

# This Employer Participates in E-Verify

# E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

## NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

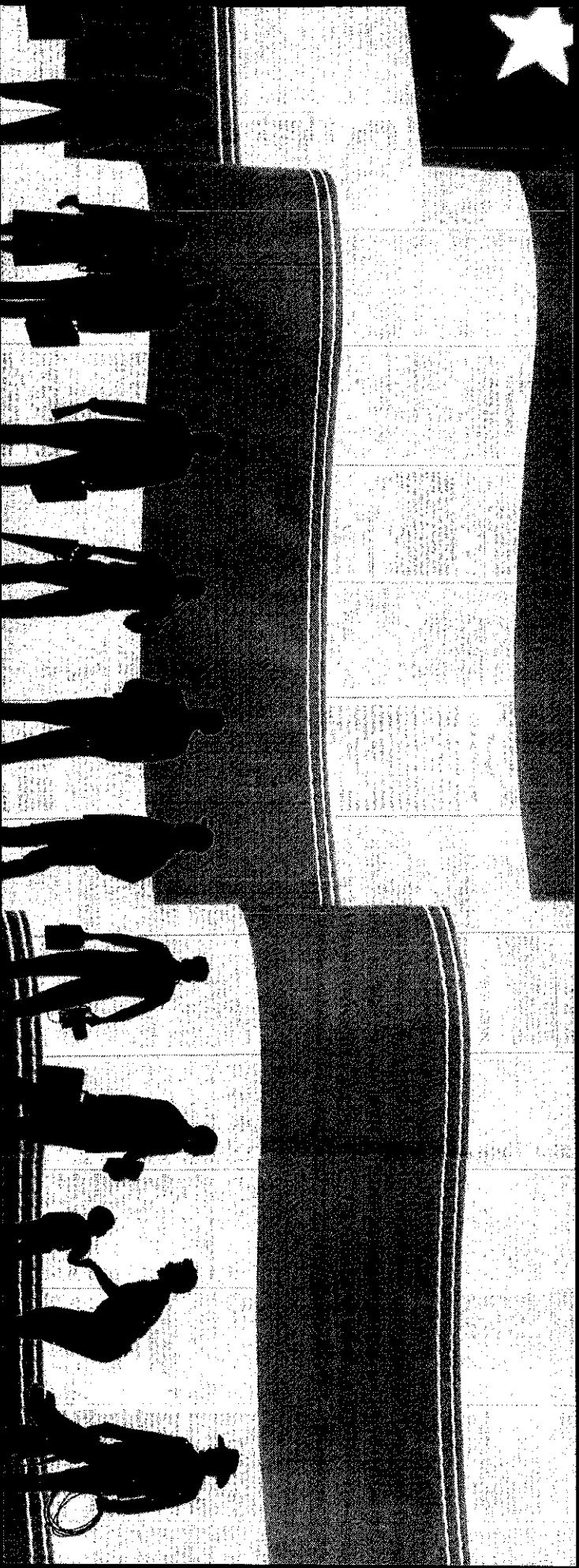
For more information on E-Verify, please contact DHS at:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

# IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



**If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.**

**You should know that -**

No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

**U.S. Department of Justice  
Civil Rights Division**

Office of Special Counsel for  
Immigration-Related Unfair  
Employment Practices

Or write to:

U.S. Department of Justice  
Office of Special Counsel - NYA  
950 Pennsylvania Ave., NW,  
Washington, DC 20530



# Este Empleador Participa en E-Verify

# E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

**IMPORTANTE:** En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

## A V I S O

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

# SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



**Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.**

**Debe saber que -**

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanentemente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con la Oficina del Consejero Especial (OSC) de Prácticas Injustas en el Empleo Relacionadas a la Condición de Inmigrante para obtener ayuda en español.

Llame al 1-800-255-7688; TDD para personas con problemas de audición: 1-800-237-2515. En Washington, DC, llame al (202) 616-5594; TDD para personas con problemas de audición: (202) 616-5525. O escribale a OSC a la siguiente dirección:

**Departamento de Justicia de los Estados Unidos, División de Derechos Civiles**

Oficina del Consejero Especial

U.S. Department of Justice  
Office of Special Counsel - NYA  
950 Pennsylvania Ave., NW  
Washington, DC 20530



# Classic Parking, Inc

3208 Royal St.  
Los Angeles, CA 90007  
213-742-1238  
213-742-1241 fax  
www.classicparking.com

## APPLICATION FOR EMPLOYMENT

Classic Parking, Inc. is an equal opportunity employer

Interviewed By:	_____
License Verified By:	_____
Hired By:	_____
Start Date:	_____
Rate:	_____

Please Print

### Contact Information

\_\_\_\_\_  
Date Last Name First Name Middle

#### Present Address

\_\_\_\_\_  
No. & Street City State Zip

#### Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street City State Zip

(\_\_\_\_) \_\_\_\_\_  
Business Phone

(\_\_\_\_) \_\_\_\_\_  
Home Phone

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? .....  Yes  No

Regular part-time work? .....  Yes  No

Temporary work, e.g., summer or holiday work .....  Yes  No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends? .....  Yes  No

Would you be available to work overtime, if necessary? .....  Yes  No

If hired, on what date can you start work? .....

Salary desired: \_\_\_\_\_

Continued

**Personal Information**

Have you ever applied to or worked for Classic Parking, Inc before? Yes No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Classic Parking, Inc? Yes No

If yes, state name(s) and relationship:

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

Why are you applying for work at Classic Parking, Inc?

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)

Yes No

If hired, can you present evidence of you U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?.....Yes No

If so, may we contact your current employer?.....Yes No

Continued

## Education, Training, and Experience

School	Name And Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
<b>High School</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
<b>College/ University</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
<b>Vocational/ Business</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
<b>Health Care/ Training</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?

