



LATERAL ENTRY POLICE OFFICER APPLICATION



**Applications are Accepted on an Ongoing Basis
Apply Now and Join Our Team!**

The City of Carbondale Police Department accepts for employment and promotes its employees without regard to perceived or actual race, color, religion, sex, national origin, sexual orientation, age, marital status, military status, order of protection status, physical or mental handicap unrelated to ability to perform the essential job functions or any other status or class protected by federal, state, or local law. The Carbondale Police Department bases its hiring practices and promotions on merit, experience, education and other qualifications applied to all applicants and in accordance with the principles of equal employment opportunity and as required by any other applicable federal, state, or local law. The Carbondale Police Department complies with the American with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the City of Carbondale Human Resources Department in advance.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Carbondale Police Department. Please furnish us with complete information as outlined in this application. Please use a typewriter or print in black ink.

Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination of appointment. Any false statements on this application will be considered sufficient cause for dismissal. Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the Carbondale Police Department.

**THIS FORM IS A PART OF THE EXAMINATION PROCESS AND MUST BE
COMPLETED IN ITS ENTIRETY and ALL REQUIRED DOCUMENTS MUST BE
ATTACHED UPON SUBMISSION.**

[See the Minimum Qualifications.](#)

You cannot be considered for the position unless you meet these requirements.

Any questions concerning the employment process should be directed to the Human Resources Department, City of Carbondale Police Department, 200 S. Illinois Avenue, Carbondale IL 62901, (618) 457-3227.

**City of Carbondale Police Department
Lateral Entry Police Officer Application for Employment**

Minimum Requirements and Qualifications

Applicants for lateral appointment to the position of Police Officer must meet the following minimum qualifications and requirements at the time of application:

- State of Illinois certification by the Illinois Law Enforcement Training and Standards Board with no more than forty (40) hours of training required by that Board for recertification, if necessary. Certification by the state of employment outside Illinois will also be accepted provided the certification will be accepted and recognized by the Illinois Law Enforcement Training and Standards Board with no more than forty (40) hours of training required by that Board for recertification, if necessary. (Part-time certification as a law enforcement officer does not meet this requirement.)
- United States citizen.
- Individuals must be at least 21 years old.
- Education - High school education or equivalent thereof
- Experience – at least 2 years experience as a full time sworn, certified law enforcement officer with a municipal or state police department within the last 3 years
 - *Candidates with less than 2 years experience may be considered if the candidate has completed 60 hours of college credit or has 2 years active duty military experience in addition to full time sworn certified law enforcement officer experience.*
- Valid Driver's License.
- Must agree to comply with all requirements of the position and have the ability to pass all examination and training requirements.
- Ability to furnish upon request, a copy of the following: a resume; professional licenses; training certificates; documents confirming work experience; birth certificate; high school diploma or GED certificate; transcripts of higher learning; naval or military service board and discharge papers (DD-214); employee evaluations; and any other employment related material as requested or required.

Selection Process

Each phase of the process is pass/fail and required to proceed to the next.

- Pre-screening interview by police department command staff
- Interview with Board of Fire and Police Commissioners
- Character and background investigation and credit check
- Post-offer examinations including but not limited to: psychological evaluation; medical examination; vision screening; and drug screening.
- All appointments are subject to a probationary period.

Lateral entry eligibility list

An initial lateral entry eligibility list will be created from qualified applicants that submit the required application materials. Applications will be accepted on an ongoing basis. Placement on any lateral entry eligibility list shall be based upon the relative excellence of the applicants. In the event that prescreening identifies applicants who have certain knowledge, skills and abilities that make those applicants more desirable for the position sought to be filled, the Board of Fire and Police Commissioners may interview those applicants only for consideration.

Applicants hired from the lateral entry eligibility list will receive service credit for time spent previously employed as a full-time officer with regards to pay and benefits.

Credible service time with regards to the police pension system is controlled by law, specifically but not limited to the portability clause of Article 3 of the Illinois Pension Code, and requires the candidate to pay the “true cost” for the transfer of service time, which is actuarially determined, into the pension system.



**City of Carbondale Police Department
Lateral Entry Police Officer Application for Employment**

REQUIRED DOCUMENTS AND APPLICATION CHECKLIST

The following is a checklist for your use to ensure you complete the Application Packet as required and attach and return all required certificates and other documentation. Check when attached.

Application for Employment	
Resume	
Photocopy of certificate issued by the State of Illinois Law Enforcement Training and Standards Board verifying completion of the Law Enforcement Basic Training Course.	
Photocopy of Driver's License	
Authorization to Release Information Form	
Consumer Report/Investigative Consumer Report Disclosure and Authorization Form	

Applicants submitting incorrect or insufficient proof or incomplete applications will be automatically disqualified from employment consideration.

