



Employment Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

If less than 3 years, previous address:

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for:		BILINGUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		TWIC CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		SAFETY COUNCIL BASIC PLUS CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever worked under a different name? <input type="checkbox"/> YES <input type="checkbox"/> NO	Desired work location: _____ <i>(if applicable)</i>						
Previous Name(s):							
If applying for part-time work, what hours are you available?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Employment desired:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____						
Shift Availability: (If applicable)	<input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Overtime <input type="checkbox"/> Other: _____						
If the position requires it, are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO	If applicable, can you relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Comments:							

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you under 18 years of age? YES NO **If hired, all applicants are required to verify employment eligibility within 3 days of start date.**

Do you have a valid, US Driver's License? YES NO

DL#: _____ State: _____ EXP: _____

How many vehicle accidents have you had in the past 5 years?: _____
 Has your license ever been suspended or revoked? YES NO

If yes, please explain: _____

General Information

Other than traffic violations, have you ever been convicted of, pled guilty or no contest to, a crime? YES NO
 Have you ever been convicted of a felony? YES NO

Note: A conviction will not necessarily bar you from employment

If you answered yes, please explain: _____

Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Have you applied for a position at Russell Marine, LLC within the last calendar year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, which location and when?	
Do you have any relatives who work or have worked for Russell Marine, LLC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give name, relation and location/Dept:	

How did you hear about Russell Marine, LLC?

- Referred by employee (Name/Location): _____
- Employment Agency (Name): _____
- College Recruit: _____
- Public/State Agency: _____
- Advertisement (Publication): _____
- Other: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

MILITARY SERVICE

Have you ever served in the U.S. Military? YES NO

If yes,
Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

DISCLAIMER AND SIGNATURE OF ACKNOWLEDGEMENT

Russell Marine, LLC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Russell Marine, LLC complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any falsification, omission, or misrepresentation of facts called for in this application, whether in this document or not, may result in rejection of my application or discharge at any time during my employment. I understand that employment is conditional upon verification of the information contained herein and may also be conditional upon my passing a job-related physical/drug examination and a criminal background screen.

I authorize all former employers, persons, schools, companies and law enforcement authorities to give Russell Marine, LLC (without further notice to me), any and all information, along with any other pertinent information they may have, personal or otherwise. I release all parties from liability and agree not to sue anyone for any damages that may result from furnishing or using such information.

If hired, I understand that employment with Russell Marine, LLC is a voluntary one and is subject to termination by myself or Russell Marine, LLC at-will, with or without cause, and with or without notice, at any time. This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document.

This application and the applicable policies within are not intended to be a contract of employment.

Signature: _____ Date: _____



**RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE
CONSUMER REPORT**

I, the undersigned, hereby consent, authorize and release RUSSELL MARINE, LLC, it's affiliated subcontractors, and/or its agents (collectively, hereinafter referred to as the "Company") to procure consumer reports on me including, but not limited to information concerning my character and general reputation. These reports may be obtained through, but not limited to the following sources: motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history/records, and any other public records.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer report(s) and/or investigative consumer reports authorized herein.

I authorize without reservation the Railroads, for which the Company provides services, to access my information in order to determine if I am eligible to perform work on their property.

Further, if I am selected as an employee, or an employee of an Independent contractor, for the Company, I understand and authorize that periodic investigations may be requested for the duration of my association with the Company. Additionally, I hereby authorize the Company to investigate incidents of workplace misconduct made against or involving me both during and after the term of my association with the Company.

I understand and agree that any information provided by me that is found to be false, incomplete, or misrepresented in any respect in the Company's sole judgment, will be cause to cancel further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information, that no promise of employment is being made. I agree that a photocopy of this authorization will be accepted with the same authority as the original.

**I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE
INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.**

SIGNATURE: _____ Date: _____

PRINT NAME: _____
Last Name First Name MI

Date of Birth: _____ Social Security #: _____
(MM/DD/YYYY)

Gender: Male Female Daytime Phone #: _____

Driver's License/State ID#: _____ Issuing State: _____ Exp Date: _____

Other Names Used (alias, maiden, nickname): _____

Current address: _____
Street/House/Apt # City State Zip

Are you applying for a position in California, Minnesota, or Oklahoma? YES NO

If yes, would you like a copy of any consumer reports requested sent to you? YES NO

