

TELLER COUNTY SHERIFF'S OFFICE

RESERVES APPLICATION

PO Box 27

Divide, CO 80814

Position(s) applied for: RESERVES APPLICATION	Today's Date:
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Instructions: **READ EVERY QUESTION CAREFULLY AND COMPLETE EVERY SECTION.** Answer every question. If a question does not apply to you, indicate with N/A. If you need additional space to respond to any section, go to page 7, or attach a sheet of paper with the written information.

All information is subject to verification. Any deliberate misstatements, misrepresentations or omissions by you are cause for *permanent* disqualification from Volunteer service. Any falsification discovered after you are a Volunteer is cause for immediate dismissal.

Applicants may be disqualified from Volunteer consideration if application is not fully completed according to instructions. This includes the completion and notarized signature portion of the "Background Waiver and Release" section on page 10.

**** PRINT IN INK – DO NOT TYPE ****

Last Name	First Name	Middle Name	Alias(es), Nicknames, Maiden Names, Other:
Present Mailing Address: (#, street, City, State, Zip Code)			Home Phone: Cell Phone:
Present Physical Address: (#, street, City, State, Zip Code)			Work Phone:
Email Address: Colorado Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			Social Security #: Date of Birth: Place of Birth (City/State):
Are you legally entitled to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, you will be required to furnish proof of your identity and eligibility to work in the U.S.			Have you worked for Teller County in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: Department:
Are you able to perform the essential functions of the position for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/>			Date available to begin service to County:

FAMILY

List in the order given, showing relationship (parents, spouses, siblings, significant others, steps, etc. Include all former spouses and other close personal relationships. If deceased, indicate next to their name. (Attach additional sheets as needed)

Father	Name: DOB:	Phone #:	Address: City, State, Zip:
Mother	Name: DOB:	Phone #:	Address: City, State, Zip:
Spouse or Significant Other	Name: DOB:	Phone #:	Address: City, State, Zip:
Brother(s)/ Sister(s)	Name: DOB:	Phone #:	Address: City, State, Zip:
Brother(s)/ Sister(s)	Name: DOB:	Phone #:	Address: City, State, Zip:
Step-Mother/ Step-Father	Name: DOB:	Phone #:	Address: City, State, Zip:
Others	Name: DOB:	Phone #:	Address: City, State, Zip:
Others	Name: DOB:	Phone #:	Address: City, State, Zip:

RESIDENCES

List all residences in the last ten (10) years, beginning with your current residence address. (Attach additional sheets as needed)

From: Month/Year	Street Address:	If Rental, Landlord name:
To: PRESENT	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #
From: Month/Year	Street Address:	If Rental, Landlord name:
To:	City/State/Zip	Landlord Address/Phone #

EDUCATION/SKILLS

Circle the highest school grade completed: 9 10 11 12 GED (if GED – attach copy)

Name of School	Complete Address	Dates Attended		Graduated	
		From	To	Yes	No

WORK HISTORY - continued	
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY, STATE, ZIP CODE	DATES OF EMPLOYMENT (MO/YR): FROM TO
SUPERVISOR(S) PHONE #	REASON FOR LEAVING
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain circumstances:	
Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY, STATE, ZIP CODE	DATES OF EMPLOYMENT (MO/YR): FROM TO
SUPERVISOR(S) PHONE #	REASON FOR LEAVING
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Did you resign/quit after being informed your employer intended to discharge/fire you for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	

REFERENCES

List 3-5 individuals who have knowledge of you and your qualifications. Include Co-workers, teachers, etc.

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

VOLUNTEER SERVICE

From: Month/Year	Name of Employer	Job Title	Name of Supervisor
To: Month/Year	Employer Address/City/State/Zip		Employer phone number

Briefly describe your duties:

Were you ever discharged, asked to resign or subjected to disciplinary action while with this organization? Yes ☐ No ☐
If yes, provide an explanation:

From: Month/Year	Name of Employer	Job Title	Name of Supervisor
To: Month/Year	Employer Address/City/State/Zip		Employer phone number

Briefly describe your duties:

Were you ever discharged, asked to resign or subjected to disciplinary action while with this organization? Yes ☐ No ☐
If yes, provide an explanation:

From: Month/Year	Name of Employer	Job Title	Name of Supervisor
To: Month/Year	Employer Address/City/State/Zip		Employer phone number

Briefly describe your duties:

Were you ever discharged, asked to resign or subjected to disciplinary action while with this organization? Yes ☐ No ☐
If yes, provide an explanation:

AFFILIATIONS

Are you now, or have you ever been, a member of an organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the acts of force or violence, or which seeks to alter the form of government of the United States by unconstitutional means? Yes ☐ No ☐

If you answered YES to the above question, explain fully your affiliations:

MILITARY SERVICE

Although not required, please attach a copy of your DD214 Discharge Form

Have you served in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch of Service	Service #
Dates of Service: From / to / Type of Discharge:		
Are you a member of any Military Reserve or National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:		

Active Duty: Yes <input type="checkbox"/> No <input type="checkbox"/>	Inactive Reserve: Yes <input type="checkbox"/> No <input type="checkbox"/>	Standby: Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been the subject of a court-martial, judicial or non-judicial disciplinary action while in the Military, National Guard or Military Reserves? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: _____		

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency.

Have you ever filed for or declared bankruptcy? Yes ☐ No ☐ If yes, please provide details:

Have any of your bills ever been turned over to a collection agency? Yes ☐ No ☐ If yes, please provide details:

Have your wages ever been garnished? Yes ☐ No ☐ If yes, please provide details:

Have you ever been delinquent on any payments owed to any business, individual or government agency? Yes ☐ No ☐ If yes, please provide details:

LEGAL

Have you ever committed any undetected misdemeanor or felony type offense? Yes ☐ No ☐ If yes, please provide details below

Age at time	Crime(s) committed	Explanation of circumstances

Have you ever been arrested or convicted for any crime (including DUI, dismissed charges, plea agreements, deferred judgments and/or deferred sentences)? Yes ☐ No ☐ If yes, please provide details below

Date	Law Enforcement Agency	Location	Original Charge	Disposition

Have you ever been placed on court ordered probation as an adult Yes ☐ No ☐ If yes, please provide details below, including date(s), location(s) and reason(s):

Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult? Yes ☐ No ☐ If yes, please provide details below, including date(s), location(s) and reason(s):

DOMESTIC VIOLENCE

Have you **ever** been convicted of any crime that, by its nature, could be considered domestic violence? Yes ☐ No ☐

Have you **ever** pled guilty to any offense of which the basis of the original charge involved domestic violence? Yes ☐ No ☐

Are you now, or have you **ever** been subject to a court issued restraining order against an intimate partner or that partner's family? Yes ☐ No ☐ If yes to any of the above, please provide explanation(s) below.

LITIGATION

Are you now, or have you ever been, the plaintiff or defendant of or named in any civil litigation, or received notice of claim or intent to be sued? Include any lawsuits or civil rights complaints against you while employed as a member of another police agency.

Yes ☐ No ☐ If yes, please explain fully below, including date(s), location(s) and reason(s):

LIQUOR/DRUG USE

Describe your use of intoxicating liquors:

Have you **ever** used marijuana, hashish, or a derivative of marijuana? Yes ☐ No ☐

If yes, how many times, and when was the last time?

Have you **ever** used any form or illegal drugs or narcotics (drugs not prescribed by your physician)? Yes ☐ No ☐

If yes, how many times, and when was the last time?

Have you **ever** used any form of marijuana or illegal drugs or narcotics while employed by a law enforcement agency? Yes ☐ No ☐

VEHICLE OPERATOR'S LICENSE INFORMATION	
Provide the following information concerning your vehicle operator's license(s) (Driver's, CDL, etc.)	

License Type	State of Issue	Expiration Date	License Number

Have you ever been denied issuance of a driver's license by any state, or have you ever had a driver's license suspended or revoked?
Yes ☐ No ☐ If yes, provide details, including date(s), reason, length of suspension, etc.

