



La Pine Rural Fire Protection District

51590 Huntington Rd
Post Office Box 10
La Pine, OR 97739
Phone 541.536.2935
Fax 541.536.2627
www.lapinefire.org

Deputy Fire Chief of Operations

JD# 111

Effective Date:

Approved By:

FLSA Status: Exempt

Reports To: Fire Chief

Supervises: Shift Battalion Chiefs, Captains, Engineers, Firefighters, and assigned staff

Civil Service: Not-Covered

Position Summary

The Deputy Fire Chief of Operations serves as a key executive leader for the La Pine Rural Fire Protection District (LPRFPD). This role oversees all emergency response operations, including fire suppression, EMS delivery, rescue, wildland response, and day-to-day operational readiness. The Deputy Chief ensures high service standards, operational effectiveness, personnel performance, and compliance with District policies, state regulations, and national best practices.

Working closely with the Fire Chief and Command Staff, the Deputy Fire Chief provides strategic leadership, directs daily operational activities, manages personnel, and leads major incident operations. This position supports the District's mission of protecting life, property, and community through safe, effective, and compassionate service.

Essential Duties & Responsibilities

The listed duties and responsibilities are to describe the principal and essential functions of the job. This listing shall not, however, be construed to be a complete listing of the miscellaneous, incidental, or additional duties that may be assigned.

Operational Leadership

- Directs and oversees all emergency operations, including fire suppression, EMS, Rescue, and special operations.
- Develops and implements operational policies, Standard Operating Guidelines (SOGs), and response protocols.
- Ensures readiness of staffing, apparatus, equipment, and stations.
- Provides on-scene incident command; may respond after hours as part of the command rotation.



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Personnel Management

- Supervises Battalion Chiefs and operational personnel; conducts evaluations and performance coaching.
- Assists in recruitment, hiring, promotional processes, and workforce planning.
- Enhances training culture and ensures operational personnel meet certification and competency standards.
- Assists with management-side collective bargaining and supports labor-management relations; helps implement collective bargaining agreements.
- Participates in other related labor relations activities including participating in disciplinary investigatory interviews and reviewing and recommending corrective action in supervising represented staff.

Planning & Administration

- Assists in developing and administering the Operations budget; oversees purchasing of operational equipment.
- Leads the development of operational projects and long-range strategic initiatives.
- Coordinates with partner agencies, mutual aid organizations, and regional emergency services.
- Oversees data collection, response analysis, and performance improvement initiatives.
- Ensure compliance with federal, state, and local laws, rules, and regulations related to fire and emergency services.

Health, Safety & Risk Management

- Promotes and enforces District safety standards in compliance with OSHA, NFPA, and Oregon DPSST requirements.
- Oversees the District's Health & Safety and Wellness programs.
- Reviews major incident reports, near-miss events, and injuries; leads corrective action and risk-reduction initiatives.

Community and Interagency Relations

- Represent the district in meetings with partner agencies, mutual aid organizations, and regional task forces.
- Support community risk reduction efforts, public education, and outreach activities.
- Build and maintain positive relationships with city, county, state, and federal partners.



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Administrative Support

- Prepare reports, operational analyses, and recommendations for the Fire Chief and Board of Directors.
 - Act in the absence of the Fire Chief as assigned.
-

Qualifications

Education & Experience

- Bachelor's degree in Fire Science, Fire Administration, Public Administration, Emergency Management, or related field (Master's degree preferred).
- Minimum **10 years of progressively responsible fire service experience**, including **5 years in a supervisory or command-level role**.
- Experience in combination or career/volunteer integrated departments preferred.

