

US POSTAL SERVICE
SAN ANTONIO, TX 78284-9998
BEST QUALIFIED CLERK – DATA COLLECTION TECHNICIAN, PS 07, VACANCY (1 POSITION – JOB # 95487461)

The position listed on the attached sheet is posted **TO ALL CAREER EMPLOYEES IN THE CLERK CRAFT.**

HOW TO APPLY: Employees must submit a completed PS form 991 and all other required documents to Manager Financial Programs Compliance, ATTN: Jesse L. Edmondson, 1 Post Office Dr., San Antonio TX 78284-9998. PS Form 991 **must be received or postmarked no later than the closing date below. Round-dated stamps will not be accepted.** USE FORM 991 DATED JUNE 2014, previous forms are obsolete. **Incomplete/unsigned or incorrectly filled out Forms 991 will not be considered. Remember, it is the sole responsibility of the applicant to ensure that their PS Form 991 is received timely and in accordance with instructions.**

SPECIAL NOTE:

REQUIREMENTS: Forms listed below may be obtained from your Supervisor. Blue Page > Essential Links > Forms

- **PS Form 991 - Application for Promotion of Assignment (Knowledge, Skills & Abilities) MUST BE ADDRESSED INDIVIDUALLY**
- **PS Form 2480 (Driving Record)**
- **PS Form 2181-A (Pre-Employment Screening Authorization and Release)**
- **PS Form 2181-D (Disclosure and Authorization)**

Employees applying for BEST QUALIFIED positions are notified of the intention to use information contained in official records available as of the closing date of this posting to determine qualifications. If available evidence of your qualifications is incomplete, you are responsible for providing us with the appropriate information to update your records prior to the closing date of this posting.

You must also meet the General and Physical requirements.

Qualification requirements of EL-303 apply. Additional duties as assigned by Supervisor.

Work Schedule: BT 00:00 / ET 08:30 / SDO-Sunday/Wednesday

Any employee temporarily disabled must provide medical certification within 10 days from the date of the award posting indicating that the employee will be able to fully perform the duties of the bid position within (6) months of the bid. If the employee fails to provide such certification, the bid shall be disallowed, and if the assignment was awarded, the employee shall become an unencumbered employee and the bid will be reposted. Under such circumstances, the employee shall not be eligible to re-bid the next posting of that assignment.

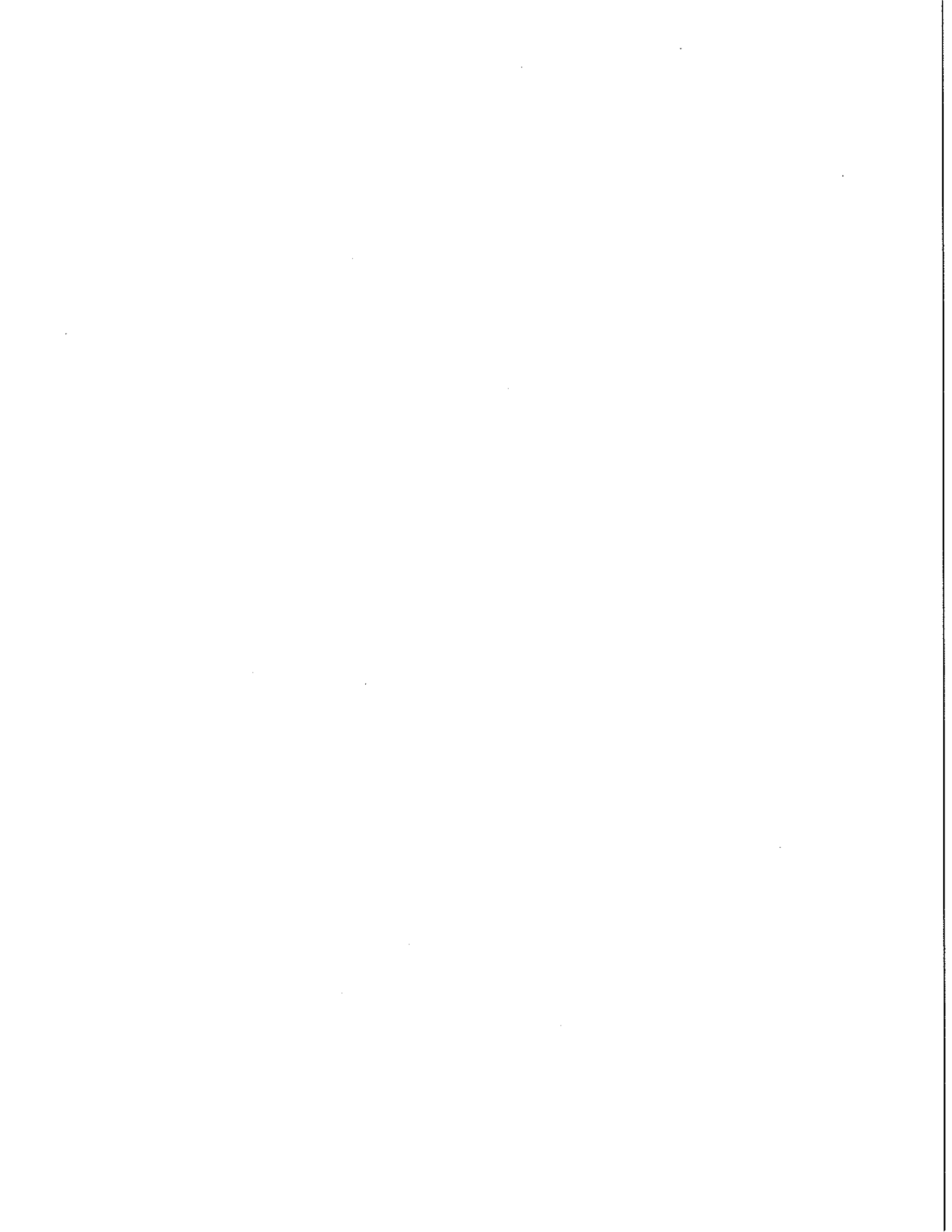
VACANCY/BULLETIN: #01-BQV-17

DATE POSTED: January 9, 2017

DATE WITHDRAWN: January 18, 2017

DISTRIBUTION: DISTRICT, CSO, SAPO, SA P&DC, ANNEX, SA VMF, UNIONS

The USPS provides reasonable accommodations to qualified individuals with disabilities. If you need accommodations for any part of the application, bidding, interview, and selection process, please contact Human Resources Office at 210-368-8396. Reasonable accommodations will be granted on a case-by-case basis.



Application for Promotion or Assignment

This application provides the evaluator a summary of your education, work experience, and capabilities that pertain to the vacant position to which you are applying. List your education or training and work experience in the spaces provided. Number your entries consecutively in the Reference No. columns, e.g., education or training 1-6, postal positions 7-10.

The vacancy announcement to which you are responding lists the job requirements. In this application, you provide your qualifications as they apply to those requirements. Your statement of qualification should include a demonstration of the required knowledge, skill, or ability. All of the requirements in the vacancy announcement should be addressed. If you do not address each requirement, you will have an incomplete application. This may cause you to be found unqualified.

Read each of the requirements listed on the vacancy announcement. Consider carefully your achievements which demonstrate the specified requirement. An achievement may be either a specific instance or sustained high performance over a period of time. These achievements may have occurred in all kinds of settings, e.g., paid work in the Postal Service or any other organization, volunteer work, education, training activities. For each requirement, try to give several examples of achievements that demonstrate you have the knowledge, skill, or ability being addressed. We recommend describing achievements by (1) telling of a situation or task which needed to be done; (2) stating what action you took; and (3) describing the result of that action. Be sure it is clear to the evaluator that:

1. What you are describing demonstrates the requirement.
2. The situation, action, and result are fully described.
3. You were in some way responsible for the result.
4. If you displayed initiative or innovation, you have shown this.

If your achievement was the acquisition of education or training, then your achievement description should indicate the following:

1. What you learned and how that learning relates to the knowledge, skill, or ability specified in the requirement.
2. Details or nature of the course, e.g., topics covered, level of complexity.
3. Evidence of the quality of your performance in the course, if available. Simply mentioning that you took a course will not show you gained any knowledge from it.
4. Any application of what you learned.

The content of your description is more important than your writing style. You must communicate to the evaluator how you have demonstrated the requirement. Be specific about what you did. Saying that you possess a requirement is not an adequate description.

When you write your achievement descriptions, you should assume that the evaluator does not know anything about you. After each achievement description, indicate the reference person(s) who could verify your achievements. Your supervisor may also be contacted to verify any work-related statements you write. Indicate for each achievement the reference number of your education or training, or work experience connected to your achievements.

