

APPLICATION



Company		Agent Code				
Carrier	<input type="checkbox"/> Evans 038111	<input type="checkbox"/> West 113693	<input type="checkbox"/> CTI 85508	<input type="checkbox"/> Drayage 1710488	<input type="checkbox"/> Madaris 835435	<input type="checkbox"/> Catfish 2255889
Address	100-110 West Columbia Street, Schuylkill Haven, Pennsylvania 17972					

ANSWER ALL QUESTIONS - PLEASE PRINT CLEARLY

Name _____
FIRST MIDDLE LAST SUFFIX (IF ANY)

Social Security # _____ Date of Birth _____ ☐ Male ☐ Female

Home Address _____

City _____ State _____ Zip _____

Email Address _____ Are you a U.S. Citizen? ☐ Yes ☐ No

Home Phone _____ Cell Phone _____

Shirt Size _____ Cell Phone Carrier _____
For Company-Provided Safety Gear AT&T, Cricket, T-Mobile, Sprint, U.S. Cellular, Verizon, etc. (Needed for text messaging purposes.)

CURRENT DRIVER LICENSE

State	License No.	Class/Type	Expiration Date
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PREVIOUS DRIVER LICENSES FOR THE PAST THREE (3) YEARS (Attach a separate sheet if more space is needed)

State	License No.	Class/Type	Expiration Date
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State	License No.	Class/Type	Expiration Date
-------	-------------	------------	-----------------

State	License No.	Class/Type	Expiration Date
-------	-------------	------------	-----------------

DRIVING EXPERIENCE Class A (semi-tractors): Number of _____ years and _____ months operated

Types of Trailers Transported/Operated

<input type="checkbox"/> Dry Van	<input type="checkbox"/> Reefer	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Double/Triples	<input type="checkbox"/> Tanker
<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Dump Trailer	<input type="checkbox"/> Hopper	<input type="checkbox"/> Intermodal	<input type="checkbox"/> Auto Hauler
<input type="checkbox"/> Specialized	<input type="checkbox"/> Hot Shot	<input type="checkbox"/> Other (please list)		

Have you ever been leased to this company and/or to The Evans Network of Companies in the past? ☐ Yes ☐ No

If yes, please explain _____
Log ID, if known

Are you currently working for or leased to any other employers/carriers, either full time or part-time? ☐ Yes ☐ No

If no, please explain (and how long?) _____



Applicant Name _____

PAST EMPLOYMENT OR LEASE RECORD FOR THE PAST TEN (10) YEARS

List ALL past employment for the last 10 years including DOT-regulated, leased contracts, and non-DOT regulated.

Past Employer/Leased Company _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Position Held _____ From _____ To _____

Reason for Leaving _____ CDL Class A? ☐ Yes ☐ No

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? ☐ Yes ☐ No

Were you subject to FMCSRs while employed/leased by this company? ☐ Yes ☐ No

Past Employer/Leased Company _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Position Held _____ From _____ To _____

Reason for Leaving _____ CDL Class A? ☐ Yes ☐ No

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? ☐ Yes ☐ No

Were you subject to FMCSRs while employed/leased by this company? ☐ Yes ☐ No

Past Employer/Leased Company _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Position Held _____ From _____ To _____

Reason for Leaving _____ CDL Class A? ☐ Yes ☐ No

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? ☐ Yes ☐ No

Were you subject to FMCSRs while employed/leased by this company? ☐ Yes ☐ No

Past Employer/Leased Company _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Position Held _____ From _____ To _____

Reason for Leaving _____ CDL Class A? ☐ Yes ☐ No

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? ☐ Yes ☐ No

Were you subject to FMCSRs while employed/leased by this company? ☐ Yes ☐ No

Past Employer/Leased Company _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

Position Held _____ From _____ To _____

Reason for Leaving _____ CDL Class A? ☐ Yes ☐ No

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? ☐ Yes ☐ No

Were you subject to FMCSRs while employed/leased by this company? ☐ Yes ☐ No

Use multiple copies of this page if more space is needed to list all past employers/leased companies for the past ten (10) years.

Applicant Name _____



VIOLATIONS OF MOTOR VEHICLE LAWS or ORDINANCES FOR PAST THREE (3) YEARS

Please do not list parking violations. (Attach a separate sheet if more space is needed.) If no violations, please write "NONE."

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF MOTOR VEHICLE OPERATED

MOTOR VEHICLE ACCIDENTS FOR PAST FIVE (5) YEARS (Attach a separate sheet if more space is needed) If no accidents, write "NONE."

DATE	DESCRIPTION OF THE ACCIDENT	TOWED? YES/NO	# OF FATALITIES	# OF INJURIES

Have you ever had your license, permit, or driving privileges suspended and/or revoked? ☐ Yes ☐ No

If yes, please explain _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain _____

Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol? ☐ Yes ☐ No

If yes, please explain _____

Have you failed any DOT required alcohol and/or drug testing within the past three (3) years? ☐ Yes ☐ No

If yes, please explain _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

At least one (1) emergency contact is required.

NAME	RELATIONSHIP	AREA CODE and PHONE NUMBER
NAME	RELATIONSHIP	AREA CODE and PHONE NUMBER

Applicant Name _____



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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

DRIVER NOTIFICATION

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer or leasing company. Drivers have:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

PAST PRE-EMPLOYMENT DRUG & ALCOHOL TESTING QUESTION

In accordance with 49 CFR Part 40.25(j) The Evans Network of Companies is required to ask applicants:

1. Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer/carrier to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three (3) years?

