

APPLICATION FOR EMPLOYMENT

Date of Application			
Position Applying For			
Check Driving Job Type	CDL	Non-CDL	Other or Both

Buddy L Transport , Inc.
12209 N State Route 3
Muncie, Indiana 47303
Main Telephone (765) 287-0378
Fax Number (765) 287-9186
RECRUITINGBUDDYL@GMAIL.COM

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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

In the event of employment offer, I understand that false or misleading information given in my application or interview(s) may result in revocation of employment offer, or termination of employment. I understand I am required to abide by all rules and regulations of Buddy L Transport, Inc., and any other regulation-governing body.

Signature **X** _____ Date Signed _____

DRIVER APPLICANTS:

U.S Department of Transportation requires driver applicants state their date of birth (§391.21(b)(2))

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

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers, 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(s) and I cannot agree on the accuracy of the information.

Signature **X** _____ Date Signed _____

Last Name		First Name		Middle Name	
Current Street Address (no P.O. Boxes)				How long at this Address	
Current City		Current State		Current ZIP code	
Please list any other names used below (including maiden names) and years of use					
Applicant e-mail address (REQUIRED)				PLEASE PROVIDE VALID E-MAIL ADDRESS, AS E-MAIL MAY BE USED FOR OFFICIAL CORRESPONDENCE	
Phone Number		Cell	P	Home	P
Check box marked "P" next to your Preferred Contact Phone Number					
Have you worked for this company previously?		YES	NO	If yes, Employment Dates;	
				From	To

Addresses for the past seven (7) years: (including street, city, state, & ZIP)	Dates of Residence

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate Studies Yes No

Last School attended: _____ Graduated Yes No
 Name City State Circle One

Applicant Full Name	
Applicant Date of Birth (Date of Birth required by FMCSA §391.23(b)(2))	Applicant Social Security Number

Have you ever been bonded? Yes No

Name of bonding company _____

DRIVER LICENSE INFORMATION

List any Driver's licenses or permits held within the last 3 years	List Current on top line	State	License Number	Class (Type)	Endorsement(s)	Expiration Date
	If any, list Past License or Permits					

- A. Have you even 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 ☐
- IF YOU ANSWERED YES TO A OR B ABOVE, PLEASE PROVIDE DETAILS BELOW, INCLUDING DATES

ACCIDENT RECORD

Include Accidents or Incidents for the past three (3) years or more If more space is needed, attach additional sheet

If NONE, Check Box Below	DATES	STATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	FATALITIES	INJURIES	HAZ-MAT SPILL

TRAFFIC CONVICTIONS

Include convictions and forfeitures for the past three (3) years. If more space is needed, attach additional sheet

If NONE, Check Box Below	DATES	STATE	OFFENSE OR CHARGE	PENALTY	CMV

DRIVING EXPERIENCE

CLASS OF EQUIPMENT		CIRCLE EQUIPMENT TYPE	DATES		APPROX MILES DRIVEN TOTAL
			FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	YES <input type="checkbox"/> NO <input type="checkbox"/>	VAN TANK FLAT DUMP REEFER			
TRACTOR AND SEMI-TRAILER	YES <input type="checkbox"/> NO <input type="checkbox"/>	VAN TANK FLAT DUMP REEFER			
TRACTOR - TWO TRAILERS	YES <input type="checkbox"/> NO <input type="checkbox"/>	VAN TANK FLAT DUMP REEFER			
TRACTOR - THREE TRAILERS	YES <input type="checkbox"/> NO <input type="checkbox"/>	VAN TANK FLAT DUMP REEFER			
MOTORCOACH - SCHOOL BUS	YES <input type="checkbox"/> NO <input type="checkbox"/> More than 8 passengers				
MOTORCOACH - SCHOOL BUS	YES <input type="checkbox"/> NO <input type="checkbox"/> More than 15 passengers				
OTHER (LIST TYPE)					

- Attended Truck Driving School YES ☐ NO ☐ If yes, please list schools attended, locations, dates, and graduation information

APPLICANT CERTIFICATION

BY SIGNATURE BELOW, THIS CERTIFIES THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION CONTAINED IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

APPLICANT SIGNATURE	X	DATE OF SIGNATURE	
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Applicant Full Name

EMPLOYMENT HISTORY

DRIVER APPLICANTS APPLYING TO DRIVE A COMMERCIAL MOTOR VEHICLE IN INTERSTATE OR INTRASTATE COMMERCE SHALL PROVIDE 10 YEARS PREVIOUS EMPLOYMENT INFORMATION LIST EMPLOYERS IN REVERSE ORDER, BEGINNING WITH THE MOST RECENT. ADD ADDITIONAL SHEETS IF NECESSARY. LIST COMPLETE INFORMATION INCLUDING PHONE NUMBERS, MAILING ADDRESS, STREET NUMBER, CITY, STATE, AND ZIP CODE. FAILING TO PROVIDE COMPLETE INFORMATION MAY DELAY APPLICATION PROCESSING.

EMPLOYER					DATE	
NAME					FROM (M/Y)	TO (M/Y)
ADDRESS						
CITY		STATE		ZIP	<u>REASON FOR LEAVING</u>	
CONTACT PERSON					<u>POSITION HELD</u>	
PHONE NUMBER						
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40					YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER					DATE	
NAME					FROM (M/Y)	TO (M/Y)
ADDRESS						
CITY		STATE		ZIP	<u>REASON FOR LEAVING</u>	
CONTACT PERSON					<u>POSITION HELD</u>	
PHONE NUMBER						
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40					YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER					DATE	
NAME					FROM (M/Y)	TO (M/Y)
ADDRESS						
CITY		STATE		ZIP	<u>REASON FOR LEAVING</u>	
CONTACT PERSON					<u>POSITION HELD</u>	
PHONE NUMBER						
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40					YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER					DATE	
NAME					FROM (M/Y)	TO (M/Y)
ADDRESS						
CITY		STATE		ZIP	<u>REASON FOR LEAVING</u>	
CONTACT PERSON					<u>POSITION HELD</u>	
PHONE NUMBER						
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40					YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER					DATE	
NAME					FROM (M/Y)	TO (M/Y)
ADDRESS						
CITY		STATE		ZIP	<u>REASON FOR LEAVING</u>	
CONTACT PERSON					<u>POSITION HELD</u>	
PHONE NUMBER						
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40					YES <input type="checkbox"/> NO <input type="checkbox"/>	

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

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

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

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

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

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

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

AUTHORIZATION

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

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

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

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him or her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to US Department of Transportation (DOT) regulated drug and alcohol testing. In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply the Safety Performance History of this individual. Please complete SECTIONS 2 through 4 (as applicable) and return to the PROSPECTIVE EMPLOYER shown below.

Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt

EMPLOYEE APPLICANT: Please complete and sign **ONLY** Section 1 below

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

(Print Name)

First, Middle, Last

Social Security Number

Date of Birth

By my signature below, I hereby authorize the release and forward of requested information by Section 4 of this document regarding my Alcohol & Controlled Testing records within the previous 3 years from the date of Applicant Signature shown below.

X

Applicant Signature

Date of Applicant Signature

PROSPECTIVE EMPLOYER INFORMATION

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality via fax, email, or letter

Buddy L Transport, Inc.

Address: PO BOX 517

EATON, IN 47338

Company Main Telephone 765-287-0378

Cell Phone

Confidential Fax Number 765-287-9186

Attention: Safety Director

Confidential Email Address RECRUITINGBUDDYL@GMAIL.COM

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. ☐ Yes ☐ No Employed as _____

(Job Title)

Employment Dates From (m/y) _____ To (m/y) _____

Did the employee drive a motor vehicle? ☐ Yes ☐ No Please indicate vehicle type driven ☐ Tractor-Semitrailer ☐ Straight Truck ☐ Van ☐ Other

If Other is checked, please specify type _____

Information Provided By:

Company Name

Street Address

City

State

Zip

Telephone

Fax Number

Email Address

Name

Signature

Date

Complete Sections 3 and 4 on NEXT PAGE before returning to requester

EMPLOYEE COPY

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

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.

EMPLOYEE COPY

- **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.

EMPLOYEE COPY

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>