Notes to Applicant

1. This form is to be used when applying for duty assignments that require you to describe your knowledge, skills, and abilities as they apply to the vacancy.
2. Copy page 3, Statement of Qualifications, and use a separate page 3 for each requirement.
3. Do not attach transcripts or recommendations to this application.
4. After completing this form, fill in the "Requirements Page ___ of ___" item at the bottom right corner of each copy of page 3.

THE LAW (39 U.S. CODE 1002) PROHIBITS POLITICAL AND CERTAIN OTHER RECOMMENDATIONS FOR APPOINTMENTS, PROMOTIONS, ASSIGNMENTS, TRANSFERS, OR DESIGNATIONS OF PERSONS IN THE POSTAL SERVICE. Statements relating solely to character and residence are permitted, but every other kind of statement or recommendation is prohibited unless it either is requested by the Postal Service and consists solely of an evaluation of the work performance, ability, aptitude, and general qualifications of an individual or is requested by a Government representative investigating the individual's loyalty, suitability, and character. Anyone who requests or solicits a prohibited statement or recommendation is subject to disqualification from the Postal Service and anyone in the Postal Service who accepts such a statement may be suspended or removed from office.

PRIVACY ACT STATEMENT

Your information will be used for consideration of employment, promotion or reassignment. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, you may not receive full consideration. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies, visit www.usps.com/privacypolicy.

WARNING: ANY PERSON WHO KNOWINGLY SUBMITS A FALSE STATEMENT TO THE POSTAL SERVICE MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL PENALTIES.

Applicant Information

Name (Last, First, MI)		Title of Present Position		
Mailing Address		Name and Location of Employing Office		
Home Phone Number (Area Code)	Work Phone Number (Area Code/PEN)	Employee ID Number	Grade	Years of Service

Information About Vacant Position

Vacancy Announcement Number	Closing Date	Position Applied For	Grade
Name of Vacancy Office		Location of Vacancy Office	

Education/Training

Ref. No.	Date (Mo./Yr.)		Name of Educational Institution (Address Not Required)	Major Fields of Study	No. of Credits (Hours)		Type of Degree	Date
	From	To			Semester	Quarter		
			High School					
Ref. No.	From	To	Name of Postal or Other Training Facility	Course Name				

Postal Positions

List permanent positions first, then temporary/detail assignments of 30 or more consecutive days.
List in reverse chronological order. Use additional space on page 2, if necessary.

Ref. No.	Date (Mo./Yr.)		Position Title	Name & Location of Organization	Grade
	From	To			
		Present			

Nonpostal Positions

List permanent positions first, then temporary/detail assignments of 30 or more consecutive days. List in reverse chronological order. Use additional space below, if necessary.

Ref. No.	Date (Mo./Yr.)		Position Title	Grade or Salary	Name & Location of Organization
	From	To			

Use this additional space in completing Postal and Nonpostal Positions Information. You may also use the space to list any special assignments, projects, civic and professional organizations, awards, honors, special skills, etc.

Application must be received at vacancy office by closing date.

I hereby certify that the foregoing information is true, complete, and accurate, to the best of my knowledge and belief.

Signature of Employee/Applicant	Date
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Statement of Qualifications	Name
Announcement Number	Position Applied For

Applicant position requirements are listed on the vacancy announcement. Enter the requirement in the space provided and explain your qualifications in reference to the requirement. It is recommended that you use a situation/task-action-result format to describe your qualifications.

APPLICANT - COPY THIS PAGE. USE ONE PAGE PER REQUIREMENT.

Requirement _____

Reference Number	Reference Name & Phone Number <i>(For use of evaluator & selector)</i>
------------------	--

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APPLICANT - COPY THIS PAGE. USE ONE PAGE PER REQUIREMENT.

Requirement _____

Reference Number	Reference Name & Phone Number <i>(For use of evaluator & selector)</i>
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Driving Record For Positions That Require Driving

Fill In The Blanks Below. You May Have Someone Help You Complete This Form.