Certifications (Oregon or ability to obtain within 12 months)

- NFPA Fire Officer II (Fire Officer III preferred)
 - Incident Command System (ICS) training through ICS 300/400 and MIMS compliance with ICS Type 3 IC preferred.
 - Oregon EMT with Oregon EMT-Paramedic or EMT-Intermediate strongly preferred
 - Valid Oregon driver's license with acceptable driving record
-

Knowledge, Skills & Abilities

- Comprehensive knowledge of modern firefighting, EMS, wildland operations, and incident management.
 - Strong leadership and interpersonal communication skills.
 - Ability to develop policy, manage budgets, and implement organizational strategy.
 - Skill in labor-management relations, conflict resolution, and personnel development.
 - Proficiency in data-driven decision-making and operational analysis.
 - Ability to serve as Incident Commander in high-risk, complex incidents.
-



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Working Conditions

- Work is performed in office, station, and emergency response environments.
 - Required to respond to emergencies at any time, sometimes in hazardous or extreme weather conditions.
 - Must wear appropriate PPE and meet physical standards for emergency operations.
-



RECRUITMENT

DEPUTY CHIEF

La Pine Rural Fire Protection District

THE POSITION

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No Residency Requirement

TO APPLY

For additional Community, District, Compensation, Benefits, and Application Process information please visit our website at:

www.lapinefire.org



APPLICATIONS ACCEPTED

March 27th-April 27th 2026

COMPENSATION

**Salary Range \$135,000 -
\$145,000 based on
education and
experience.**

**Excellent Benefit
Package and PERS
Retirement**

Flexible Hours of work

MINIMUM QUALIFICATIONS

- **Bachelor's degree in Fire Science, Fire Administration, Public Administration, or related field.**
- **Possess a valid driver's license and Insurable.**
- **Minimum 10 years progressively responsible fire service experience including 5 years in supervisory or command role.**
- **NFPA Fire Officer 2**
- **Oregon/National EMT with Paramedic preference.**

LA PINE RURAL FIRE PROTECTION DISTRICT

PRIDE • SERVICE • DEDICATION



JOIN THE LA PINE RURAL FIRE PROTECTION DISTRICT

NOW HIRING DEPUTY CHIEF

THE COMMUNITY

Located in a high mountain basin of Central Oregon, the La Pine Rural Fire Protection District is nestled in southern Deschutes County. Considered by many as a premier place to live, work, and play, this community offers an exceptionally high quality of life. Consistent with the Oregon lifestyle, the residents and visitors can enjoy the Cascade and Paulina mountains, volcanic formations, rivers, lakes, wildlife and abundant recreational activities.

Being on the east side of the Cascades, the climate is generally dry and sunny with an average of 23" annual total precipitation and will commonly see approximately 300 days of sunshine a year. Summer temperatures normally range between 35 and 85-degrees F and winter temperatures of between 0 and 40-degrees F. Precipitation falls mostly in the winter season, often as snow, which averages 95" annually at the base elevations.

Roughly 15 to 35 miles south of Bend, the community once a native summer hunting region, then ranching and commercial logging, is now primarily a recreational and bedroom community with a mix of residential, small business, surrounded by state and federal lands, along with intermingled ranches.

GOVERNANCE

The La Pine Volunteer Firefighters Association was established in June of 1968 and on May 12, 1971 the Deschutes County Commissioners ordered the formation of the La Pine Rural Fire Protection District after the La Pine area community, by a special county election voted to approve the forming of the special district. The La Pine Rural Fire Protection District is governed as an independent unit of local government (special district) under the laws of the State of Oregon. Governed by a five-member board, the board positions are elected and serve terms of 4 years.

THE ORGANIZATION

The fire district is a full-service career department providing fire, rescue and emergency medical transport services to a fast-growing region with a population of approximately 25 thousand residents between the City of La Pine and surrounding unincorporated areas.



With an annual budget of approximately \$12 million, the district operates out of three fire stations and one administration building to provide fire rescue and emergency services to an area that encompasses 120 square miles, and 800 square miles of ambulance emergency medical services. In 2025, the district responded to approximately 3000 calls for services with personnel consisting of 1 Fire Chief, 1 Assistant Fire Chief, 2 Administrative Staff, 29 Career Fire/Medic Staff, up to 12 Student Residents, and 8 Support Services members.





