



City of Blue Springs, Missouri  
Blue Springs Police Department  
205 SW 11<sup>th</sup> Street  
Blue Springs, MO 64015  
Website: [www.bluespringsgov.com](http://www.bluespringsgov.com)

## POLICE DEPARTMENT VOLUNTEER APPLICATION

It is our policy to abide by all Federal and State laws prohibiting discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or disability, except where a reasonable, bona fide occupational qualification exists.

### PLEASE PRINT OR TYPE PLAINLY:

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*By which method would you prefer to be notified about application status

Notification Preference:  Email  US Mail

Former Last Name, if applicable (list only one; leave blank if none) : \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Other Personal Information

Do you possess a valid Driver's License?  Yes  No

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver's License Class: \_\_\_\_\_

Can you submit proof of your legal right to be present in the United States?

Yes  No

What shifts are you available to work?

---

- Day
- Evening
- Night
- Rotating
- Weekends
- On Call (as needed)

**Education History**

Name of School: \_\_\_\_\_

School Website: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

College Major/Minor \_\_\_\_\_

What is your highest level of education:

- Some High School
- High School
- Some College
- Technical College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

**Work History**

***List employment for at least the past 7 years. Begin with your present position (or, if unemployed, your most recent employment), and work back.***

Company/Agency Name \_\_\_\_\_

Website \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Start Date (Month/Year) \_\_\_\_\_ End Date (Month/Year) \_\_\_\_\_

Position Title \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Number of Employees Supervised \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Title of Supervisor \_\_\_\_\_

May we contact this employer?  Yes  No

Reason for Leaving \_\_\_\_\_

Duties Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work History - Continued**

Company/Agency Name \_\_\_\_\_

Website \_\_\_\_\_

Address \_\_\_\_\_



City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Start Date (Month/Year) \_\_\_\_\_ End Date (Month/Year) \_\_\_\_\_

Position Title \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Number of Employees Supervised \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Title of Supervisor \_\_\_\_\_

May we contact this employer?  Yes  No

Reason for Leaving \_\_\_\_\_

Duties Summary \_\_\_\_\_

\_\_\_\_\_

---

Company/Agency Name \_\_\_\_\_

Website \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Start Date (Month/Year) \_\_\_\_\_ End Date (Month/Year) \_\_\_\_\_

Position Title \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Number of Employees Supervised \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Title of Supervisor \_\_\_\_\_

May we contact this employer?  Yes  No

Reason for Leaving \_\_\_\_\_

Duties Summary \_\_\_\_\_

\_\_\_\_\_

**Work History - Continued**

Company/Agency Name \_\_\_\_\_

Website \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Start Date (Month/Year) \_\_\_\_\_ End Date (Month/Year) \_\_\_\_\_

---

Position Title \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Number of Employees Supervised \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Title of Supervisor \_\_\_\_\_

May we contact this employer?  Yes  No

Reason for Leaving \_\_\_\_\_

Duties Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional Certificates and Licenses**

Type \_\_\_\_\_

Date Issued (Month/Year) \_\_\_\_\_ Expiration Date (Month/Year) \_\_\_\_\_

Number \_\_\_\_\_

Issued By \_\_\_\_\_

Type \_\_\_\_\_

Date Issued (Month/Year) \_\_\_\_\_ Expiration Date (Month/Year) \_\_\_\_\_

Number \_\_\_\_\_

Issued By \_\_\_\_\_

**Office Skills**

Typing \_\_\_\_\_ net WPM Data Entry \_\_\_\_\_ net KPH

Please list software in which you are proficient \_\_\_\_\_

\_\_\_\_\_

**Languages Other Than English**

Language \_\_\_\_\_  Speak  Read  Write

**Other Skills**

Skill Name \_\_\_\_\_

Skill Level  Beginner  Skilled  Expert

Experience Years \_\_\_\_\_ Months \_\_\_\_\_

**References**

\_\_\_\_\_

Reference Type  Personal  Professional

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

---

Reference Type  Personal  Professional

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

---

**References - Continued**

Reference Type  Personal  Professional

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

---

**In your own words and your own handwriting, explain in not less than fifty (50) words and not more than one hundred and fifty (150) words the reasons you are applying to be a volunteer with the Blue Springs Police Department.**

---

---

---

---

---

---

---

---

---

---

---

---

**The purpose of the following questions is to obtain additional information to evaluate you for the volunteer position for which you are applying.**

1. Have you been convicted of a felony or misdemeanor in the last 7 years?  
 Yes       No
2. If you answered YES to the felony or misdemeanor conviction question – please explain: Conviction will not necessarily disqualify applicant from employment.  

---

---

---

3. Do you have any relatives working for the City?    Yes       No
4. If you answered YES to the question about relatives working for the City, please provide your relative's name, position and relationship to you.  

---

5. How did you find out about the Blue Springs Police Volunteer Program?  
 The Citizen's Police Academy     Newspaper                                     City's Website  
 Cable TV – Channel 7                     Other \_\_\_\_\_

**I agree to wear or use protective clothing or devices as required by the City of Blue Springs and to comply with applicable safety rules.**

**I understand that I may be required to submit to drug testing.**

**I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigation, may be sufficient grounds for immediate discharge, regardless of length of volunteer service.**

**This application is valid for the Blue Springs Police Volunteer Program (VIPS) only.**

---

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Remedying the Effects of Identity Theft**

You are receiving this information because you have notified a consumer reporting agency that you believe you are a victim of identity theft. Identity theft occurs when someone uses your name, Social Security number, date of birth, or other identifying information, without lawful authority, to commit fraud. For example, someone may have committed identity theft by using your personal information to open a credit card account or get a loan in your name. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552

The Fair Credit Reporting Act (FCRA) gives you specific rights when you are, or believe that you are, the victim of identity theft. Here is a brief summary of the rights designed to help you recover from identity theft.

**1. You have the right to ask that nationwide consumer reporting agencies place “fraud alerts” in your file to let potential creditors and others know that you may be a victim of identity theft.** A fraud alert can make it more difficult for someone to get credit in your name because it tells creditors to follow certain procedures to protect you. It also may delay your ability to obtain credit. You may place a fraud alert in your file by calling just one of the three nationwide consumer reporting agencies. As soon as that agency processes your fraud alert, it will notify the other two, which then also must place fraud alerts in your file.

- Equifax: 1.888.766.0008; [www.equifax.com](http://www.equifax.com)
- Experian: 1.888.397.3742; [www.experian.com](http://www.experian.com)
- TransUnion: 1.800.680.7289; [www.transunion.com](http://www.transunion.com)

An initial fraud alert stays in your file for at least 90 days. An extended alert stays in your file for seven years. To place either of these alerts, a consumer reporting agency will require you to provide appropriate proof of your identity, which may include your Social Security number. If you ask for an extended alert, you will have to provide an identity theft report. An identity theft report includes a copy of a report you have filed with a federal, state, or local law enforcement agency, and additional information a consumer reporting agency may require you to submit. For more detailed information about the identity theft report, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**2. You have the right to free copies of the information in your file (your “file disclosure”).** An initial fraud alert entitles you to a copy of all the information in your file at each of the three nationwide agencies, and an extended alert entitles you to two free file disclosures in a 12-month period following the placing of the alert. These additional disclosures may help you detect signs of fraud, for example, whether fraudulent accounts have been opened in your name or whether someone has reported a change in your address. Once a year, you also have the right to a free copy of the information in your file at any consumer reporting agency, if you believe it has inaccurate information due to fraud, such as identity theft. You also have the ability to obtain additional free file disclosures under other provisions of the FCRA. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**3. You have the right to obtain documents relating to fraudulent transactions made or accounts opened using your personal information.** A creditor or other business must give you copies of applications and other business records relating to transactions and accounts that resulted from the theft of your identity, if you ask for them in writing. A business may ask you for proof of your identity, a police report, and an affidavit before giving you the documents. It may also specify an address for you to send your request. Under certain circumstances, a business can refuse to provide you with these documents. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**4. You have the right to obtain information from a debt collector.** If you ask, a debt collector must provide you with certain information about the debt you believe was incurred in your name by and identity thief – like the name of the creditor and the amount of the debt.

**5. If you believe information in your file results from identity theft, you have the right to ask that a consumer reporting agency block that information from our file.** An identity thief may run up bills in your name and not pay them. Information about the unpaid bills may appear on your consumer report. Should you decide to ask a consumer reporting agency to block the reporting of this information, you must identify the information to block, and provide the consumer reporting agency with proof of your identity and a copy of your identity theft report. The consumer reporting agency can refuse or cancel your request for a block if, for example, you don't provide the necessary documentation, or where the block results from an error or a material misrepresentation of fact made by you. If the agency declines or rescinds the block, it must notify you. Once a debt resulting from identity theft has been blocked, a person or business with notice of the block may not sell, transfer, or place the debt for collection.

**6. You also may prevent businesses from reporting information to the consumer reporting agencies if you believe the information is the result of identity theft.** To do so, you must send your request to the address specified by the business that reports the information to the consumer reporting agency. The business will expect you to identify what information you do not want reported and to provide an identity theft report.

To learn more about identity theft and how to deal with its consequences, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore), or write to the consumer Financial Protection Bureau. You may have additional rights under state law. For more information, contact your local consumer protection agency or your state Attorney General.

In addition to the new rights and procedures to help consumers deal with the effects of identity theft, the FCRA has many other important consumer protections. They are described in more detail at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).