CHECK ONE: ☐ Yes ☐ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

CHECK ONE: ☐ Yes ☐ No

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer/carrier records and/or any other attachments have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if leased or hired, any misstatement or omission of fact on this application shall be considered cause for cancellation of my lease or employment. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision.

APPLICANT SIGNATURE

DATE OF APPLICATION

APPLICANT'S PRINTED NAME

Important Disclosure

Regarding Background Reports from the *PSP Online Service*



Company		Agent Code				
Carrier	<input type="checkbox"/> Evans 038111	<input type="checkbox"/> West 113693	<input type="checkbox"/> CTI 85508	<input type="checkbox"/> Drayage 1710488	<input type="checkbox"/> Madaris 835435	<input type="checkbox"/> Catfish 2255889
Address	100-110 West Columbia Street, Schuylkill Haven, Pennsylvania 17972					

In connection with your application for employment with the above named-Company ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize the above-named Company ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear 2 on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ **Signature** _____

Name (Please Print) _____

REFERENCE CHECK – PAST EMPLOYMENT/LEASE SAFETY HISTORY REQUEST

FROM: The Evans Network of Companies, 100-110 W Columbia St, Schuylkill Haven PA 17972, 570-385-9048, x1



The person named herein has applied to The Evans Network of Companies to drive in a safety-sensitive position.

Applicant Printed Name _____ **Social Security #** _____

I, the listed applicant, hereby authorize the following company(s) to release all records of employment/lease, including assessments of my job performance, ability, fitness and drug testing results to The Evans Network of Companies. I hereby release the below listed company(s), and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the above-mentioned company. The applicant's signature on this form releases all liability of you and your company. Information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

DATE

APPLICANT SIGNATURE

Past Employer/Carrier: _____ Phone _____

Address _____ Fax _____

TO BE COMPLETED BY PAST EMPLOYER/CARRIER

Dates of employment: From ____/____/____ To ____/____/____ ☐ Full Time ☐ Part-Time

Position(s) Held: _____ ☐ Local ☐ Regional ☐ Over-the-Road

Did this driver operate commercial motor vehicles greater than 26,000 lbs. GVWR? ☐ Yes ☐ No

Type of equipment operated: ☐ Dry Van ☐ Flatbed ☐ Reefer ☐ Other (please list): _____

Reason for leaving: ☐ Voluntary ☐ Lay-Off ☐ Retired ☐ Terminated (please explain) _____

Eligible for rehire? ☐ Yes ☐ No ☐ Upon Review ☐ No, Company Policy: _____

Motor Vehicle Accident/Equipment Damage/Incident Inquiry. *If no accidents please check here:* ☐ None

Accident Date	City, State	Did the Accident Involve?	Brief Description
____/____/____	_____	<input type="checkbox"/> Tow <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> HM Release	_____
____/____/____	_____	<input type="checkbox"/> Tow <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> HM Release	_____
____/____/____	_____	<input type="checkbox"/> Tow <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> HM Release	_____
____/____/____	_____	<input type="checkbox"/> Tow <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> HM Release	_____

Alcohol & Controlled Substance Testing Inquiry

Has this driver ever had a breath alcohol test within the past 3 years a result of 0.04 or higher alcohol concentration? ..☐ Yes ☐ No

Has this driver ever had a positive drug test in the past 3 years?☐ Yes ☐ No

Has this driver refused a controlled substance test and/or alcohol test within the past 3 years?.....☐ Yes ☐ No

Has this driver violated any other DOT drug/alcohol regulation?☐ Yes ☐ No

To your knowledge, has this driver violated any DOT drug /alcohol regulation at a previous employer?.....☐ Yes ☐ No

If the answer to any of the above questions is "Yes," please provide details below:

Date of test(s): _____ Reason for test(s): _____ Result of test(s): _____

If the applicant tested positive, to your knowledge, has he/she satisfactorily completed all return-to-duty and follow-up testing requirements in accordance 49 CFR 382.503?☐ Yes ☐ No

Any other remarks: _____

Information provided by (name & job title): _____ Date: _____

PLEASE RETURN BY FAXING TO (570) 385-5970 — ATTN: Terminal Code _____

First Request Date: ____/____/____

☐ Fax ☐ Mail ☐ Phone

Attempt made by: _____

Second Request Date: ____/____/____

☐ Fax ☐ Mail ☐ Phone

Attempt made by: _____

Third Request Date: ____/____/____

☐ Fax ☐ Mail ☐ Phone

Attempt made by: _____



TRUCKING INDUSTRY
DOT D/A Disclosure and Authorization

Send to Fax # (800) 257-8069

HireRight Customer:

Company Name: ☐ Evans Delivery ☐ West Motor

Company Contact Name: _____

Fax #: (570) 385-5970

HireRight Acct Code: ☐ EVANS D ☐ EFCO 224144

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the **previous three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number, and signature.

Previous DOT-Regulated Employer

City

State

Phone Number

_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and v(i) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____

Social Security #: _____

Applicant Signature: _____

Date: _____



Part 2 — FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers.) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

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 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 1-888-567-8688.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.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.	Consumer Financial Protection Bureau 1700 G Street NW, Washington, DC 20552
1.b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
2.a. National banks, federal savings associations and federal branches and federal agencies of foreign banks	Office of the Comptroller of the Currency Customer Assistance Grp 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
2.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	Federal Reserve Consumer Help Center PO Box 1200, Minneapolis, MN 55480
2.c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	FDIC Consumer Response Center 1100 Walnut St., Box #11, Kansas City, MO 64106
2.d. Federal Credit Unions	National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314
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 Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W., Washington, DC 20423
5. Creditors Subject to 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, SW, 8th Floor, 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	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357