THE POSITION

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Working closely with the Fire Chief and Command Staff, the Deputy Fire Chief provides strategic leadership, directs daily operational activities, manages personnel, and leads major incident operations. This position supports the District's mission of protecting life, property, and community through safe, effective, and compassionate service.

The Candidate selected will be offered employment based on the following process:

1. A review of applications, resume and cover letter
2. Top Candidates will be invited to assessment process



This position is a non-uniformed, non-civil service position. The position will have a 12 month probationary period and position is at will. This is a full time 1 FTE position with a 40 hour work week. Set days and hours negotiable upon job offer. This position is not eligible for overtime.



**LA PINE RURAL FIRE PROTECTION DISTRICT
DEPUTY CHIEF
APPLICATION**

The District makes decisions regarding employment and volunteer applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps or any other protected classification unrelated to job performance.

Please fill out carefully using a computer or ballpoint pen. If you need additional space to answer questions, you may attach extra sheets.

NAME: _____
First Name Middle Name Last Name

ADDRESS: _____
Number and Street

Mailing address, if different than street address

City State Zip Code

TELEPHONE: _____
Residence Business Cell or Message

EMAIL: _____

Are you a citizen of the United States? YES NO

It is the District's policy to comply with the provisions of the Immigration Reform and Control Act and to hire only authorized workers. If you are hired, you will be asked to provide verification of your work eligibility. The type of verification required may change from time to time as federal regulations are promulgated or amended. Your employment will not be continued if you are unable or unwilling to provide the verification requested by the District.

Do you have the legal right to work the United States? YES NO

Are you over 18 years of age? YES NO

Did you graduate from high school or obtain a G.E.D.? YES NO

If yes, please provide the name and location of high school or place where G.E.D. was obtained.

Do you have an Bachelor's Degree or equivalent? YES NO

If yes, please provide the name of Degree and location where earned. _____

Do you have additional Degrees or Military Training? YES NO

If yes, please provide the name of Degree or Military Service Training and location where earned.

Are you/have you been a member of Oregon PERS? YES NO

Do you have a valid driver's license? YES NO

If yes, please give the number and state. _____
 Driver's License Number State Issued

EMPLOYMENT HISTORY

List, on the pages following, your work experiences, paid or unpaid, beginning with your present or most recent job. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. Give special attention to experience relating to the job for which you are applying. You must complete this section of the application form. If you need additional space, attach additional sheets.

| | | |
|--|----------------------------|--|
| CURRENT EMPLOYER | ADDRESS | FROM Month / Year |
| JOB TITLE | SUPERVISOR PHONE NUMBER | TO Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME Years / Months <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| | | |
|----------------------|----------------------------|--|
| PAST EMPLOYER | ADDRESS | FROM Month / Year |
| JOB TITLE | SUPERVISOR PHONE NUMBER | TO Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME Years / Months <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| REASON FOR LEAVING | | |

| | | |
|----------------------|----------------------------|--|
| PAST EMPLOYER | ADDRESS | FROM Month / Year |
| JOB TITLE | SUPERVISOR PHONE NUMBER | TO Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME Years / Months <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| REASON FOR LEAVING | | |

| | | |
|----------------------|----------------------------|--|
| PAST EMPLOYER | ADDRESS | FROM Month / Year |
| JOB TITLE | SUPERVISOR PHONE NUMBER | TO Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME Years / Months <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| REASON FOR LEAVING | | |

| | | |
|----------------------|----------------------------|--|
| PAST EMPLOYER | ADDRESS | FROM Month / Year |
| JOB TITLE | SUPERVISOR PHONE NUMBER | TO Month / Year |
| DUTIES (Be Specific) | | TOTAL TIME Years / Months <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| REASON FOR LEAVING | | |

SUPPORTING DOCUMENTATION REQUIREMENTS

To be considered, submit all and only the documents identified in announcement:

REFERENCES

List three persons other than relatives who have known you for longer than one year.

| | | | | |
|-------------|----------------|------------------|----------------------|-------------------|
| <u>Name</u> | <u>Address</u> | <u>Day Phone</u> | <u>Evenings/cell</u> | <u>Occupation</u> |
|-------------|----------------|------------------|----------------------|-------------------|

In submitting this application, I authorize investigation of all statements contained in it, and is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from employment if I have been employed. I understand that any offer of employment will be contingent upon passing a physical examination and drug screening, and I agree that I will undergo such examination, at the District's expense, if requested.

In consideration of any employment I agree to conform to the rules and regulation of the District. I certify that I have read all of this application and that the information I have provided above is true and correct.

LAPINE RURAL FIRE PROTECTION IS AN EQUAL OPPORTUNITY EMPLOYER

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

YOU MUST READ, COMPLETE AND SIGN PAGES 5, 6 AND 7, INCLUDING THE RELEASE AND WAIVER. PAGES 8 & 9 ARE FOR VETERANS OR LPRFPD RESERVES ONLY.

Signature: _____

Date: _____

**Mail your completed application packets with copies required documentation to:
La Pine Rural Fire Protection District
P.O. Box 10
La Pine, Oregon 97739**

**Completed application packets can be hand delivered to our business office located at:
51590 Huntington Road
La Pine, Oregon**

**Completed application packets are also accepted with supporting documents at:
acdaugherty@lapinefire.com**

Application packets must be received by Monday, April 27, 2026 by 5:00 PM PST

La Pine Rural Fire Protection District

IMPORTANT

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this application (and supporting documents) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the district if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

Initials _____

I authorize the investigation of all statements contained in this application (and accompanying resume). I also authorize the District to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand and authorize the District to request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the District, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. This information will not be used for any unlawful discrimination purpose. I may request a copy of the report.

Initials _____

I authorize any person, school, current employer (except as previously noted, past employer(s), and organizations named in this application form (and accompanying resume) to provide the District with relevant information and opinion that may be useful to the District in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

Initials _____

If the district makes an offer of employment to me contingent upon a criminal background check, I consent to such background check, and I consent to the release to the district of any and all information within the report, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

Initials _____

If the district makes an offer of employment to me contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination, and I consent to the release to the district of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

Initials _____

I understand that if my employment is terminated by the District for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if I am accepted for a paid position, I may not hold other employment, nor engage in sales or other activities that create a conflict of interest with my position with this District.

Initials _____

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if a conditional offer of employment is made, the terms of my employment shall be governed by an employment contract to be negotiated between the District and myself.

Initials _____

Date _____

Signed _____

La Pine Rural Fire Protection District

RELEASE AND WAIVER

To Whom It May Concern:

I request and authorize you to disclose to **La Pine Rural Fire Protection District**, any documents or information that it may request. I have authorized **La Pine Rural Fire Protection District** to inquire concerning my background in connection with an application for employment with the district. I agree to hold you and your agents and employees harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment, which may be provided.

Signature: _____

Dated: _____

La Pine Rural Fire Protection District

VETERANS APPLICATION FOR VETERANS PREFERENCE POINTS

Qualified veterans of the United States Military may receive additional Veterans Preference Points providing that a passing score is achieved on all examination instruments. To be entitled to preference points, a veteran must meet the eligibility requirements in section 2108 of title 5, United States Code. To make application for "Veterans Preference Points", you must indicate your eligibility on this page. You must also attach to your application:

A copy of your DD-214, "Certificate of Release or Discharge from Active Duty," which shows dates of service and discharge under honorable conditions, **OR**

A "certification" that is a written document from the armed forces that certifies the service member is expected to be discharged or released from active duty service in the armed forces under honorable conditions not later than 120 days after the date the certification is signed; **OR**

A Standard Form (SF-15) Application for 10-point Veterans' Preference, **OR**

You may obtain a letter from the Department of Veterans Affairs reflecting your level of disability for preference eligibility.

