



PRIVACY ACT NOTICE

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701, et seq. The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or NIGC to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

FALSE STATEMENT NOTICE

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, section 1001).



**CLASS II AND CLASS III INDIAN GAMING EMPLOYEE LICENSE APPLICATION
PERSONAL / CRIMINAL HISTORY STATEMENT**

CONFIDENTIAL

PERSONAL STATEMENT											
Position Applied For:					Email:						
Last Name		First Name		Middle Name	Maiden Name		Other Names Used		All Languages Used:		
Home Address: Street or Route				City	County		State	Zip			
Social Security Number		Birthdate			Place of Birth: City		County		State		Zip
		Month	Day	Year							
Other Social Security Numbers Used			Sex	Race	Height	Weight	Hair Color		Eye Color		
List all driver's license numbers currently and previously held for the last 5 years:					Home Phone		Business Phone				
Driver's License Number: _____ State: _____					() - ()		() - ()				
					Cell Phone		Other Phone				
					() - ()		() - ()				
Military Service: Branch & Dates of Services					Do you live in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No						
					If yes, how long have you lived in Washington? _____						
Are you a member of a Federally recognized Tribe? <input type="checkbox"/> No <input type="checkbox"/> Yes					If yes, please provide Tribal name & enrollment number						
Are you a U.S. citizen?		If No, Give Alien Registration Number			Port of Entry			Date of Entry			
<input type="checkbox"/> Yes <input type="checkbox"/> No								Month	Day	Year	
Spouse's Name: Last		First	Middle Initial	Maiden	Date of Marriage	Place of Marriage City		County	State	Country	
Do you have any relatives who work at the casino?					If yes, please provide their name, position held and relationship to you.						

EDUCATION HISTORY					
Type (High School, College, Other)	Name of School	Location (City and State)	Dates Attended	Graduate? (Yes or No)	Degree/ Certificate Obtained



BUSINESS & EMPLOYMENT HISTORY			
List business ownership, employment, self-employment, military service, unemployment and school attendance currently and for the previous 5 years . List any existing or previous business relationships with Indian tribes or the gaming industry. Do not leave gaps in dates between employers or businesses . If more space is needed, attach additional sheets in the same format. Dates may be entered as MM/YYYY.			
Dates From:	To:	Business Name / School Name / Unemployment	Supervisor:
Job Title	Is this company working in the Gaming Industry? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any ownership interest in this business? <input type="checkbox"/> No <input type="checkbox"/> Yes _____%	Phone: () -
Address: Street or Route	City	County	State of Country
Zip Code			
Description of Duties			
Provide a detailed reason for leaving:			
Dates From:	To:	Business Name / School Name / Unemployment	Supervisor:
Job Title	Is this company working in the Gaming Industry? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any ownership interest in this business? <input type="checkbox"/> No <input type="checkbox"/> Yes _____%	Phone: () -
Address: Street or Route	City	County	State of Country
Zip Code			
Description of Duties			
Provide a detailed reason for leaving:			
Dates From:	To:	Business Name / School Name / Unemployment	Supervisor:
Job Title	Is this company working in the Gaming Industry? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any ownership interest in this business? <input type="checkbox"/> No <input type="checkbox"/> Yes _____%	Phone: () -
Address: Street or Route	City	County	State of Country
Zip Code			
Description of Duties			
Provide a detailed reason for leaving:			
Dates From:	To:	Business Name / School Name / Unemployment	Supervisor:
Job Title	Is this company working in the Gaming Industry? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any ownership interest in this business? <input type="checkbox"/> No <input type="checkbox"/> Yes _____%	Phone: () -
Address: Street or Route	City	County	State of Country
Zip Code			
Description of Duties			
Provide a detailed reason for leaving:			
Dates From:	To:	Business Name / School Name / Unemployment	Supervisor:
Job Title	Is this company working in the Gaming Industry? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any ownership interest in this business? <input type="checkbox"/> No <input type="checkbox"/> Yes _____%	Phone: () -
Address: Street or Route	City	County	State of Country
Zip Code			
Description of Duties			
Provide a detailed reason for leaving:			



Provide a detailed reason for leaving:

RESIDENCE INFORMATION

List all places of residence **currently and for the previous 5 years**. List current residence(s) first. If more space is needed, attach additional sheets in the same format. **Please make sure there are NO GAPS IN DATES. Dates may be entered as MM/YYYY.**

Dates From:	Street Address:			
To:	City:	County:	State or Country	Zip Code
Dates From:	Street Address:			
To:	City:	County:	State or Country	Zip Code
Dates From:	Street Address:			
To:	City:	County:	State or Country	Zip Code

REFERENCE INFORMATION

List 3 personal references, including one who was acquainted with you during each period of residence listed above. If more space is needed, attach additional sheets in the same format.