Have you been involved as a driver in a motor vehicle accident within the last five (5) years? Yes ☐ No ☐

If yes, provide approximate dates, charges, disposition, locations, etc. below

Date	Investigating Agency	Offense/Charge	Disposition	Accident Location	Injury?	Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

TRAFFIC OFFENSE INFORMATION	
<p>1. Offense: _____</p> <p>2. Location: _____</p> <p>3. Date: _____</p> <p>4. Time: _____</p> <p>5. Officer: _____</p> <p>6. Vehicle: _____</p> <p>7. Driver: _____</p> <p>8. Witness: _____</p> <p>9. Notes: _____</p>	<p>10. Signature: _____</p> <p>11. Date: _____</p> <p>12. Officer: _____</p> <p>13. Vehicle: _____</p> <p>14. Driver: _____</p> <p>15. Witness: _____</p> <p>16. Notes: _____</p>

Complete the following for each occurrence that you received a summons, ticket or infraction notice (exclude parking violations).

Include all traffic citations, occurrences as an adult and as a juvenile. Use a separate sheet of paper if needed.

Date	Citing Policy/Military Agency	Offense / Charge	Disposition

Are there any further comments you would like to make regarding your driving record? Yes ☐ No ☐

If yes, please provide comments:

Colorado Law requires operators and owners of motor vehicles to be covered by automobile insurance.

Please list below the current liability insurance you have with your motor vehicle.

Insurance Company	Address	Policy Number	Expiration Date

Have you ever been denied automobile insurance for any reason, other than failure to pay premiums? Yes ☐ No ☐

If yes, please explain, providing company name, address, date and

[illegible]

Why do you wish to be part of the Teller County Sheriff's Office Reserves? And, why do you feel you are qualified for this Volunteer position for which you have applied?

APPLICANT CERTIFICATION

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false information, misrepresentations and/or omission may disqualify me from further consideration for a Volunteer position and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a physical examination, drug and/or alcohol screening examination, polygraph examination and/or a psychological screening examination. I hereby consent to a pre- and/or post-Volunteer service drug and/or alcohol screen as a condition of Volunteer service, if required. I understand that if I am extended an offer of Volunteer service, it may be conditioned upon my successfully passing a complete pre-Volunteer service physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND AND AGREE THAT NEITHER THIS APPLICATION, NOR ANY VERBAL STATEMENTS BY MANAGEMENT, NOR ANY SUBSEQUENT VOLUNTEER SERVICE CREATES AN EXPRESS OR IMPLIED CONTRACT OF VOLUNTEER SERVICE OR GUARANTEE OF VOLUNTEER SERVICE FOR ANY DEFINITE PERIOD OF TIME. I FURTHER UNDERSTAND AND AGREE THAT THE FIRST TWELVE (12) MONTHS OF VOLUNTEER SERVICE WITH TELLER COUNTY IS CONSIDERED AN INTRODUCTORY PERIOD AND THAT AN ELECTED OFFICIAL/DEPARTMENT HEAD MAY TERMINATE THE SERVICES OF AN INTRODUCTORY VOLUNTEER, WITHOUT CAUSE, IF IT IS DETERMINED THAT A NEW VOLUNTEER IS NOT SUITED TO THE POSITION AND ITS OVERALL RESPONSIBILITIES. I ALSO UNDERSTAND AND AGREE THAT, AS A VOLUNTEER, THIS IS NOT AN EMPLOYMENT RELATIONSHIP WITH TELLER COUNTY.

I have read, understand, and by my signature, consent to these statements.

Signature: _____ Date: _____

This application for volunteer service will remain active for a period of one (1) year from the date of receipt by Teller County Sheriff's Office.

(If a resume is required for the position, the application will be considered incomplete without the resume)

You may send an electronic copy of your application via fax or email, however

THE HARD COPY OF ORIGINAL APPLICATION, WITH ORIGINAL SIGNATURE, MUST BE SUBMITTED TO:

Teller County Sheriff's Office 11400 US-24 Divide, CO 80814

PHONE: (719) 687-9652 FAX: (719)-687-7927 EMAIL: Commander Tedesco at tedescok@tellercounty.gov

YOU MUST ALSO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

Birth Certificate

Social Security Card

Driver's License

Automobile Insurance Card

College Degree(s) / Diploma(s) / Transcripts

And if applicable: POST Certificate Certified Copy of DD214 Marriage Dissolution(s) Name Change forms