Certification:

I attest that I am qualified to meet additional Veterans Preference Points and meet the eligibility requirements as outlined in Section 2108 of title 5, Unites States Code.

Name (Printed) _____

Signature: _____ Dated: _____

Attach Appropriate Documents



La Pine Rural Fire Protection District

Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. **If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4).** This completed form and required supporting documentation must be submitted with your application for consideration for Veterans' Preference.

Qualified Veteran Questions: Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:

For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions

For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions

For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service-related disability

For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs

For at least one day in a combat zone and was discharged or released from active duty under honorable conditions

And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions

And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran Questions: Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran’s Affairs (letter may be requested by calling 800-827-1000)

I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or

I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or

I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans’ Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

Signature: _____ Date: _____

Position Applied For: _____

**APPLICANT DISCLOSURE AND
AUTHORIZATION FORM
(IMPORTANT – PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION)**

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

{Employer} ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. 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 including current positions, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by (ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099 (their privacy policy can be reviewed at <http://www.clearstar.net/privacy-policy/including> information about including whether your personal information will be sent outside the United States or its territories. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge of the 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 document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of the authorization and throughout my employment, if applicable, I agree that a facsimile (:fax), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Prospective Employer (Company): _____

Applicant's Full Name (Print): _____
Last First Middle Suffix (Sr., Jr.)

Previous Name Used: _____
Last First Middle Suffix (Sr., Jr.)

(Only if MVR is required)

Driver's License Number: _____ State of Issue: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____
(For Verification Only) Month Day Year

Current Address: _____
Street Address (Apt.)

City State Zip Code

I also acknowledge that my potential employer has provided me with a summary of my rights under the federal Fair Credit Reporting Act. I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time. * This information will be used for background screening purposes only and will not be used for any other purpose.

Signature: _____ Date: _____

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report at no charge if one is obtained by the Company. Check box to receive report.

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting (ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099

NEW YORK applicants or employees only: By signing below, you also acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099 a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company. Check box to receive report.

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT; and
- ADDITIONAL STATE LAW NOTICES

Signature: _____

Print Name: _____

Date: _____

NOTICE – BACKGROUND INVESTIGATION AND USE OF CREDIT INFORMATION CALIFORNIA RESIDENTS

California Residents or Employees – this summary of the provisions of California Civil Code section 1785.20.5 is being provided to you pursuant to state law.

Prior to requesting a consumer credit report for employment purposes, the user of the report shall provide written notice to the person involved. The notice shall inform the person that a report will be used, and shall identify the specific basis under subdivision (a) of Section 1024.5 of California’s Labor Code for use of the report. The notice shall also inform the person of the source of the report, and shall contain a box that the person may check off to receive a copy of the credit report. If the consumer indicates that he or she wishes to receive a copy of the report, the user shall request that a copy be provided to the person when the user requests its copy from the credit reporting agency. The report to the user and to the subject person shall be provided contemporaneously and at no charge to the subject person.

California Labor Code section 1024.5 is provided below:

1024.5. (a) An employer or prospective employer shall not use a consumer credit report for employment purposes unless the position of the person for whom the report is sought is any of the following:

1. A Managerial position.
2. A Position in the state Department of Justice.
3. That of a sworn peace officer or other law enforcement position.
4. A Position for which the information contained in the report is required by law to be disclosed or obtained.
5. A Position that involves regular access, for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, to all of the following types of information of any one person:
 - (A) Bank or credit card account information.
 - (B) Social security number.
 - (C) Date of birth.
6. A Position in which the person is, or would be, any of the following:
 - (A) A named signatory on the bank or credit card account of the employer.
 - (B) Authorized to transfer money on behalf of the employer.
 - (C) Authorized to enter into financial contracts on behalf of the employer.
7. A Position that involves access to confidential or proprietary information, including a formula, pattern, compilation, program, device, method, technique, process or trade secret that (i) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who may obtain economic value from the disclosure or use of the information, and (ii) is the subject of an effort that is reasonable under the circumstances to maintain secrecy of the information.
8. A Position that involves regular access to cash totaling ten thousand dollars (\$10,000) or more of the employer, a customer, or client, during the workday.
 - (b). This section does not apply to a person or business subject to Sections 6801 to 6809, inclusive, of Title 15 of the United States Code and state and federal statutes or regulations implementing those sections if the person or business is subject to compliance oversight by a state or federal regulatory agency with respect to those laws.
 - (c). The following definitions apply to this section:
 1. “Consumer credit report” has the same meaning as defined in subdivision (c) of Section 1785.3 of the Civil Code, but does not include a report that (1) verifies income or employment, and (2) does not include credit-related information, such as credit history, credit score, or credit record.
 2. “Managerial position” means an employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission (8 Cal. Code Regs. 11040).

**NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW
CALIFORNIA RESIDENTS**

California Residents or Employees – this summary of the provisions of California Civil Code section 1786.22 is being provided to you pursuant to state law.

Your employer intends to obtain information about you from an investigative consumer reporting agency, as defined under California law, for employment purposes.

Under California law you are entitled to visually inspect all files maintained about you by an investigative consumer reporting agency (“ICRA”), such as **ClearStar, Inc – 5955 Shiloh Rd, East, Suite 104, Alpharetta, GA 3005. 1.877.275.7099**, upon request and presentation of proper identification during normal business hours and on reasonable notice as follows:

- In person. You may request a copy of your file. The ICRA may charge you for the actual copying costs associated with providing you with a copy of your file.
- By telephone. A summary of all information contained in the ICRA’s file about you will be provided to you via telephone, if you have made a written request for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By certified mail. You may make a written request for copies to be sent to a specified addressee. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. If an ICRA is unable to reasonably identify you on the basis of these documents, they may require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

NOTICE – BACKGROUND INVESTIGATION NEW JERSEY RESIDENTS

New Jersey Residents or Employees – this summary of the provisions of the New Jersey Fair Credit Reporting Act (“NJFCRA”) is being provided to you pursuant to state law (N.J.S.A. § 56:11-28 et seq.)

- Before an employer can obtain a consumer report about you from a consumer reporting agency they must provide you with a clear and conspicuous disclosure in writing that such may be obtained for employment purposes. You must provide written consent to the procurement, for employment purposes, of a consumer report.
- When using a consumer report for employment purposes, before taking adverse action based in whole or in part on the report, an employer must provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act as well as the NJFCRA.
- You must be afforded a reasonable opportunity to dispute, with the consumer reporting agency, any information on which the employer relied upon in your consumer report.
- You can request from a consumer reporting agency all information in your file, upon proper identification. This includes sources of information and identification of each person who procured a consumer report for employment purposes during the two year period preceding your request. These requests must be made during normal business hours and on reasonable notice. It can be done in person or by telephone, if you have made a written request and pay the toll charge. A consumer reporting agency must provide trained personnel to explain to you any information in the consumer report.
- You can dispute inaccurate information with the consumer reporting agency. If you dispute the completeness or accuracy of any of the information in your file, the consumer reporting agency must reinvestigate free of charge during a 30-day period. A consumer reporting agency must provide written notice to you of the results of the reinvestigation not later than five business days after completion of the reinvestigation.
- If, after a reinvestigation, any information disputed by you is found to be inaccurate or incomplete or cannot be verified, the consumer reporting agency must promptly delete that item of information from your file or modify that item of information, as appropriate, based on the results of the reinvestigation.
- You can seek damages for noncompliance under the NJFCRA.

NOTICE – BACKGROUND INVESTIGATION NEW YORK RESIDENTS

New York Residents or Employees – this summary of the provisions of the New York Correction Law is being provided to you pursuant to state law.

