



Torrington Savings Bank ("the Bank") is an equal opportunity and affirmative action employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Bank considers applicants for all positions without regard to race, color, religion, gender, pregnancy, national origin/ancestry, age, disability status, marital status, military/veteran status, sexual orientation, gender identity/expression, genetic information, hair texture/protective hairstyles, status as a domestic violence victim, erased criminal record, intern status or any other legally protected status. Applicants requiring reasonable accommodation in the application process should notify Human Resources.

INSTRUCTIONS: The application must be completed in its entirety. Print and send to Torrington Savings Bank, Human Resources, 129 Main Street, Torrington, CT 06790 or via fax to 860-496-4442.

PERSONAL AND POSITION INFORMATION

Last Name		First Name		Middle	
Address	Number	Street	City	State	Zip Code
Telephone Number(s): Home		Work		Cell	
Email Address:					

Position(s) applied for: _____ Hourly Rate/Salary desired? _____

On what date would you be available to work? _____ Are you available to work: ☐ Full-time ☐ Part-time

Are you subject to a non-compete or non-solicit agreement? ☐ Yes ☐ No

Days available to work:

____ AM - ____ PM
____ AM - ____ PM
____ AM - ____ PM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you either a U.S. citizen or an alien authorized to work in the United States?

☐ Yes ☐ No

If employment is offered, can you produce documentation required by law to establish work authorization and identity?

☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you work overtime if your job requires it?

☐ Yes ☐ No

Do you have reliable transportation to and from work?

☐ Yes ☐ No

If your job requires you to use a personal vehicle, would you have one to use? ☐ Yes ☐ No

Can you provide a valid driver's license and proof of insurance if required to drive? ☐ Yes ☐ No

Have you ever applied to or worked at this Bank before? ☐ Yes ☐ No

If yes, list dates of employment, location/department/position and (if applicable) former name:

Do you have any friends or relatives working at the Bank? ☐ Yes ☐ No

If yes, list name and relationship to you: _____

EDUCATION AND TRAINING

	Name and City/State	Major / Course of Study	Last Year Completed	Degree/GPA
High School, Prep School		N/A	1 2 3 4	
College, University			1 2 3 4	
Graduate, Trade, Business School			1 2 3 4	

List scholastic honors, offices held and activities in high school/college and any scholarships/awards:

If you did not graduate, why did you leave school? _____

Are you planning to pursue further studies? Yes _____ No _____ If yes, where, when and what courses:

Describe any licenses or certifications (type, which state(s), date(s), license number(s): _____

Has any license/certification been surrendered, suspended or revoked for any reason? If so, please explain:

Military Service (Dates, Branch, Characterization of Discharge) : _____

Use the space below to describe your interest in banking and the skills and aptitudes that you feel qualify you for a position at the Bank. If you need more space, please continue a separate sheet.

EMPLOYMENT EXPERIENCE

Have you ever been dismissed, involuntarily terminated or terminated by mutual agreement?

Yes ☐ No ☐

Have you ever been asked/forced to resign or given choice to resign rather than termination?

Yes ☐ No ☐

If yes, please explain: _____

Starting with your **most recent employment**, provide your **complete** employment history for the past 10 years. Include any job-related military service assignments and volunteer activities. Please be aware that your current and previous employers may be contacted. If you provide a resume, you must still provide all this information.

Employer _____ From _____ To _____

Address _____

Telephone Number(s) _____ Job Title: _____

Duties & Accomplishments: _____

Supervisor (Name and Title) _____

Reason for leaving _____

Employer _____ From _____ To _____

Address _____

Telephone Number(s) _____ Job Title: _____

Duties & Accomplishments: _____

Supervisor (Name and Title) _____

Reason for leaving _____

Employer _____ From _____ To _____

Address _____

Telephone Number(s) _____ Job Title: _____

Duties & Accomplishments: _____

Supervisor (Name and Title) _____

Reason for leaving _____

(If you need additional space, please continue on back of application or attach additional sheets.)

PROFESSIONAL REFERENCES FOR EMPLOYMENT

Please provide names of 3 professional references, not related to you, whom you have known at least one year.

<u>NAME</u>	<u>HOME PHONE</u>	<u>EMAIL ADDRESS</u>	<u>RELATIONSHIP</u>
1. _____			
2. _____			
3. _____			

NOTICE REGARDING POLYGRAPH TESTS

No applicant or employee shall be required to take a polygraph test or any form of mechanical or electrical lie detector test as a condition of employment or as a condition of continued employment.

AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate Torrington Savings Bank or any of its business affiliates (hereafter "the Bank").

In consideration of my employment, I agree to conform to the policies and procedures of the Bank, as they may from time to time be implemented or revised, and that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either the Bank or myself. I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Bank that in any way would limit the Bank's right to terminate my employment at will. I understand that no supervisory, management or any other employee at the Bank has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of the Bank or conduct of anyone at the Bank should be interpreted to make such a guarantee, unless the President of the Bank specifically agrees to such change in writing signed by the President and me.

I understand that false or misleading information given in my application, resume, interview or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and satisfactory results from any other required background checks or preemployment tests. I understand that I may be subject to a drug test and/or a medical examination that I must pass as a condition of employment. I understand that if I am paid a weekly salary rather than an hourly rate, my salary is intended to compensate me for all hours I work, including any hours in excess of 40 hours in a work week.

I have read, understood and agree to the foregoing.

Signature of Applicant

Date

BACKGROUND CHECK DISCLOSURE REGARDING CONSUMER REPORTS

As part of the hiring process, Torrington Savings Bank and its business affiliates, subsidiaries and/or divisions (hereafter “the Bank”) may conduct a background check on you. If you are hired, the Bank may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you.

