OR ANY TERMINATION THEREOF (INCLUDING BY WAY OF EXAMPLE BUT NOT LIMITATION, DISPUTES CONCERNING ALLEGED CIVIL RIGHTS VIOLATIONS, EMPLOYMENT DISCRIMINATION OF ANY KIND INCLUDING ON THE BASIS OF ANY PROTECTED CATEGORY UNDER FEDERAL OR STATE LAW, RETALIATION, WRONGFUL DISCHARGE, ENTITLEMENT TO OVERTIME PAY, SEXUAL HARASSMENT, BREACH OF EXPRESS OR IMPLIED CONTRACT OR TORT), SHALL BE EXCLUSIVELY SUBJECT TO BINDING ARBITRATION UNDER THE NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA"), provided all substantive rights and remedies including any applicable damages provided under any pertinent statute(s) related to such claims, the right to representation by counsel, a neutral arbitrator, a reasonable opportunity for discovery, a fair arbitral hearing, a written arbitral award containing findings of facts and conclusions of law, and any other provision required by law, shall be available in the AAA forum. Any decision of the Arbitrator shall be final and binding as to both parties, and enforceable by any court of competent jurisdiction. Nothing contained herein shall prohibit me from filing any claims or charges with any appropriate governmental agency. I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE CLAIMS AGAINST THE COMPANY IN COURT, AND THAT I AM OPTING INSTEAD TO ARBITRATE ANY SUCH CLAIMS.**
11. In the event that one or more provisions of this application are declared void, the balance of the provisions shall remain in force.

I hereby acknowledge that I have read the above statements, understand same, and certify as true and accurate all information I have provided herein. I further understand that any false or inaccurate information provided by me on this application may result in my rejection as an applicant or my termination from employment.

SIGNATURE

____/____/____
DATE

AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS
American Waste/Northern A1/PCS/SSS

1. I hereby authorize all corporations, companies, organizations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and government entities, military services and persons to release any and all information they may have about me to American Waste/Subsidiaries (the "Company"), or its agents, and release all such parties involved from any liability for doing so.

2. I hereby authorize the procurement by the Company of an investigative consumer report and understand that it may contain information about, among other things, my background and reputation including but not limited to information relating to my credit, criminal, civil litigation, education, driver license (motor vehicle report) and employment histories. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.

3. I authorize the custodian of my military records to release to the Company, or its agents, information or photocopies of my military personnel and related medical records.

Military Branch: _____

Service #: _____ From _____ To _____

4. I hereby authorize those companies for which I have worked during the past 3 years to furnish American Waste Inc. (or its subsidiaries) the following information about my DOT drug and alcohol tests in accordance with 49CFR Parts 40.25 and 391.23:

Alcohol tests with 0.04 BAC or greater Positive drug screens Follow up test results
Refusal to test (drug/alcohol-including adulterated or substituted specimens)
Documentation of successful completion of return-to-duty requirements

5. I hereby authorize those companies for which I have worked to release all safety performance history as by required by the Federal Motor Carrier Administration Safety Regulations, Part 391.23.

If you have not performed DOT function in the last 3 years please check here _____

Addresses you have resided during the 3 years preceding this application:

_____/_____/_____ to ____/____/_____ _____
_____/_____/_____ to ____/____/_____ _____
_____/_____/_____ to ____/____/_____ _____

This authorization for Release of Information will remain in effect for one year, or one year after my employment ends with the Company.

NAME OF APPLICANT (Please print) _____ _____/_____/_____
Social Security Number Date of Birth

SIGNATURE OF APPLICANT _____ ____/____/_____
Drivers License Number Date

Email Address (Required)



Applicant Authorization to Release DOT Drug/Alcohol Test Results

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____

Current Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes only if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact: _____ Dates of Employment: _____ to _____

(Complete additional form for each previous DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

Signature of Applicant

EMP ID

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- | YES | NO | |
|-------|--------------------------|--|
| _____ | _____ | 1. Any DOT alcohol test results of 0.04 or greater? |
| _____ | _____ | 2. Any DOT positive drug test results? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug / alcohol test? (Incl. adulterated or substituted results) |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. Did a previous employer report a drug / alcohol rule violation to you? |
| _____ | _____ | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?* |
| | <input type="checkbox"/> | 7. Was the Applicant/Employee employed by you but NOT subject to DOT regulations? |

*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of Person Completing Form

Title

Phone

Date

*A reproduction of this authorization shall be deemed as effective and valid as an original. Rev. 2012

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.