Article 23-A

Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses

§ 750. Definitions

For the purposes of this article, the following terms shall have the following meanings:

1. “Public agency” means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
2. “Private employer” means any person, company, corporation, labor organization or association which employs ten or more persons.
3. “Direct relationship” means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
4. “License” means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that “license” shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
5. “Employment” means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that “employment” shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual’s having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of “good moral character” when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

1. there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
2. the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- A** The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- B** The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- C** The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- D** The time which has elapsed since the occurrence of the criminal offense or offenses.
- E** The age of the person at the time of occurrence of the criminal offense or offenses.
- F** The seriousness of the offense or offenses.
- G** Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- H** The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

NOTICE – BACKGROUND INVESTIGATION WASHINGTON STATE RESIDENTS

Washington State Residents or Employees – this summary of the provisions of the Washington State Fair Credit Reporting Act (WFCRA) is being provided to you pursuant to state law. The WFCRA is designed to promote accuracy, fairness, consumer confidentiality and the proper use of credit data by each consumer reporting agency (CRA) in accordance with the requirements of the WFCRA.

The WFCRA is modeled after, and generally provides the same rights as, the federal Fair Credit Reporting Act (FCRA) (15 U.S.C. § 1681 et seq.)

The complete text of the WFCRA RCW 19.182, can be obtained from the Washington Code Revisers Office, P.O. Box 40551, Olympia, WA 98504, or online at <http://apps.leg.wa.gov/rcw/default.aspx?cite=19.182&full=true%20-%2019.182.070>. One significant distinction between the FCRA and the WFCRA is that in Washington, an employer may not obtain a consumer report that indicates the consumer's credit worthiness, credit standing, or credit capacity, unless (1) the information is substantially job related and the employer's reason(s) for using the information are disclosed in writing, or (2) the information is required by law.

The following is a summary of your major rights under the WFCRA:

- You will be required to provide proper identification before reviewing your consumer file. Proper identification may include your Social Security number. You may request to review your file at any time. A CRA will make disclosures of your file available to you during normal business hours and on reasonable notice. File disclosures may be done in person or by telephone, if you have made a written request and pay the toll charge, as applicable, or by any other reasonable means. A CRA will provide trained personnel to explain to you any information in your consumer report. Upon request, and proper identification, you may be permitted to bring one additional person with you to review your consumer file. If the CRA provides you with a credit score, the agency will also provide you with an explanation for that credit score.
- You have a right to know what is in your file. Upon proper identification, you may request and obtain all the information about you in the CRA's files, although medical information may be withheld, and instead will be disclosed to a health care provider of your choice. Your health care provider may disclose your medical information to you directly. Your file disclosure will include all items of information the CRA maintains about you, including sources of information (except sources acquired solely for use in an investigative report). The file will also identify each person who procured your consumer report for employment purposes during the two-year period preceding your request, or any person who procured your report for any other purpose within the six-months prior to your request. When applicable, a record of inquiries the CRA received identifying you in a credit transaction that was not initiated by you in the six-months prior to your file disclosure request. Each of these records will include the name of the person or trade name of the business that sought your consumer file, and upon your request, their respective addresses.
- You are entitled to one free consumer report every 12 months, upon request. In many cases, your file disclosure will be free. You may be charged a limited fee for a second or subsequent report requested by you during a 12 month period. You will also not be charged for:
 - a consumer report if a person has taken adverse action against you because of information in your report;
 - the reinvestigation of information you dispute; or
 - corrected reports resulting from the deletion of inaccurate or unverifiable information.
- You must be told if information in your file has been used against you. If a person takes an adverse action against you that is based, in whole or in part, on information contained in a consumer report, that person must tell you (usually, through a written notice), and must give you the name, address, and telephone number of the CRA that provided the information.
- You have a right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and you notify the CRA directly of the dispute, the CRA will reinvestigate without charge and record the current status of the disputed information before the end of thirty business days, unless your dispute is frivolous. Upon completion of the reinvestigation, within five business days of the CRA's decision, the agency will provide you notice in writing or through another authorized means, of the results of the reinvestigation. If the CRA determines that your dispute is frivolous the agency will inform you of that determination, along with its reasons, and your rights under the WFCRA within five business days.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Upon completion of the reinvestigation, if the information you disputed is found to be inaccurate or cannot be verified, the CRA must delete the information and notify you of the correction. Information that has been found to be inaccurate will not be reinserted into your consumer file, unless the furnisher of the information verifies the accuracy and completeness of that information. In such circumstances, you will be notified, within thirty business days that the information is being reinserted into your file. If the reinvestigation does not resolve your dispute, you may file with the CRA a brief statement (that may be limited to 100 words) setting forth the nature of your dispute. The statement will be placed in your consumer file and in any subsequent report containing the information you disputed.
- You have the right to request that users of your consumer report be notified of any disputed information they previously received within the statutory time frame. After certain disputed information has been deleted or you have filed a statement of dispute, you may request that the CRA provides notification of that deleted item or item of dispute to any person you designate who has, within two years received your consumer report for employment purposes, or who has within six months received your report for any other purpose, if the furnished report contained the deleted or disputed information.
- Consumer reporting agencies may not report outdated negative information. In most cases, a CRA may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- You have the right to advanced disclosure of any fees. Any charges for file disclosures or other requested actions to be taken by the CRA must be disclosed to you before the information is provided or the action is taken.
- Access to your file is limited. A CRA may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, court or government agency, or in accordance with your written instructions.
- You must be notified if reports are provided to employers. A CRA may not give out information about you to employers without your knowledge. A potential employer must make a clear and conspicuous disclosure in writing to you or obtain your consent before obtaining a report. A current employer may not receive a report unless it has given you written notice that reports may be used for employment purposes.
- You must be notified in writing if a person seeks an investigative consumer report about you. An investigative consumer report may include information as to your character, general reputation, personal characteristics, and mode of living. Within a reasonable period of time after receiving such notice, you may request, in writing, a disclosure as to the nature and scope of the investigation requested—which will be delivered to you within five days of your request.
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. You may elect not to receive unsolicited “prescreened” offers for credit and insurance by using the CRA’s notification system 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).
- You may place a security freeze on your credit report. Under certain circumstances, you may request that a security freeze be placed on your credit report to prevent it from being shared with potential creditors or insurance companies when making determinations related to your eligibility for credit.

- You may be able to block information resulting from identity theft from appearing on your credit report. If you are a victim of identity theft, certain CRAs must permanently block misinformation resulting from that theft from appearing on your credit report. You must provide the CRA with a copy of a police report as evidence of your claim before it can place the block on your report.
- You may seek damages from violators. If a CRA, a user of consumer reports, or a furnisher of information to a CRA violates the WFCRA, and you have a legal basis for a claim under the WFCRA, you may be able to bring a legal action in court to assert your rights under the WFCRA. The applicable statute of limitations is specified in Wash. Stat. § 19.182.120 — which is generally two years from the date the cause of action accrued. Consumers who prevail on claims to enforce the WCFRA may obtain actual damages, monetary penalties, reasonable attorneys' fees, costs, and other relief.

For questions or concerns regarding the WFCRA, please contact:

Office of the Attorney General
Consumer Protection Division
800 5th Avenue, Suite 2000
Seattle, Washington 98104-3188
Phone 1-800-551-4636 or (206) 464-6684
Statewide Toll-Free TDD: 800-833-6388

Any complaints by consumers under state law may be directed to:

The Attorney General's Office via U.S. Mail or Online.

Information and forms related to filing a consumer complaint can be found at:

<http://www.atg.wa.gov/FileAComplaint.aspx>

Additional information about consumer issues can be found at:

<http://www.atg.wa.gov/consumer-issues>

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street 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.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT 2

- **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.

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, S.W., 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> |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p> | <p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p> |