RETURN COMPLETED Application Packet and required materials in person or by mail to:

City of Carbondale
Human Resources Department
200 South Illinois Avenue
Carbondale, IL 62901

NO FAXED APPLICATIONS ACCEPTED



City of Carbondale Police Department



**Certified Entry / Lateral Hire Police Officer
Application for Employment**

Last Name		First Name		Middle Name	
Address			Email		
Home Phone			Cell Phone		
Are you a U.S. Citizen?				Yes	No
Are you eligible to participate in the Police Pension Fund? (Municipalities 500,000 and under)				Yes	No
Do you have a valid driver's license?				Yes	No
Do you meet the minimum requirements for this position?				Yes	No
Are you certified as a Law Enforcement Officer by the Illinois Law Enforcement Training and Standards Board?				Yes	No
(If yes, provide date of certification.)					
Are you certified as a Law Enforcement Officer by a state other than Illinois?				Yes	No
(If yes, provide date of certification and state issued by.)					
Do you meet the education requirements of this position?				Yes	No
Do you meet the work experience requirements of this position?				Yes	No
Do you hold a valid Firearms Owners ID (FOID)?				Yes	No
State of Issuance		Number		Expiration	
Have you ever been employed by the City of Carbondale?				Yes	No
Do you have relatives employed by the City of Carbondale?				Yes	No
(If yes, indicate)		Name		Department	

EDUCATION AND TRAINING						
	<i>Did you graduate?</i>		<i>Type of Degree</i>		<i>Course of Major</i>	
High School Name	Yes	No	If no, highest grade completed?		GED	
City and State						
Technical School Name	Yes	No				
City and State						
College or University Name	Yes	No				
City and State						
SPECIAL SKILLS AND QUALIFICATION						
List any special training or skills you have gained from employment, training, experience as a volunteer, or through any other means.						
List any foreign languages that you speak and/or comprehend.						
<i>Language</i>	<i>Speak</i>			<i>Comprehend</i>		
	Fluent	Good	Fair	Fluent	Good	Fair
	Fluent	Good	Fair	Fluent	Good	Fair
	Fluent	Good	Fair	Fluent	Good	Fair
EMPLOYMENT EXPERIENCE						
List below all the jobs you have held in the past 10 years beginning with your present or last employer. Account for periods of unemployment. Attach supplementary pages or use white paper.						
Dates of employment (month-year)			Exact Title or Position			
From	To		Kind of business or organization (manufacturing, accounting, etc.)			
Average hours per week						
# Employees Supervised						
Name of employer (firm, organization, etc.)			Address of employer (including zip code)			
Name of immediate supervisor			Phone number			
Reason for Leaving						
Description of duties and accomplishments in your work						

Dates of employment (month-year)		Exact Title or Position
From	To	
Average hours per week		Kind of business or organization (manufacturing, accounting, etc.)
# Employees Supervised		
Name of employer (firm, organization, etc.)		Address of employer (including zip code)
Name of immediate supervisor		Phone number

Reason for Leaving

Description of duties and accomplishments in your work

Dates of employment (month-year)		Exact Title or Position
From	To	
Average hours per week		Kind of business or organization (manufacturing, accounting, etc.)
# Employees Supervised		
Name of employer (firm, organization, etc.)		Address of employer (including zip code)
Name of immediate supervisor		Phone number

Reason for Leaving

Description of duties and accomplishments in your work

MILITARY SERVICE RECORD

Have you ever been a member of the Armed Services of the U.S.A.?	Yes	No	Branch of service	Rank
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Does your military experience have any relationship to the job for which you are applying?

REFERENCES

Give name, address, and phone number of three persons, other than former employers or relatives, who have a definite knowledge of your work.

<i>Name</i>	<i>Address</i>	<i>Phone</i>

NOTICE TO ALL APPLICANTS

Residency Requirements:

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 1-7 must establish residency within the City Residency Boundary within a six (6) month period following the date of hire and remain residents within the Residency Boundary as a condition of continued employment.

The Residency Boundary includes all of Carbondale, Murphysboro, DeSoto and Makanda Townships and portions of Somerset and Pomona Townships in Jackson County, and portions of Grassy, Carterville and Blairsville Townships in Williamson County.

Section 1-4-16 of the City Code requires that all new City employees in Pay Grades 8 and 9 must establish residency within Carbondale's corporate limits within six (6) month period following the date of their hire and remain residents within Carbondale's corporate limits as a condition of continued employment.

For further information, contact the Human Resource's Office.

AGREEMENT, CERTIFICATION, AND AUTHORIZATION **(Please read carefully)**

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to the City of Carbondale representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the City of Carbondale. I hereby release any current or former employer, its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my wavier of liability which are written out above, are knowing, intelligent, and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic ratings or records to the City of Carbondale.