****NOTE: Date of birth information is required for identification purposes only, and in no manner used as a qualifier for joining the Company. The Company does not discriminate on the basis of sex, religion, veteran status, age, or disability.**



GENERAL EMPLOYMENT POLICIES

****CANDIDATES MUST REVIEW AND INITIAL ACCEPTANCE OF POLICIES OUTLINED BELOW TO BE CONSIDERED FOR EMPLOYMENT****

_____ 1. **AUTHORIZATION TO WITHHOLD:** I give Russell Marine, LLC authorization to deduct from my regularly scheduled paychecks, including my final paycheck, any amounts due for the value of any items issued to me that are lost and/or damaged, or for any loss or damage to equipment attributable to my carelessness or negligence, for any cash advances, including loans, outstanding account balances, and/or overpayments, made to me which have not been repaid. I authorize any deductions for premiums of applicable benefits I am enrolled in, which will be reviewed with me by Human Resources. I authorize the deductions of any applicable toll charges, and deductions for **failed** safety council classes, or other failed training courses at the cost of the class to be charged back to me in the form of a payroll deduction.

_____ 2. **DRUG-FREE WORKPLACE:** I understand that Russell Marine, LLC operates a Drug-Free Workplace. Applicants must pass a background check and drug screen to be eligible for employment. Some positions may require a pre-employment physical. In addition, Russell Marine, LLC will require a drug-screen whenever an on-the-job injury or accident occurs, as part of random testing, and/or for just cause. Refusal to submit to testing will be grounds for immediate termination.

_____ 3. **SAFETY:** I understand that I must be safe in all activities. Appropriate Personal Protective Equipment (PPE) must be worn at all times. PPE should be properly maintained in good condition. Do not perform tasks unless you are familiar with the risks and hazards associated with that task. NEVER remove or bypass safety devices. Be alert to any hazards that could affect you or your co-workers. Report all hazards immediately. Carry proper identification with you at all times. Horseplay is prohibited at all times, and is grounds for immediate termination. If you have any questions about additional Safety Policies, ask your Supervisor or the Safety Officer.

_____ 4. **AT-WILL EMPLOYMENT:** I understand that if hired, my employment with Russell Marine, LLC is "at-will". My employment may be terminated at any time, with or without cause, with or without notice, by myself or Russell Marine, LLC. No one has the authority to change the status of my employment except the Owner of Russell Marine, LLC, and only in explicit written context.

_____ 5. **EQUAL OPPORTUNITY EMPLOYER:** Russell Marine, LLC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Russell Marine, LLC complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

APPLICANT SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled 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 documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, 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 requested by DISA GLOBAL SOLUTIONS, 12600 Northborough Dr., Suite 300, Houston, TX 77067, www.disa.com, **add toll free number** and/or Employer itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs 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 CRAs.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA 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 CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person’s presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____ **Date:** _____



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a third party 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, and 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, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by DISA GLOBAL SOLUTIONS, 12600 Northborough Dr., Suite 300, Houston, TX 77067, www.disa.com, **add toll free number**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____



BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____
Other Names/Alias _____
Social Security* # _____ Date of Birth* _____
Driver's License # _____ State of Driver's License** _____
Present Address _____ Phone Number _____
City/State/Zip _____
Former Employer _____ Position _____ Dates of Employment _____

By signing this form I hereby authorize, without reservation, any law enforcement agency, institution, information service, bureau, school, employer, reference, insurance company, or any other source contacted by DISA or its agent, to furnish the information described in Section 1. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports I acknowledge that I have read and understood the Employee Screening Release Authorization form. I understand that if hired my consent will apply throughout the term of my employment.

Signature: _____ **Date:** _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
---------------	----------------	-------------------------

I want this information released because I am conducting the following business transaction:
EMPLOYMENT

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

with the following company ("the Company"):

Company Name: DISA GLOBAL SOLUTIONS INC.

Company Address: 10900 CORPORATE CENTRE DRIVE, SUITE 250 HOUSTON, TX 77041

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

DISA GLOBAL SOLUTIONS INC. 10900 CORPORATE CENTRE DRIVE, SUITE 250 HOUSTON, TX 77041

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 730 days from the date signed. _____ (Please initial.)

Signature:	Date Signed:
------------	--------------

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address: _____

City/State/ZIP: _____

Phone Number: _____

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

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 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.

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, NW Washington, DC 20552</p> <p>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</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 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 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, SW, 8th Floor Washington, DC 20416</p>

7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, NE 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