Remediating the Effects of Identity Theft

You are receiving this information because you have been notified a consumer reporting agency that you believe that you are a victim of identity theft. Identity theft occurs when someone uses your name, Social Security number, date of birth, or other identifying information, without authority, to commit fraud. For example, someone may have committed identity theft by using your personal information to open a credit card account or get a loan in your name. For more information, visit www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The Fair Credit Reporting Act (FCRA) gives you specific rights when you are, or believe that you are, the victim of identity theft. Here is a brief summary of the rights designed to help you recover from identity theft.

1. You have the right to ask that nationwide consumer reporting agencies place “fraud alerts” in your file to let potential creditors and others know that you may be a victim of identity theft. A fraud alert can make it more difficult for someone to get credit in your name because it tells creditors to follow certain procedures to protect you. It also may delay your ability to obtain credit. You may place a fraud alert in your file by calling just one of the three nationwide consumer reporting agencies. As soon as the agency processes your fraud alert, it will notify the other two, which then also must place fraud alerts in your file.

- Equifax: 1-800-525-6285; www.equifax.com
- Experian: 1-888-397-3742; www.experian.com
- TransUnion: 1-800-680-7289; www.transunion.com

An initial fraud alert stays in your file for at least one year. An extended alert stays in your file for seven years. To place either of these alerts, a consumer reporting agency will require you to provide appropriate proof of your identity, which may include your Social Security number. If you ask for an extended alert, you will also have to provide an identity theft report. An identity theft report includes a copy of a report you have filed with a federal, state, or local law enforcement agency, and additional information a consumer reporting agency may require you to submit. For more detailed information about the identity theft report, visit www.consumerfinance.gov/learnmore.

- 2. You have the right to free copies of the information in your file (your “file disclosure”).** An initial fraud alert entitles you to a copy of all the information in your file at each of the three nationwide agencies, and an extended alert entitles you to two free file disclosures in a 12-month period following the placing of the alert. These additional disclosures may help you detect signs of fraud, for example, whether fraudulent accounts have been opened in your name or whether someone has reported a change in your address. Once a year, you also have the right to a free copy of the information in your file at any consumer reporting agency, if you believe it has inaccurate information due to fraud, such as identity theft. You also have the ability to obtain additional free file disclosures under other provisions of the FCRA. See www.consumerfinance.gov/learnmore.
- 3. You have the right to obtain documents relating to fraudulent transactions made or accounts opened using your personal information.** A creditor or other business must give

you copies of applications and other business records relating to transactions and accounts that resulted from the theft of your identity, if you ask for them in writing. A business may ask you for proof of your identity, a police report, and an affidavit before giving you the documents. It also may specify an address for you to send your request. Under certain circumstances, a business can refuse to provide you with these documents. See www.consumerfinance.gov/learnmore.

4. **You have the right to obtain information from a debt collector.** If you ask, a debt collector must provide you with certain information about the debt you believe was incurred in your name by an identity thief - like the name of the creditor and the amount of the debt.
5. **If you believe information in your file results from identity theft, you have the right to ask that a consumer reporting agency block that information from your file.** An identity thief may run up bills in your name and not pay them. Information about the unpaid bills may appear on your consumer report. Should you decide to ask a consumer reporting agency to block the reporting of this information, you must identify the information to block, and provide the consumer reporting agency with proof of your identity and a copy of your identity theft report. The consumer reporting agency can refuse or cancel your request for a block if, for example, you don't provide the necessary documentation, or where the block results from an error or a material misrepresentation of fact made by you. If the agency declines or rescinds the block, it must notify you. Once a debt resulting from identity theft has been blocked, a person or business with notice of the block may not sell, transfer, or place the debt for collection.
6. **You also may prevent businesses from reporting information about you to consumer reporting agencies if you believe the information is a result of identity theft.** To do so, you must send your request to the address specified by the business that reports the information to the consumer reporting agency. The business will expect you to identify what information you do not want reported and to provide an identity theft report.
7. 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.

To learn more about identity theft and how to deal with its consequences, visit www.consumerfinance.gov/learnmore, or write to the Consumer Financial Protection Bureau. You may have additional rights under state law. For more information, contact your local consumer protection agency or your state Attorney General.

In addition to the new rights and procedures to help consumers deal with the effects of identity theft, the FCRA has many other important consumer protections. They are described in more detail at www.consumerfinance.gov/learnmore.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the 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 1-800-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

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

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

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks.</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air Carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>

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