Phone:	Name:		Relationship:	
From:	Street Address:		Email	
To:	City:	County:	State or Country	Zip Code
Phone:	Name:		Relationship:	
From:	Street Address:		Email	
To:	City:	County:	State or Country	Zip Code
Phone:	Name:		Relationship:	
From:	Street Address:		Email	
To:	City:	County:	State or Country	Zip Code



LICENSING INFORMATION		List any gaming, business, occupational or other professional license(s) or permits(s) that you have EVER held, applied for (whether or not such license or permit was granted), or have been denied / revoked / terminated / suspended in Washington or any other state:		
License/Permit	License Numbers	Business Name (where application was filed)	State	Last Year Held
Gambling				
Liquor				
Lottery				
Other				
HAVE YOU EVER been disciplined by or appeared before any licensing agency or similar authority in or outside the State of Washington for any reason? If yes, explain on the additional sheet.				1: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER had a gambling license denied, suspended, forfeited, withdrawn or revoked? If yes, explain on the additional sheet.				2: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER had, or been a participant in a group that has had a tribal or gaming license denied, revoked, suspended, forfeited or withdrawn by any gaming authority in any jurisdiction or any country? If yes, explain on the additional sheet.				3: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER been terminated from, or been a participant in a group that has been terminated from any gaming facility in any jurisdiction or any country? If yes, explain on the additional sheet.				4: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER been banned, barred, or been a participant in any group that has been banned or barred from any gaming facility in any jurisdiction or any country? If yes, explain on the additional sheet.				5: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER placed your name on a list of people self-excluded from any gaming facility? If yes, explain on the additional sheet.				6: <input type="checkbox"/> Yes <input type="checkbox"/> No

ARRESTS, DETENTIONS AND LITIGATION HISTORY		List all arrests, detentions, charges, indictments, citations and/or summons to answer for any criminal offense or violation for any reason, regardless of the disposition of the event, dismissals, expunged/ sealed or restoration of civil rights. Any answer of yes, must include a full explanation of the circumstances.		
HAVE YOU EVER been detained, arrested, charged with, convicted of, been imprisoned / jailed, been on probation, or been on parole for any offense(s)? Include all offenses even if charges were deferred or dismissed. If yes, explain below or on the additional sheet.				1: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER received any traffic citations over \$150.00 (excluding speeding, signal, sign, seatbelt, and right-of-way)? Include all offenses even if charges were deferred or dismissed. If yes, explain below or on the additional sheet.				2: <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER been convicted of a felony? If yes, explain below or on the additional sheet.				3: <input type="checkbox"/> Yes <input type="checkbox"/> No



HAVE YOU EVER had a civil or criminal record expunged or sealed by a court order? If yes, explain below or on the additional sheet. 4: Yes No

HAVE YOU EVER been convicted by a military court-martial? If yes, type of discharge _____ and please explain below or on the additional sheet. 5: Yes No

ARE YOU CURRENTLY subject to any warrants and/or failure to appear charges? If yes, explain below or on the additional sheet. 6: Yes No

ARE YOU CURRENTLY under any charges for any violation of law? If yes, explain below or on the additional sheet. 7: Yes No

ARE YOU a registered sex offender? If yes, explain below or on the additional sheet. 8: Yes No

HAVE YOU EVER been the subject of a criminal, regulatory or administrative investigation, been the target of a Grand Jury or similar investigation or probe, been an unindicted co-conspirator, or been granted immunity from criminal prosecution? If yes, explain below or on the additional sheet. 9: Yes No

You must answer "YES" if any of the above has occurred, even if charges were dismissed, deferred, or changed. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial / revocation / administrative closure of your application. The following traffic violations may be excluded from your explanation: speeding, signal, sign, seatbelt, and right-of-way.

Date Charged	Offense	City	County	State	Disposition and Date



PUBLIC / CIVIL RECORDS

HAVE YOU <u>EVER</u> had a fine or fines levied against you that have gone unpaid? If yes, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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HAVE YOU <u>EVER</u> been a party to any public record or civil court actions not listed elsewhere on this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If you answered "Yes", to any of the above questions in this section provide the information requested below. If more space is needed, attach additional sheets in the same format.

Incurred (Month/Year)	Nature of Action	Result of Action	Name of Parties Involved	Court

FINANCIAL RECORDS

HAVE YOU <u>EVER</u> filed under any chapter of the bankruptcy code or been declared Bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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HAVE YOU <u>EVER</u> had your wages garnished or had any property repossessed for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

HAVE YOU <u>EVER</u> had any judgments against you that have not been paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "Yes", for any of the above questions in this section provide the information requested below. If more space is needed, attach additional sheets in the same format.

Incurred (Month/Year)	Satisfied (Month/Year)	Amount Delinquent	Type of Action/Type of Loan	Name/Address of Creditor or Oblige and/or Name of Court or Agency Handling Case



ADDITIONAL SHEET

Please use this sheet to provide additional information as needed. Remember to label which question the additional information is being added to. Attach additional sheets as needed.

A large empty rectangular box with a black border, intended for providing additional information.



CERTIFICATION

I certify that my statements on this application, and any attachments to it or accompanying documents, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand my statements are made under penalty of perjury, which may be punishable by fine or imprisonment, and that a false or fraudulent answer to any question or item on any part of this application or its attachments may result in denial of a gaming license, and/or be grounds for not hiring me, or firing me after I begin work. I understand that a gaming license is a privilege and subject to suspension or revocation at any time.

Applicant's Signature: _____ Date: _____

Print Name: _____

CONSENT TO JURISDICTION

By signing and submitting my application to the Snoqualmie Gaming Commission, I consent to the jurisdiction and decision-making authority of the Snoqualmie Indian Tribe and the Snoqualmie Gaming Commission. I consent to be bound by the laws of the Snoqualmie Indian Tribe, including but not limited to the Snoqualmie Tribal Gaming Act, and to be bound by all Snoqualmie Gaming Commission Regulations. Finally, I specifically consent to the jurisdiction of the Snoqualmie Tribal Courts over any and all disputes that may arise under or in connection with this application. I accept any risk of adverse public notice, embarrassment or other action that may result from the application process and expressly waive any claim for damages as a result thereof.

Applicant's Signature: _____ Date: _____

Print Name: _____

INDEMNIFICATION

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Snoqualmie Gaming Commission, the Snoqualmie Casino and the Snoqualmie Tribe and their respective officers, employees, Board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature in connection with or related to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature in connection with or related to furnishing such information.

Applicant's Signature: _____ Date: _____

Print Name: _____



FINGERPRINT SUBMISSION AND DISCLOSURE

Applicants applying for Primary Management Official or Key Employee positions may be required to have their fingerprints taken and submitted as part of their background process to determine eligibility for a gaming license.

I hereby consent to have my fingerprints taken and submitted to check the criminal history records of the Federal Bureau of Investigation (FBI), and to the disclosure of any criminal history resulting from such submission.

If the results of the fingerprint submission result in a recommendation of denial of a gaming license, I understand that I will have 30 calendar days to challenge the accuracy of the results and will have the opportunity to correct or complete the result(s) before my gaming license is denied. I have been advised and understand that the procedures for obtaining a copy of my FBI criminal history record are set forth at 28 CFR §§ 16.30 - 16.33, or by visiting the FBI's website at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>; and the procedure for obtaining a change, correction, or updating an FBI identification record are set forth at 28 CFR § 16.34 or by submitting my challenge to the agency that contributed the questioned information to the FBI. Finally, I have been advised and understand that if I do not challenge the accuracy of the FBI fingerprint results within 30 calendar days, the license denial will be final, even if the information is later determined to be inaccurate.

Applicant's Signature: _____ Date: _____

Print Name: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Snoqualmie Indian Tribe ("Tribe") 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" which may include information about your character, general reputation, personal characteristics, and/or mode of living. 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.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Pinnacle Investigations, 920 North Argonne Road, Suite 200, Spokane Valley, WA 99212; Phone: 1.800.955.5306; www.pinnacleprof.com**. The scope of this disclosure allows the Tribe to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Applicant's Signature: _____ Date: _____

Print Name: _____

[End of Document]
p. 1 of 1

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 Snoqualmie Indian Tribe ("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, governmental entity (including state, federal, and tribal), institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Pinnacle Investigations, 920 North Argonne Road, Suite 200, Spokane Valley, WA 99212; Tel. No. # 1.800.955.5306; www.pinnacleprof.com** and/or Employer. 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 Employer, 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 Employer 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.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

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 Employer.

Applicant's Signature: _____ Date: _____

Print Name: _____

Other Names Used: _____

Social Security Number: _____

Driver's License Number
And State: _____

Address/City/State/Zip: _____

STATE OF WASHINGTON CONSUMER CREDIT REPORTING ACT SUMMARY OF CONSUMER RIGHTS

The State of Washington Fair Credit Reporting Act (WFCRA) 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 WFCRA. The WFCRA is modeled after the Federal Fair Credit Reporting Act. The same rights are provided under the Federal Fair Credit Reporting Act and you have received A Summary of Your Rights Under the Federal Fair Credit Reporting Act. You can get the complete text of WFCRA RCW 19.182, from the Washington Code Revisers Office, P.O. Box 40551, Olympia, WA, 98504, or online at <http://apps.leg.wa.gov/rcw/default.aspx?cite=19.182&full=true#19.182.070>.

• **You must be told if information in your file has been used against you.** If a person takes an adverse action against you that is based, in whole or in part, on information contained in a consumer report, that person must tell you, and must give you the name, address, and telephone number of the consumer reporting agency that provided the information.

• **You have a 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, although medical information may be withheld and given directly to your medical provider. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You will not be charged for:

- a consumer report if a person has taken adverse action against you because of information in your credit report;
- the reinvestigation of information you dispute; or
- corrected reports resulting from the deletion of inaccurate or unverifiable information.

In addition, you are entitled to one free consumer report every 12 months, upon request. You may be charged a limited fee for a second or subsequent report requested by you during a 12-month period.

• **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and you notify the consumer reporting agency directly of the dispute, the consumer reporting agency will reinvestigate without charge and record the current status of the disputed information before the end of thirty business days, unless your dispute is frivolous.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Upon completion of the reinvestigation, if the information you disputed is found to be inaccurate or cannot be verified, the consumer reporting agency will delete the information and notify you of the correction. If the reinvestigation does not resolve your dispute you may file with the consumer reporting agency a brief statement setting forth the nature of your dispute. The statement will be placed in your consumer file and in any subsequent report containing the information you disputed.

• **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 ten 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 WFCRA specifies those with a valid need for access.

- **You must be notified if reports are provided to employers.** A consumer reporting agency may not give out information about you to employers without your knowledge. A potential employer must make a clear and conspicuous disclosure in writing to you or obtain your consent before obtaining a report. A current employer may not receive a report unless it has given you written notice that consumer reports may be used for employment purposes.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** You may elect not to receive unsolicited “prescreened” offers for credit and insurance by using the consumer reporting agency’s notification system 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 place a security freeze on your credit report. A security freeze prevents your credit file from being shared with potential creditors or insurance companies. You may request a security freeze by contacting us at A security freeze can be requested in writing by first-class mail, by telephone, or electronically. You also may request a freeze by calling the following toll-free telephone number(s): TransUnion: 888-909-8872, Experian: 888-397- 3742, Equifax: 800-685-1111 (NY residents please call 1-800-349-9960). TransUnion, Experian and Equifax can also be reached at the following addresses:

TransUnion LLC
P.O. Box 2000
Chester, PA 19016
<https://freeze.transunion.com>

Experian Security Freeze
P.O. Box 9554
Allen, TX 75013
www.experian.com/freeze

Equifax Security Freeze
P.O. Box 105788
Atlanta, GA 30348
<https://www.freeze.equifax.com>

- **You may be able to block information resulting from identity theft from appearing on your credit report.** If you are a victim of identity theft, a consumer reporting agency must permanently block misinformation resulting from that theft from appearing on your credit report. You must provide the consumer reporting agency with a copy of a police report as evidence of your claim before it can place the block on your report.

- **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 WFCRA, you may be able to sue in state or federal court.

COMPLAINTS

Any complaints by consumers under state law may be directed to:
Office of the Attorney General
Consumer Protection Division
800 5th Avenue, Suite 2000
Seattle, Washington 98104-3188

Phone 1-800-551-4636 or (206) 464-6684
Fax (206) 389-2801

Statewide Toll-Free TDD: **800 276-9883**

Complaints May Be Made Via U.S. Mail or E-Mail

Complaints: <http://www.atg.wa.gov/FileAComplaint.aspx>

(Include your U.S. Mail address with any complaint.)

Website & Forms: <http://www.atg.wa.gov/>

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.
- **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.

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>

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	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357