I hereby authorize the Carbondale Police Department, the Illinois State Police and/or any other law enforcement agency to release any and all information relating to my criminal record to the Human Resources Division of the City of Carbondale. I agree to release all parties from liability for any damages that may result from furnishing the same to the Human Resources Division of the City of Carbondale. I further agree to hold harmless any law enforcement agency which provides criminal history information about me to the Human Resources Division of the City of Carbondale.

I am willing and understand employment with the City of Carbondale is subject to passing a pre-employment physical examination, which may include drug and alcohol screening that are made by a Physician designated by the City of Carbondale.

I understand that as a condition of employment and within 3 days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant

Date of Application

Notice: All applications must be signed and dated in order to be accepted for consideration.

VOLUNTARY SURVEY

The City of Carbondale prohibits discrimination in employment in regard to race, color, religion, sex, age, national origin, marital status, sexual orientation, ancestry, physical or mental handicap unrelated to ability or unfavorable discharge from military service.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this information is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completing of this information is optional. If you choose to volunteer the requested information, please note that all information is kept in an Affirmative Action File and is not a part of your Application for employment or personal file.

Your cooperation is voluntary. Inclusion or exclusion of any date will not affect any employment decision.

Job applying for			Date		
Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Affirmative Action Program. Submission of this information is VOLUNTARY.					
Male	Female	Age			
CHECK ONE (ETHNIC ORIGIN)					
White	Black	Hispanic	Other	American Indian/ Alaskan Native	Asian/Pacific Islander
CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE					
Vietnam Era Veteran		Disabled Veteran		Handicapped Individual	



City of Carbondale
Human Resources
200 S. Illinois Avenue
Carbondale, Illinois 62901
Phone (618) 457-3227
Fax (618) 457-3288
Explorecarbondale.com

BACKGROUND CHECK POLICY

City of Carbondale requires applicants and employees to satisfactorily complete a background check. City of Carbondale will consider your job duties, among other factors, in determining what constitutes satisfactory completion of the background check. All information obtained because of a background check will be used solely for employment purposes.

Authorization

When a background check is required, you must complete City of Carbondale's authorization form. Failure to timely complete an authorization may result in termination of City of Carbondale's consideration of your application. Falsification or omission of information may result in denial of employment or discipline, up to and including termination.

Confidentiality

All background check information will be kept confidential. City of Carbondale complies with all applicable federal and Illinois state and local laws regarding background checks.

Administration of this Policy

The Administrative Services/Human Resources Department is responsible for the administration of this policy. If you have any questions regarding this policy or if you have any questions about background checks that are not addressed in this policy, please contact the Administrative Services/Human Resources Department.

Employees Covered Under a Collective Bargaining Agreement

The employment terms set out in this policy work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any collective bargaining agreement that a union has with City of Carbondale. (Employees should consult the terms of their collective bargaining agreement. Wherever employment terms in this policy differ from the terms expressed in the applicable collective bargaining agreement with City of Carbondale, employees should refer to the specific terms of the collective bargaining agreement, which will control)

ACKNOWLEDGMENT OF RECEIPT AND REVIEW

I, _____ (employee name), acknowledge that on _____ (date), I received and read a copy of the City of Carbondale’s Background Disclosure Policy form dated _____, and understand that it is my responsibility to be familiar with and abide by its terms.

I understand that the information in this Policy is intended to help City of Carbondale’s employees work together effectively on assigned job responsibilities.

NOTE: This policy is not promissory and does not set terms or conditions of employment or create an employment contract.

NOTE: This information is for background check purposes only.

Signature

Social Security Number

Printed Name

Driver’s License Number and State of Issuance

Home Address

Former Address

Date of Birth

Date



City of Carbondale
Human Resources
200 S. Illinois Avenue
Carbondale, Illinois 62901
Phone (618) 457-3227
Fax (618) 457-3288
Explorecarbondale.com

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to the City of Carbondale, Illinois, whether the records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports and efficiency ratings.

I understand that any information provided to or obtained by the City of Carbondale pursuant to this Release will be considered in determining my suitability for employment with the City of Carbondale. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release and indemnify the entities, employee's agents, or any other person(s) and the City of Carbondale from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, although the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Signature (Include maiden name)

Date

ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____)

I, _____, a Notary Public in and for said County and State, do hereby certify that the same person whose name is subscribed to the forgoing instrument, appeared before me this day in person and acknowledged that he/she signed and delivered the foregoing instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and seal this _____ day of _____, 20_____

Notary Public



18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with _____, at _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.wescreenusa.com

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



_____ Applicant Initials

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:	First:	Middle: Please check box if you do not have a middle name.
Social Security #:		Date of Birth:
Email: (This is a required Field)		
Current Address:		Previous Address:
Street:		Street:
Apt or Unit #:		Apt or Unit #:
City:	State:	Zip:
City:	State:	Zip:
Drivers Lic. #:		State Issuing:
Former Name/Alias:		

X _____
Applicant Signature

Date: _____

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

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

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

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

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. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA 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 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</p>	<p>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</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE 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>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy