



**UNITED STATES LIME & MINERALS, INC.
AND SUBSIDIARIES**

**APPLICATION FOR EMPLOYMENT
DRIVERS**

Position Applied for: _____ Date: _____

U.S. LIME & MINERALS, INC. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, U.S. LIME & MINERALS, INC. complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. U.S. LIME & MINERALS, INC. also provides reasonable accommodations to disabled individuals in accordance with applicable laws.

Name Social Security No.

Current Address Street City State Zip Code

Apt. No. Telephone No.

Are you over the age of 18? _____ If not, state your age: _____

Do you want to work full time or part time? _____

If part time, specify days and hours: _____

If available for full time, are you available to work rotating shift? _____

Are you willing to work overtime as necessary? _____

Date available for work: _____ Salary Desired: _____

Have you ever been employed by us? _____ If yes, approximately what dates? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court?*** _____

If yes, state the nature of the offense, when, where and disposition: _____

***A conviction record will not necessarily be a bar to employment.
This information will be used only for job-related purposes and only to the extent permitted by applicable law.

It is permissible to call my current employer. Yes _____ No _____ NA _____

PERSONAL REFERENCES (excluding relatives)

Name	Occupation	Address	Phone Number

**PLEASE READ CAREFULLY!
AGREEMENT**

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at the employment decision or in the granting of an interview. I understand that nothing in this application is intended to create a contract between this company and me for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

I understand that at any time in my employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand that I will be required to pass a DRUG SCREEN TEST before I will be employed.

I have read and understand the above statements:

Signature of Applicant

Date

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Company _____

Address _____

City _____ State _____ Zip _____

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

TO BE READ AND SIGNED BY APPLICANT

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

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J J Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J J Keller & Associates, Inc. assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____
 Name _____ Last _____ First _____ Middle _____ Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____
 Street _____ City _____
 State _____ Zip Code _____ Phone _____ How Long? _____
 yr mo _____

Previous Addresses _____
 Street _____ City _____ State & Zip Code _____ How Long? _____
 yr mo _____

Street _____ City _____ State & Zip Code _____ How Long? _____
 yr mo _____

Street _____ City _____ State & Zip Code _____ How Long? _____
 yr mo _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
 (Required for Commerical Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS	POSITION/HFLD			
CITY	STATE	ZIP		
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED?			<input type="radio"/> YES <input type="radio"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			<input type="radio"/> YES <input type="radio"/> NO	
REASON FOR LEAVING				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="radio"/> YES <input type="radio"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="radio"/> YES <input type="radio"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="radio"/> YES <input type="radio"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="radio"/> YES <input type="radio"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="radio"/> YES <input type="radio"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="radio"/> YES <input type="radio"/> NO				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Safety Performance/Drug and Alcohol History Records Request

In compliance with the requirements of 49 CFR, §391.23, a prospective motor carrier employer must perform an investigation into a driver's safety performance history from all previous DOT employers within the last three years.

As a previous employer, you are required by 49 CFR, §391.23(g) to respond to this inquiry within 30 days after the request is received.

Please complete this form and return as soon as possible to:

Employment Screening Services, Inc.
627 E. Sprague Ave, Suite 100
Spokane, WA 99202
FAX: (866)384-5713

Date of Request: _____

EMPLOYEE AUTHORIZATION

(This authorization is required by §40.25 and is compliant with the requirements of §40.321(b).)

I hereby authorize release of information from my Department of Transportation regulated Alcohol and Controlled Substances Testing and Safety Performance History records for the previous 3 years.

Employee Signature _____ Date _____

Employee Name (please print) _____ SSN _____

PROSPECTIVE EMPLOYER INFORMATION

Name: US Lime & Minerals, Inc.

Address: _____

Phone _____

Designated Employer Agent or Representative: _____

EMPLOYER INFORMATION (DOT-regulated employer within last 3 years)

Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE DOT-REGULATED EMPLOYER

IF NO SAFETY PERFORMANCE HISTORY INFORMATION IS AVAILABLE FOR THIS DRIVER PLEASE CHECK THIS BOX TO CONFIRM THE NON-EXISTENCE OF ANY SUCH DATA. PLEASE FILL OUT YOUR CONTACT INFORMATION AT THE END OF THE SECOND PAGE AND RETURN THIS FORM AS SOON AS POSSIBLE.

DRUG AND ALCOHOL HISTORY

This information is being requested in compliance with §40.25 and §391.23 of the Department of Transportation regulations.

Under DOT alcohol and controlled testing requirements for the past 3 years: YES NO

1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40.

2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration.

- 3. This person tested positive or adulterated or substituted a test specimen for controlled substances.
- 4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test.

- 5. This person committed other violations of Subpart B of Part 382, or Part 40.
- 6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed. N/A
- 7. This person after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. N/A

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or applicable DOT regulations is included.
 Remarks _____

SAFETY PERFORMANCE HISTORY

This information is being requested in compliance with 49 CFR §391.23(a)(2)

The applicant named above was under my company's employ as (position) _____ from (m/y) _____ to (m/y) _____.