Note: Resumes and other pertinent documents may be attached to this application





TELLER COUNTY SHERIFF'S OFFICE

Background Waiver and Release

To Whom It May Concern:

I hereby swear or affirm that my application (and resume) for Volunteer service contains no misrepresentations, falsifications, omissions, or concealment of material fact, and that all information and statements contained herein are true and complete to the best of my knowledge and belief. I am aware that all information and statements contained herein are subject to investigation; and should investigation disclose any misrepresentation, falsification, omission or concealment of material fact, my application may be rejected, my name removed from eligibility with the Teller County Sheriff's Office, Divide, Colorado, and I may be subject to discharge from Volunteer service based all or in part on such information statements.

I also hereby authorize any representative of the Teller County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain any information in your file pertaining to my employment, personnel records, professional standards / Internal Affairs records, criminal history records, driving records, military records and credit or educational records. This includes, but is not limited to, academic achievement records, personal history, performance reports, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary files which are deemed to be confidential and/or sealed. This also includes referenced information, whether written or verbal, from any current or past employers and educational institutions.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Teller County Sheriff's Office. Consent is granted to the Teller County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Teller County Sheriff's Office.

I hereby release you as custodian of such records, and any educational institution, consumer reporting agency, business establishment, or public entity including its officers, agents, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. (Colorado Revised Statute 8-2-114 provides immunity from civil liability for employers disclosing information under the provisions outlined in the statute).

Should there be any questions as to this request, you may contact me as indicated below.

Full Name (Print): _____

Current Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Social Security Number: _____

Date: _____ Signature: _____

Signed under oath before me on this _____ day of _____, 20 _____

Notary Public



**Notices About Pre-Employment Credit Reports, Investigative Consumer Reports
And Background Checks**

In connection with your application for Volunteer service with the Teller County Sheriff's Office (the "TCSO"), this will notify you that the TCSO obtains a credit agency consumer report for every applicant for the position you are seeking, who receives a Volunteer service offer, to ensure each such applicant's fitness to serve as a Volunteer of the TCSO. Attached to this Notice is a summary of your rights under applicable federal law. If the TCSO uses information from the report, in whole or in part, making an adverse decision regarding your application, you will receive a notice about the credit reporting company, confirmation that the credit reporting company is not responsible for any adverse action the TCSO takes, and that the credit reporting company is unable to provide you with specific reasons for the action, and a notice about your rights under applicable law to obtain a free copy of your credit report from the credit reporting company within sixty (60) days and your right to dispute the accuracy or completeness of any information in a consumer report.

The TCSO may also use a credit agency to do a reference check, known as an investigative consumer report, as part of the pre-Volunteer service screening process. Investigative consumer reports are reports credit agencies prepare about someone's character, general reputation, personal characteristics or mode of living that are obtained through personal interviews with such people as neighbors, friends and associates and reviewing records and public records, including but not limited to employment records, background reports, efficiency ratings, complaints, grievances, real and personal property records, criminal records and court records. This information may be obtained by contacting your previous employers and/or references you or others provide us. You have the right under the federal Fair Credit Reporting Act (FCRA) to request the additional information from any investigative consumer report, including: (1) a complete and accurate disclosure of the nature and scope of the investigation, and (2) the Federal Trade Commission's summary of consumer rights under the FCRA.

The TCSO will also use the authorization you provide as part of your application to check criminal records and driving records. If driving is part of the position you have been offered as a Volunteer, the County will check driving records to confirm you are properly licensed for the driving that is part of your position.

If you are ~~hired~~ brought on as a Volunteer, this authorization shall remain on file and shall serve as an ongoing authorization for the TCSO to procure background and credit information at any time during your Volunteer service.

**Authorization to Obtain Credit Reports and Investigative Consumer Reports
and to Check Criminal Records and Driving Records**

Signature: _____ Date: _____

Name (please print): _____

Applicant's Street Address: _____

City/State/Zip: _____

Social Security Number: _____

Any other last names: _____

Driver's License Number: _____

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.ftc.gov/credit.
- **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.ftc.gov/credit.

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:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 1-800-842-6929
Federal Credit Unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 1-703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 1-202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 1-202-720-7051