Acadiana Waste Services, LLC

108 Cummings Rd **Broussard, LA 70518**
4718 Pine Point Rd **Ville Platte, LA 70586**
16622 W Hwy 105 **Sour Lake, TX 77659**
1210 Dallas Street **Alexandria, LA 71306**

AWS
ACADIANA WASTE SERVICES

Application for Employment

AWS is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, gender, disability, genetic information or any other characteristic protected by law.

How did you hear of this opening?
(Please check one)
Newspaper Ad: _____
Billboard Ad: _____
On-Line Ad: _____
Walk-In: _____
Other: _____

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire. I understand that AWS requires the successful completion of a drug and/or alcohol test as a condition of employment.

Referred by an AWS employee?

_____
(Please give Full Name of Employee who referred you)

HIGHLIGHTED FIELDS ARE MANDATORY

PERSONAL INFORMATION (Please Print or Type) **SOCIAL SECURITY NUMBER:** _____

Legal Name
Last First Middle (Full) Suffix

Have you ever used any other name(s) which is (are) necessary for us to verify your employment or educational record?
___ No ___ Yes Name:
Last First Middle (Full) Suffix

Present Address
Street City State Zip

Please provide your addresses for the last (3) years
Former Address
Street City State Zip

Former Address
Street City State Zip

Former Address
Street City State Zip

Phone No. **Cell Phone No.** **Email**

Driver's License No. **State** **Expiration Date** **Class/Endorsements (If applicable)**

Position Applied For: Date Available: Minimum pay desired $ per

Have you ever been employed by or applied for a position with Acadiana Waste Services? ☐ Yes ☐ No
If so, what position? _____ Dates of Employment: _____

Are you under any type of agreement that would prevent you from performing the job for which you are applying or for which you are being considered, such as a non-competition, non-disclosure, or non-solicitation agreement? ☐ Yes ☐ No

Do you have any relatives employed by this Company? ☐ Yes ☐ No Name/Relationship: Location:

In case of emergency, notify: Phone Number:

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR COURSES
HIGH SCHOOL		Yes ☐ No ☐	If no, did you obtain a GED? ☐Yes ☐ No
COLLEGE		Yes ☐ No ☐	
TRADE, BUSINESS, MILITARY OR TECH SCHOOL		Yes ☐ No ☐	

EMPLOYMENT HISTORY Applicant Name: SSN:

Give a complete record of all employment, including military, and reasons for periods of unemployment during the past 10-years. If you have been self-employed, list up to 5 of your major clients. List employers in reverse order starting with the most recent. Add another sheet if necessary. No "see resume" responses will be accepted.

Regulated/CDL - Applicants who will drive a regulated vehicle[1] shall provide (10) ten years' information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER INFORMATION	POSITION HELD		
NAME	FROM	TO	Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? ☐YES ☐ NO
ADDRESS	STARTING SALARY	ENDING SALARY	
CITY STATE	**CHECK BOX AND STATE REASON FOR LEAVING**		
PHONE NUMBER	☐ LAYOFF ☐ DISCHARGE ☐ RESIGN		Was position regulated by Federal or State drug and alcohol testing requirements? ☐ YES ☐ NO
CONTACT PERSON	COMMENT		

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ADDRESS	STARTING SALARY	ENDING SALARY	
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ADDRESS	STARTING SALARY	ENDING SALARY	
CITY STATE	**CHECK BOX AND STATE REASON FOR LEAVING**		
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CONTACT PERSON	COMMENT		

[1] Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport (15) fifteen or more passengers, or any size vehicle used to transport hazardous material in a quantity requiring placarding.

Please attach additional pages if necessary.

PERSONAL REFERENCES (NOT RELATED TO YOU)

Name	*Relationship*	*Occupation*	*Years Known*	*Phone*

JOB SPECIFIC TRAINING (Check all that apply)

☐ CPR/First Aid	☐ HAZWOPER	☐ Lockout/Tag out	☐ Incipient Firefighting	☐ Industrial
☐ Water Survival	☐ HAZMAT	☐ Rigger	☐ H2S	☐ OHSA
☐ HAZCOM	☐ Confined Space	☐ Crane Safety	☐ PPE	☐ MSHA
☐ Defensive Driving	☐ Blasting/Explosives	☐ DOT/CDL	☐ Rig Pass	☐ Other_____

Do you have a legal right to work in the United States? ☐ Yes ☐ No

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Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

If yes, what branch?_____

☐ Yes ☐ No 1. Have you ever been convicted or adjudicated of a crime (California applicants see below)?
☐ Yes ☐ No 2. Are you currently under any investigation or pending charge?
☐ Yes ☐ No 3. Are you currently awaiting trial for any criminal offense?
☐ Yes ☐ No 4. Have you ever initiated an act of violence in the workplace?
☐ Yes ☐ No 5. Have you ever been sanctioned or had your driver's license suspended or revoked?

California applicants: Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 related to marijuana offenses that occurred two or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

APPLICANT'S STATEMENT AND ACKNOWLEDGMENT

1. I certify that this application was completed by me and that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge.
2. I understand that any misrepresentation or omission of facts called for on this application or during the application process may result in termination of the application process or my dismissal from employment at any time regardless of when the false answer or omission is discovered.
3. I authorize the Company to conduct any necessary investigations or inquiries regarding my background to the extent permitted by federal, state and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
4. I understand that if offered employment, I am to abide by all rules and regulations of the Company.
5. I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause.
6. I understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.
7. I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.
8. I consent to all of the following pre-employment processes, which are required by the Company and I further understand that the offer of employment is contingent upon my successfully completing all of pre-employment testing:
    a. Motor Vehicle Report (MVR) (review of past driving record)
    b. Drug screen (DOT and Non-DOT applicants)
    c. Previous Employer Drug and Alcohol History (DOT applicants, 49 CFR 382.413)
    d. Physical Examination and Functional Capacity Evaluation (consistent with federal and state law)
    e. Background Check
9. I agree and understand that this application for employment in no way obligates the Company to employ me.

_____ _____

Print Name **Date Signed**

_____

Applicant Signature

Applicant Name: **SSN:**

AWS APPLICATION CONTINUED – COMPLETE SECTIONS A THRU E BELOW

THESE SECTIONS MUST BE COMPLETED ONLY BY APPLICANTS WHO WILL OPERATE A

DOT REGULATED VEHICLE

SECTION A: EXPERIENCE AND QUALIFICATIONS - DRIVER

As per 391.23(a)(1) please give all vehicle operators and /or permit during the past three years

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSES				
DOB: _____/_____/____ Month Day Year *Your DOB is required by DOT regulations.*				

☐ YES ☐ NO A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ YES ☐ NO B. Has any license, permit or privilege ever been suspended or revoked?

☐ YES ☐ NO C. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

D. If you answered yes to A, B, or C, please provide details: _____

☐ YES ☐ NO E. If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

☐ YES ☐ NO F. Have you worked for a DOT regulated employer in the past three (3) years?

SECTION B: Traffic convictions and forfeitures for the past three (3) years (other than parking violations) If none, write "none".

LOCATION	DATE	CHARGE	PENALTY

SECTION C: List all motor vehicle accidents during the past 3 years:

Date of Accident	Nature of Violation/Accident (speeding, head-on etc.)	Fatalities/Injuries	At Fault
		☐ Yes - ☐ No	☐ Yes - ☐ No
		☐ Yes - ☐ No	☐ Yes - ☐ No
		☐ Yes - ☐ No	☐ Yes - ☐ No

SECTION D: DRIVING EXPERIENCE

(IF NONE, WRITE "none")

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	DATES TO	APPROXIMATE # OF MILES (TOTAL)

List States operated in for last five (5) years _____

List special courses or training that will help you as a driver _____

List any "Safe Driving Awards" you hold and from whom _____

List any trucking, transportation or other experience that may help in your work for their company _____

List courses and training other than shown elsewhere in this application _____

SECTION E: TO BE READ AND SIGNED BY APPLICANTS WHO WILL OPERATE A DOT REGULATED VEHICLE

I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required in 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by the previous employer and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I can not agree on the accuracy of the information.

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.

_____ _____

Signature of Applicant Date

Candidate must return this form to Human Resources

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Company or Employer indicated below may obtain information about you for employment purposes (including contract or volunteer services) from the following consumer reporting agency: Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. Thus, you may be the subject of a "consumer report" (investigative consumer reports in California) which may include, but not limited to, public record information, employment, education and license verification, etc. In addition, investigative consumer reports, as defined by the federal Fair Credit Reporting Act, may be obtained which are gathered from personal interviews with employers, and other current or past associates, which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. 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 or consumer report. For complete details pertaining to EBI's privacy practices, including whether your personal information will be sent outside of the U.S. or its territories, EBI's Privacy Policy can be viewed at: http://www.ebiinc.com/privacy-policy.html.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, workers compensation documents, records or reports in Pennsylvania, Arizona and in all other states, drug and alcohol testing results) requested by EBI acting on behalf of Employer, and/or Employer itself. If and when applicable, I also hereby authorize any past employers regulated by the U.S. Department of Transportation (49 CFR Part 40 and/or 49 CFR Part 391), to provide (a) work history information, and (b) drug and alcohol testing records from the previous three years, to EBI acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

California, Minnesota and Oklahoma applicants or employees only: Please check the box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Corrections Law.

Company/Employer: ______________________________

Applicant Name: ______________________________

Applicant Signature: ______________________________ Date: ____________________

TO BE COMPLETED BY APPLICANT

The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only.

Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Legal First Name			**Middle Name**			
Legal Last Name					**Suffix**	
Social Security No.	-	-	**Date of Birth** (mm/dd/yyyy)	-	-	
Current Address					**Apt.**	
City				**State**	**Zip**	
Main Contact Phone	-	-	**Personal e-mail**		**Job Location (State)**	
Driver's License No.		**DL State**		**Gender (M/F)**	M	F
Other Names Used: Indicate if used while in school.						
Y	N	**Last Name (1)**		**First Name**		
Y	N	**Last Name (2)**		**First Name**		
Y	N	**Last Name (3)**		**First Name**		
Y	N	**Last Name (4)**		**First Name**		

KEEP

APPLICANT / EMPLOYEE INSTRUCTIONS	EMPLOYER INSTRUCTIONS
Please print and complete the applicable sections of this form in their entirety as indicated below and then forward to Human Resources: • **Employment History - (p.1) – Listed each DOT-regulated employer for whom you have either worked for in a DOT safety sensitive position or for whom you have performed a DOT pre-employment drug test in the previous three years.** • **Company/Employer (p.1) – Please provide the name of the Company/Employer where you are currently seeking employment.** • **Subject Information (p.1) – Name, SSN or ID#, Signature, and Signature Date.** Please **do not** submit any state-imposed fees associated with this background check.	The original form(s) are not required for processing this search. Copies of the original completed and signed documents are acceptable: • **Company/Employer (p.1) – Please provide the name of your company in this field.** • **Please attach and upload the completed and signed form to the applicant file in J-One for processing (EBI will then submit documents to source for processing.)** Please **do not** submit any state-imposed fees associated with this background check.

This document contains confidential information which may not be disclosed, copied, distributed or used in any manner by other parties without the expressed written consent of Employment Background Investigations, Inc. (EBI). This document is UNCONTROLLED if photocopied or printed.

RETURN TO HUMAN RESOURCES

DEPARTMENT OF TRANSPORTATION DRUG/ALCOHOL DISCLOSURE & AUTHORIZATION

As a condition of employment with the Company/Employer named below, I hereby authorize Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700 to do a complete background investigation in accordance with state and federal laws. I authorize the release of any information, including all information related to my alcohol and controlled substance testing and training records as required by the Federal Motor Carrier Safety Regulations (FMCSR) 49 CFR Parts 40, 391 or 382. I hereby release the Company/Employer named below, and its employees, officers, directors and agents from any and all liability or damages as a result of providing information to the above mentioned person and/or company.

I understand my right to review and rebut any errors received from my current or previous employers, as described in the FMCSR Part 391.23. I understand that the information released by the DOT-regulated employers designated below is limited to the previous three years and the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I have listed each of the DOT-regulated employers for whom I have either worked for in a DOT safety sensitive position or for whom I performed a DOT pre-employment drug test in the previous three years below:

(Please attach any additional information as a separate page)

Previous Employer Name	Address	Telephone	Fax	Start Date	End Date

By signing below, I certify I have read and fully understand this authorization to release my previous drug and alcohol test information. All of the information I have provided above is true and complete, and I have identified all of the employers that I have worked for in a DOT safety sensitive position within the previous three years.

Company/Employer: _____

Applicant Name: _____

Applicant SSN or ID#: _____

Applicant Signature: _____ Date: _____

This document contains confidential information which may not be disclosed, copied, distributed or used in any manner by other parties without the expressed written consent of Employment Background Investigations, Inc. (EBI). This document is UNCONTROLLED if photocopied or printed.

Keep for your records. Do not return to Human Resources.

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

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identity theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-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:

Keep for your records. Do not return to Human Resources.

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer 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 20423
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 20549
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