- 1. Did he/she drive a motor vehicle for you? YES NO
 If yes, what type? Straight Truck Tractor-Semitrailer Cargo Tank OTHER (Specify) _____
- 2. Reason for leaving your employ: Discharged Resignation Lay-Off Military Duty
- 3. Is this person eligible for rehire? YES NO If not, please comment: _____
- 4. Has the driver been involved in an accident, as defined by §390.5, within the past three years? YES NO
 If yes, please include the following information for each accident:

DATE OF ACCIDENT	CITY OR TOWN	NUMBER OF INJURIES	NUMBER OF FATALITIES	HAZARDOUS MATERIALS SPILLED

5. Include information on any other minor (non-DOT) accidents that you may wish below:

PERSON COMPLETING THIS FORM:
 NAME: _____ TITLE _____
 SIGNATURE: _____
 COMPANY: _____
 ADDRESS: _____
 PHONE # _____ Fax # _____

CONSUMER REPORT DISCLOSURE

A Consumer Report May Be Procured for Employment Purposes on Behalf of US Lime & Minerals, Inc. "Company"

In connection with your employment or application for employment (including contract, volunteer services, or other placement), the Company may request consumer report(s) about you from a consumer reporting agency.

A consumer report is a compilation of information that may affect your employability or other placement. The report may contain information about your character, general reputation, personal characteristics, or mode of living. As allowed by law, the report may include information about your work history, education, criminal and other public record history, driving history, name and address history, social security number validity, credit history, and other information relevant to the position sought or held. 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.

In addition, an investigative consumer report may be obtained. An investigative consumer report is information about your character, general reputation, personal characteristics and mode of living as obtained from personal interviews, such as employers, references, and other associates.

These searches/reports will be conducted by Employment Screening Services, Inc. 627 E. Sprague, Suite 100, Spokane, WA 99202, 1-800-473-7778, www.employscreen.com.

If hired (or placed), the Company may obtain such consumer reports, including ongoing criminal history monitoring, throughout your employment, contract, period, volunteer service, or other placement.

Check box to acknowledge you have read and understand this disclosure.

Print Name:

Date:

PLEASE RETURN THIS PAGE – RETAIN COPY FOR YOUR RECORDS

Rev 11/09/2020 ESS background check disclosure





ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

Consumer Report(s) May Be Procured for Employment Purposes on Behalf of US Lime & Minerals, Inc. "Company"

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by the Company and its consumer reporting agency, Employment Screening Services, Inc.

I acknowledge receipt of the separate documents entitled CONSUMER REPORT DISCLOSURE, ADDITIONAL STATE NOTICES and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand these three documents.

California State Applicants: For consumers applying for work in California: I acknowledge receiving a copy of the notice to California State residents as per California Civil Code 1786.16.

New York Applicants: For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law.

AUTHORIZATION

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, court of law, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my social security number validity, name and address history, criminal and other public record history, motor vehicle history, credit history, employment records from current and past employers, education records including transcripts, character, general reputation, personal characteristics, mode of living, or any other information relevant to the position sought or held to Employment Screening Services, 627 E. Sprague, Suite 100, Spokane, WA 99202, 1-800-473-7778, www.employscreen.com and/or the Employer itself.

I authorize the Company to share information from my consumer report(s) with its customers or business partners where I am considered for placement. Information will only be shared with those persons directly involved with the placement/project.

The ESS privacy policy can be found at www.essprivacy.com.

I understand that if hired, my consent will apply throughout my employment, including to ongoing criminal history monitoring, unless I revoke or cancel it by sending a signed letter to the Company's Human Resources office.

Further, I understand the Company may use email communication with me to provide notices and information regarding any consumer reports.

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I understand and acknowledge that if I affix an electronic signature to this document, that my electronic signature is as valid as my hand-written signature.

SIGNATURE X		DATE	
FULL LEGAL NAME (print or type - first, middle, last)		SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS		CITY, STATE, ZIP	
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	NAME EXACTLY AS IT APPEARS ON DRIVERS LICENSE	
EMAIL ADDRESS	LIST ANY OTHER NAMES UNDER WHICH YOU HAVE WORKED OR RECEIVED A DEGREE		
POSITION FOR WHICH YOU ARE APPLYING		MAY WE CONTACT YOUR CURRENT EMPLOYER? (✓ below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Currently Employed	
CA, OK, & MN APPLICANTS ONLY: You have the right to receive a copy of any consumer reports or investigative consumer reports should one be requested on you for employment reasons. <input type="checkbox"/> I wish to be furnished with a copy of my consumer and/or investigative consumer report should one be ordered.			

PLEASE RETURN THIS PAGE

Rev 11/09/2020 ESS background check authorization

ADDITIONAL STATE LAW NOTICES

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

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

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Maine: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports

Massachusetts: You have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g. ESS Inc.) for a copy of any such report.

Minnesota: You have the right to submit a written request to the consumer reporting agency (e.g. ESS, Inc.) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered on you. The consumer reporting agency must provide you with the disclosure within five days of receipt of your request or the date the Company requested the report, whichever is later

New Jersey: You have the right to submit a request to the consumer reporting agency (e.g. ESS, Inc.) for a copy of any investigative consumer report the Company requested about you. You also have the right to request from the consumer reporting agency a written summary of your rights under the New Jersey Fair Credit Reporting Act.

New York: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. You have a right to a copy of Article 23-A of the New York Corrections law before your background check is obtained.

Washington: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. 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.



Employment Screening Services, Inc.

627 E. Sprague, Suite 100

Spokane, WA 99202

1-800-473-7778

www.employscreen.com

APPLICANT KEEP THIS PAGE

Rev 03/04/2020 ESS state notices

APPLICANT TO KEEP THESE THREE PAGES

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 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: 1-800-525-6285; www.equifax.com
- Experian: 1-888-397-3742; www.experian.com
- TransUnion: 1-800-680-7289; www.transunion.com

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>