# ***Blue Springs Police Department***

*City of Blue Springs, Missouri*

## **AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER AGREEMENT**

As an applicant for employment with the City of Blue Springs, Missouri, I hereby authorize the City or any of its representatives to thoroughly investigate my background, including employment, criminal, civil, and credit as it relates directly to the position for which I am applying. I understand this investigation is in the interest of protecting the public trust the City holds in its employment practices, and that all relevant information concerning my personal and employment history will be disclosed in confidence to the City.

A representative of the City bearing this release is authorized to obtain information in files pertaining to my employment, criminal, civil, and credit history, and I authorize any recipient of this release to make full disclosure of those files, whether public or private.

I hereby release the City and any agency or other party providing information to the City as a result of this background investigation, from all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any local, state, or federal laws. If hired, I release the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind: from me, my heirs, family, or associates because of good faith compliance with this authorization.

I understand my rights under Title V – United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records. I hereby waive those rights with the understanding that information provided is to be used solely by the City in conjunction with valid employment procedures.

A photocopy or facsimile copy of this authorization will be as valid as the original form, which contains my actual signature. This authorization and waiver is valid for a period of one year from the date signed, unless I obtain City employment, in which case it shall be valid for the length of my employment. I understand the City may conduct periodic searches of driver's license records, criminal, civil, and credit history as it pertains directly to my employment.

I agree to indemnify and hold harmless the person to whom this request and authorization is presented, including the agency/company, from and against all claims, damages, losses and expenses, including reasonable attorneys fees, arising out of or by reason of complying with this request.

Applicant full name: \_\_\_\_\_

Applicant address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



# Blue Springs Police Department

City of Blue Springs, Missouri

DISCLOSURE TO EMPLOYMENT  
APPLICANT REGARDING  
PROCUREMENT OF A CONSUMER REPORT

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The City of Blue Springs may obtain information about you for employment purposes from a third party consumer reporting agency. 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 number validation, 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 requested and compiled 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 obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Validity Screening Solutions, PO Box 860443, Shawnee, KS 66286-0443, 866.915.0792, [www.validityscreening.com](http://www.validityscreening.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the City of Blue Springs to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I acknowledge receipt of the 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 City of Blue Springs 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 Validity Screening Solutions, PO Box 860443, Shawnee, KS 66286-0443, 866.915.0792, [www.validityscreening.com](http://www.validityscreening.com), another outside organization acting on behalf of the City of Blue Springs, and/or the City of Blue Springs itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT YOUR FULL LEGAL NAME)

All Former Names/Alias: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

Validity Client #: **6220A**

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

I have received a copy of my Summary of Rights Under the Fair Credit Reporting Act.



# **Blue Springs Police Department**

City of Blue Springs, Missouri

DISCLOSURE TO EMPLOYMENT  
APPLICANT REGARDING  
**PROCUREMENT OF A CONSUMER REPORT**

In connection with your application for employment, the City may obtain a Background Investigative Report and/or Background Report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize the City to obtain a consumer report and/or an investigative report about you in order to consider you for employment. The consumer report may include, but not be limited to, criminal history, verifications of employment and education, and driving records. A credit report detailing personal financial history will only be obtained for permissible purposes in consideration of jobs meeting specific criteria.

**Please print full name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

All Former Last Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Note to applicant:** Federal and state laws protect you from discrimination in employment on the basis of age, sex, and minority status; City policy protects you from discrimination in employment on the basis of race, sex, national origin, religion, age, disability or sexual orientation. Such information is not a part of your employment application and will not be used in considering your application for employment.

## A Summary of Your Rights Under the Fair Credit Reporting Act

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552*

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files 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](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20006**

• **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 identify 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, by September 2005 all consumers will be 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](http://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](http://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

• **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](http://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).

• **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](http://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. Federal enforcers are:

### TYPE OF BUSINESS:

Consumer reporting agencies, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

State-chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act, 1921

### CONTACT:

Federal Trade Commission: Consumer Response Center - FCRA  
Washington, DC 20580 1-877-382-4357

Office of the Comptroller of the Currency Compliance Management,  
Mail Stop 6-6  
Washington, DC 20219 800-613-6743

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551 202-452-3693

Office of Thrift Supervision  
Consumer Complaints  
Washington, DC 20552 800-842-6929

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 703-519-4600

Federal Deposit Insurance Corporation  
Consumer Response Center, 2345  
Grand Avenue, Suite 100  
Kansas City, Missouri 64108-2638 1-877-275-3342

Department of Transportation , Office of Financial Management  
Washington, DC 20590 202-366-1306

Department of Agriculture  
Office of Deputy Administrator - GIPSA  
Washington, DC 20250 202-720-7051

specifies those with a valid need for access.