Yes No . If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Classic Parking, Inc.? Yes No

If so, please explain:

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Continued

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?.....Yes No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?.....Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement. \_\_\_\_\_

### Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

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

May we contact this employer for a reference?.....Yes No

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

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

May we contact this employer for a reference?.....Yes No

Continued



\_\_\_\_\_  
Name of Employer ( ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving  
May we contact this employer for a reference?.....Yes No

\_\_\_\_\_  
Name of Employer ( ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving  
May we contact this employer for a reference?.....Yes No

\_\_\_\_\_  
Name of Employer ( ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving  
May we contact this employer for a reference?.....Yes No

Note: Attach additional page(s) if necessary.

## Military Service

Have you obtained any special skills or abilities as the result of service in the U. S. Military? Yes No

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
First Name Last Name (\_\_\_\_\_) Telephone No. - \_\_\_\_\_  
\_\_\_\_\_  
Address & Street City State Zip  
\_\_\_\_\_  
Occupation # of Years Acquainted

\_\_\_\_\_  
First Name Last Name (\_\_\_\_\_) Telephone No. - \_\_\_\_\_  
\_\_\_\_\_  
Address & Street City State Zip  
\_\_\_\_\_  
Occupation # of Years Acquainted

\_\_\_\_\_  
First Name Last Name (\_\_\_\_\_) Telephone No. - \_\_\_\_\_  
\_\_\_\_\_  
Address & Street City State Zip  
\_\_\_\_\_  
Occupation # of Years Acquainted

Continued

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Classic Parking, Inc to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public record obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such record even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

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

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

## APPLICANT DISCLOSURE For Background Investigation

For the benefit of the Organization, Employees, Clients, and Strategic Partners, **Classic Parking, Inc. (hereafter identified as COMPANY)** has a policy of pre-employment background screening reports on job applicants as a condition of employment. This policy is a business necessity that protects everyone by helping to promote a safe and profitable workplace. All pre-employment inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the federal Fair Credit Reporting Act (FCRA). The screening will be conducted by an outside agency – USA-FACT, Inc. As a result, the employer may obtain a Consumer Report and/or an Investigative Consumer Report on you as an applicant or during employment.

1. A Consumer Report consists of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers, and references. The scope of the report may include information concerning your driver record, civil and criminal court records, credit, workers' compensation records, education, credentials, identity, past addresses, social security number, previous employment and personal reference.
2. A Consumer Report may also include reference checks from former employers, co-workers or references. Any past employment reference check is limited to job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to character, general reputation, personal characteristics or mode of living. You may have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact the employer or USA-FACT at 800.547.0263 or at 6200 Box Springs Blvd., Riverside, CA 92507. You may also contact us via our consumer web site at [www.reviewmyreport.com](http://www.reviewmyreport.com).
3. In using a consumer report for employment purposes, before taking adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer under this title, as prescribed by the Federal Trade Commission section 609 (c) (3).
4. California Provision. In California, any report concerning a consumer's character, general reputation, personal characteristics or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights in California. You have the right to inspect USA-FACT's files during normal business hours and on reasonable notice. The inspection may be in person, by certified mail, or by telephone if the individual shows proper identification and pays for any copying or toll charges. The applicant may be accompanied by one other person who must show proper identification; and trained USA-FACT personnel will explain any of the information in the report and will provide written explanation for any coded information.
5. CALIFORNIA, MINNESOTA, AND OKLAHOMA APPLICANTS ONLY:

I request a copy of my consumer report     I waive my right to a copy of my report

I hereby consent and authorize COMPANY and/or USA-FACT, to prepare a report as defined above for employment purposes:

Signed: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Give Copy with Summary of Rights to applicant. Retain copy for your files.

## APPLICANT AUTHORIZATION For Background Investigation

1. In connection with my application for employment, I hereby authorize **COMPANY** to request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish the consumer reporting agency or bearer with any and all information as to my character, general reputation, personal characteristics, and mode of living in connection with my application for employment. This information may reveal my work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment.
2. I further authorize **COMPANY** to obtain information and records that includes, but is not limited to, credit history, criminal record, civil matters, driving record, previous employment, education verification, and professional license verification. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Information is being procured from:

USA-FACT, Inc. ■ 6200 Box Springs Blvd. ■ Riverside, CA 92507 ■ 800.547.0263

3. In exchange for the employer's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against USA-FACT for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against **COMPANY** or any of its employees, representatives, or agents arising out of or in any way related to conducting a reference check or background investigation.
4. I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based on this authorized request. I understand this authorization is to be part of the written employment application that I sign.
5. I have been given a stand-alone consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for **COMPANY** to procure consumer reports or investigative consumer reports at any time during my employment period.
6. I am entitled to receive a free copy of my consumer report before any adverse decision of possible employment is made because of information obtained within my report.

Print Name:		
Signature:		Today's Date:
Mailing Address:		
City, State, Zip:	Telephone No. (Include Area Code) (       )	
AKA's: (maiden name, etc.)	Date of Birth (for id purposes only)	
Social Security Number (for id purposes only)		
Driver's License Number:	State of Issue:	

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES and SEPARATELY FROM PERSONNEL RECORDS.

## BACKGROUND SCREENING FORMS

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W. Washington, DC 20580

### 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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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:

- (1) 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; (2) your file contains inaccurate information as a result of fraud; (3) you are on public assistance; (4) you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-916-8800.

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.

Identify theft victims and active duty military personnel have additional rights. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

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

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-8 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3883
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1776 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-966-1308
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051