As part of any background check conducted for any employment purposes relating to you, the Bank may obtain a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. A consumer report may include information regarding such issues as your work history and background, employment references, credit history and standing, criminal record, motor vehicle record, educational record, professional licenses and credentials and disciplinary actions, public court records (i.e. lawsuits, tax liens, etc.), address history, social security verification, right to work, character, reputation and personal characteristics. This information may be obtained from public record and private sources, including but not limited to credit bureaus, government agencies and judicial records, employers, educational institutions and other sources.

You are required to provide the following information so that the Bank may conduct the background check:

Social Security #***: _____ - _____ - _____ Date of Birth***: _____

Driver’s License No: _____ State: _____ Issue Date: _____ Exp. Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____ From _____ To _____

Prior Address: _____

City: _____ State: _____ Zip: _____ From _____ To _____

Print Name: _____

Print Former Name: _____ Dates Used: _____

Please sign below to acknowledge receipt of this disclosure:

Signature: _____ Date: _____

Printed Name: _____

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AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for employment with Torrington Savings Bank and/or its business affiliate(s) (hereafter "the Bank"). I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize representatives of the Bank to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at the Bank. I authorize all previous employers, references or other persons or agencies having knowledge of my record or myself to release such information to the Bank.

My signature below authorizes the Bank to obtain consumer reports regarding me from any and all federal, state and local reporting agencies in connection with my application and, if hired, during the course of my employment. I hereby authorize, without limitation, any consumer reporting agencies or information service bureaus contacted by those reporting agencies to furnish the above-referenced information. By signing below, I specifically authorize, without limitation, Data Facts, Inc, (800) 813-4381, 8000 Centerview Parkway, Ste 400, Cordova, Tennessee, 38018-4127, www.datafacts.com to provide consumer reports about me to the Bank

I acknowledge that a photocopy, facsimile or electronic copy of this authorization shall be as valid as and may be accepted in lieu of the original.

Signature: _____ Print Name: _____

CRIMINAL BACKGROUND

THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT, THOSE INVOLVED IN INTERVIEWING THE APPLICANT, AND/OR THE PERSON(S) MAKING THE HIRING DECISION.

*******BEFORE ANSWERING, YOU MUST REVIEW STATE SPECIFIC INFORMATION BELOW*******

**YOU MAY NOT BE REQUIRED TO ANSWER OR YOU MAY LIMIT YOUR ANSWER
DEPENDING ON APPLICABLE STATE LAW BELOW**

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to any violation of any state, federal, county or municipal law, other than a minor traffic violation? ** ☐ Yes ☐ No

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

****For applicants in Connecticut:** Torrington Savings Bank will not obtain and/or use criminal background information or a criminal background report pertaining to any Connecticut applicants until after they have completed the initial employment application and been interviewed. Applicants are never required to disclose the existence of any erased criminal history record information pertaining to: a) a finding of delinquency or that a child was a member of a family with service needs; (b) an adjudication as a youthful offender; (c) a criminal charge that was dismissed or “nolled”; (d) a criminal charge for which the person was found not guilty; (e) a conviction for which the person received an absolute pardon; (f) continuances of a criminal case that are more than thirteen months old; or (g) any criminal records that are erased pursuant to statute or by other operation of law. Any applicant with erased criminal history record information will be considered to have never been arrested with respect to those proceedings so erased and may so swear under oath.

****For applicants in Massachusetts:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY WRITTEN QUESTIONS ABOVE ON THIS APPLICATION FORM SEEKING CRIMINAL RECORD INFORMATION. Applicants are required to disclose criminal record information orally during any interview. Applicants are not required to provide a copy of their Criminal Offender Record Information to The Bank at any time. Applicants may further answer “no” to any questions asked in an interview or thereafter regarding convictions involving: (1) a first conviction for one of the following misdemeanors: minor traffic violation, speeding, drunkenness, simple assault, affray, or disturbance of the peace; or (2) a conviction for a misdemeanor where the date of conviction or completion of any period of incarceration is more than five years prior to the date of this application for employment. In addition, an applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” with respect to an inquiry relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Applicant's Signature: _____

Date: _____

Torrington Savings Bank ("the Bank") is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Bank invites all applicants/employees to voluntarily self-identify their race and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. The Bank also complies with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and the Veterans Employment Opportunities Act of 1998.

You are not required to provide this information, but your cooperation in completing this form is appreciated.

Position(s) Applied for: _____

Referral Sources: ___Advertisement ___Bank Website ___Other Website (Specify _____)
 ___Department of Labor ___Job Fair ___Other Agency (Specify _____)
 ___School/College Guidance Office (Specify _____)
 ___Employee Referral (Specify _____) Other (Specify _____)

GENDER: Male _____ Female _____

RACE/ETHNIC GROUP (see definitions below) (CHECK ONE):

White _____ Black or African American _____ Asian _____

American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander _____

Hispanic or Latino _____ Two or More Races _____

DEFINITIONS:

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Voluntary Self-Identification of Veterans

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified veterans in accordance with the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. To help us measure how well we are doing, we are asking you to tell us if you are a qualified veteran. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become a veteran at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as being a veteran on this form without fear of any punishment because you did not identify as being a veteran earlier.

How do I know if I am a Qualified Veteran?

You are considered to be a qualified veteran if you are one of the following.

Recently Separated Veteran: means any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran: means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veteran: means any veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Disabled Veteran: means a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs or a person who was discharged or released from active duty because of a service-connected disability who has the ability to perform the essential functions of the employment position at issue with or without reasonable accommodation.

Please check one of the following options below:

Not a Veteran _____ Recently Separated Veteran _____ Armed Forces Service Medal Veteran _____

Disabled Veteran _____ Other Protected Veteran _____ Do Not Wish To Answer _____

Name: _____

Position (Sought or Held): _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-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.

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:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357