

# The Arms Trucking Co.

Stanley Trucking Company, Inc. · Scullion Trucking Co., Inc.

Arms Turf Products · D.M. Boyd Arms Sand & Gravel

P.O. Box 369

E. Claridon, Ohio 44033

800-362-1343

Date of Application: \_\_\_\_\_

## Driver Application

DRIVER NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NUMBER(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
EMAIL \_\_\_\_\_  
IN CASE OF EMERGENCY - CONTACT \_\_\_\_\_

NAME	PHONE #	RELATIONSHIP
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### PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1. ADDRESS _____ CITY _____ STATE _____ ZIP _____ FROM _____ TO _____
2. ADDRESS _____ CITY _____ STATE _____ ZIP _____ FROM _____ TO _____
3. ADDRESS _____ CITY _____ STATE _____ ZIP _____ FROM _____ TO _____

### COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE #	TYPE: _____ / _____	A, B OR C	STATE	EXPIRATION DATE
ENDORSEMENTS: (CIRCLE)	1. DOUBLE / TRIPLE TRAILERS		3. TANK VEHICLES	
	2. PASSENGER VEHICLES		4. HAZARDOUS MATERIALS	

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:

STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAS YOUR CDL EVER BEEN SUSPENDED OR REVOKED? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

In compliance with federal and state equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

## WORK EXPERIENCE

IN ACCORDANCE WITH PART 391.21 & 23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, AN APPLICANT MUST LIST ALL PREVIOUS WORK EXPERIENCE FOR THE THREE YEARS PRIOR TO THE ABOVE APPLICATION DATE, AS WELL AS ALL COMMERCIAL DRIVING EXPERIENCE FOR SEVEN YEARS PRIOR TO THOSE THREE YEARS.

PLEASE START LISTING WITH MOST RECENT.

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
SUPERVISOR NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ WHY DID YOU LEAVE? \_\_\_\_\_  
FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSR'S\* WHILE EMPLOYED: YES \_\_\_\_\_ NO \_\_\_\_\_  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT  
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
SUPERVISOR NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ WHY DID YOU LEAVE? \_\_\_\_\_  
FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSR'S\* WHILE EMPLOYED: YES \_\_\_\_\_ NO \_\_\_\_\_  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT  
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
SUPERVISOR NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ WHY DID YOU LEAVE? \_\_\_\_\_  
FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSR'S\* WHILE EMPLOYED: YES \_\_\_\_\_ NO \_\_\_\_\_  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT  
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
SUPERVISOR NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ WHY DID YOU LEAVE? \_\_\_\_\_  
FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSR'S\* WHILE EMPLOYED: YES \_\_\_\_\_ NO \_\_\_\_\_  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT  
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
SUPERVISOR NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_ WHY DID YOU LEAVE? \_\_\_\_\_  
FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
WERE YOU SUBJECT TO THE FMCSR'S\* WHILE EMPLOYED: YES \_\_\_\_\_ NO \_\_\_\_\_  
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT  
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

## COLLISIONS

PLEASE LIST MOTOR VEHICLE COLLISION IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

DATE	DESCRIPTION	LOCATION	INJURIES/FATALITIES
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

## TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND / OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE".

DATE	LOCATION	CHARGE	PENALTY
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

## DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, DUMP, FLAT, ETC.)	DATES		STATES DRIVEN
		FROM	TO	
STRAIGHT TRUCK	_____	____	____	_____
TRACTOR & SEMI TRAILER	_____	____	____	_____
TRACTOR & SEMI TRAILER	_____	____	____	_____
LIST COMMODITIES HAULED	_____	_____	_____	_____

## EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING \_\_\_\_\_

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? \_\_\_\_\_

**GENERAL**

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?    YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, WHEN? \_\_\_\_\_ / \_\_\_\_\_    WHERE? \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?    YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED FOR A DUI, DWI, OR OUI?    YES \_\_\_\_\_ NO \_\_\_\_\_

**REFERRAL SOURCE**

Were you referred by an employee of our Company?    YES \_\_\_\_\_ NO \_\_\_\_\_

Referring Employee Name: \_\_\_\_\_

**MUST BE READ AND SIGNED BY THE APPLICANT:**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given on my application or during the interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

X \_\_\_\_\_

Applicant Signature

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE

**ADDENDUM TO DRIVER APPLICATION**

Pursuant to changes, effective August 1, 2001, in part 40 of the Federal Motor Carrier Safety Regulations, this addendum is added to the driver application and should be completed by each applicant. These changes require each motor carrier to inquire of prospective drivers the information in the question below:

Have you, the applicant, had a positive test result or refused to take a DOT drug or alcohol pre-employment test within the past two years from a motor carrier who did not hire you?

YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In addition, if the answer to the above question was YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

X \_\_\_\_\_

Applicant Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE

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## The Arms Trucking Co. CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, \_\_\_\_\_, as an employee/applicant of The Arms Trucking Co., hereby acknowledge that the Company policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program. I hereby and herewith release the Company, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for, or continuation of, employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contactor's Medical Review Officer (MRO), and/or to the Company's examining physician, as provided by the Company's Policy.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: \_\_\_\_\_

Employee/Applicant Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Date of Signatures: \_\_\_\_\_

**Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local,) motor vehicle record agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law,) a copy of your background report if one is obtained on you by the Company.

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# CONSUMER DISCLOSURE AND AUTHORIZATION FORM

## Disclosure Regarding Background Investigation

The Arms Trucking Co., (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly know as "background reports"). 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 from of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period as allowed by law.

Hireright, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

### 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](http://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 with 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](http://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](http://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](http://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](http://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 over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above.	

<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 PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street. S.W.</p>
<p>5. Creditors Subject to 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, 8th Floor</p>
<p>7. Brokers and Dealers</p>	<p>Securities 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 Associates</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>