1. Title of the Position You Are Applying For		2. Today's Date
3a. Your Name (First, Middle, Last)	3b. Social Security Number	4. Birth Date (Mo., Day, Yr.)
5. Address (Number and Street, or PO Number, City, State, & Zip Code)		

6. Do You Have A Valid Driver's Permit or License? Yes (Skip to Item 8). No (Complete Item 7)

7. If You Don't Have a Driver's Permit or License, Give Reasons Here

8. Have You Operated a Motor Vehicle Within the Last 5 Years? Yes No

If Yes, Complete Information Below for All States Where You Were Issued a Driver's Permit or License in the Last 5 Years:

State in Which Issued	Driver's Permit or License No.	Date Issued	Date of Expiration

9. Have You Been Found Guilty for Violating a Driving Law Within the Last 5 Years? (Do Not Include Parking Violations)

Yes No

Charge (Speeding, Reckless Driving, Etc.)	Date (Month, Year)	Place (City or Town & State)	Law Enforcing Authority (City Police, State Police, Etc.)	Action Taken (Fined, Forfeited Collateral, Etc.)	Was Permit Revoked or Suspended? (Show Which Using R or S. Give Period of Suspension.)

PRIVACY ACT STATEMENT: The collection of this information is authorized by 39 USC 401, 1001. This information will be used to select applicants from Register for vacancy. As a routine use this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a congressional office at your request; to an expert consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Completion of this form is voluntary; however, if this information is not provided, you may not receive full consideration for a position.

9. Describe Any Motor Vehicle Accidents You Have Had Within the Last 5 Years in Which You Were the Driver in the Spaces Below. Use an Extra Sheet to Describe Any Accident(s) You Have Had Within the Last 5 Years in Excess of 3.

Accident No. 1

Place (City or Town, State)		Date of Accident
Describe How the Accident Happened		
Amount of Damage to Your Vehicle \$ _____	Amount of Damage to Other Party's Vehicle \$ _____	Did You or Your Insurance Company Make Payment to Other Party?
Was Anyone Killed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were You Judged at Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Give the Name of the Court or Other Legal Body That Made the Judgment		

Accident No. 2

Place (City or Town, State)		Date of Accident
Describe How the Accident Happened		
Amount of Damage to Your Vehicle \$ _____	Amount of Damage to Other Party's Vehicle \$ _____	Did You or Your Insurance Company Make Payment to Other Party?
Was Anyone Killed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were You Judged at Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Give the Name of the Court or Other Legal Body That Made the Judgment		

Accident No. 3

Place (City or Town, State)		Date of Accident
Describe How the Accident Happened		
Amount of Damage to Your Vehicle \$ _____	Amount of Damage to Other Party's Vehicle \$ _____	Did You or Your Insurance Company Make Payment to the Other Party?
Was Anyone Killed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were You Judged at Fault? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Give the Name of the Court or Other Legal Body That Made the Judgment		

I Certify That All of the Statements Made in This Application are True, Complete, and Correct to the Best of My Knowledge and Belief, and Are Made in Good Faith.

Signature of Applicant	Date
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Pre-Employment Screening — Authorization and Release

Applicant: Carefully read the following information before you complete and sign this form.

Privacy Act Statement: Your information will be used to determine your suitability for employment. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if it is not provided, you may not receive full consideration. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS® or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local, or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policy visit us at usps.com®.

Applicant's Name (last, first, MI)	Date of Birth (MM/DD/YYYY)	Home Telephone Number (include area code)
		Email Address

Other Names and Dates Used: List all the names you have used in the past, beginning with the most recent (#1) and working backward (#2, #3, etc.). You must list all names you have ever used and the dates you used each name. If you need more space to provide complete information, please continue on the reverse side of this form.

#1 Previous Name Used	From Month/Year (MM/YYYY) To:
#2 Previous Name Used	From Month/Year (MM/YYYY) To:
#3 Previous Name Used	From Month/Year (MM/YYYY) To:

Where You Have Lived: List the places where you have lived, beginning with the most recent (#1) and working back 5 years (#2, #3, etc.). You must account for all periods. Be sure to indicate the actual physical location of your residence; do not list a permanent address when you were actually living at a school address. Use the two letter Postal Service™ abbreviation code for the state. If you need more space to provide complete information, please continue on the reverse side of this form.

#1 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code™
To: Present					
#2 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code
To:					
#3 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code
To:					
#4 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code
To:					
#5 From Month/Year (MM/YYYY)	Street Address	City	County	State	ZIP Code
To:					

This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized employment official or to a contractor acting on behalf of the United States Postal Service by any person, corporation, agency, or association concerning my character, employment, criminal records, driving records, or military service as may be relevant and necessary for a determination of my suitability for employment with the United States Postal Service.

This authorization is executed with full knowledge and understanding that the United States Postal Service will take measures to protect the mentioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of official business of the United States, or its agencies and instrumentalities.

I hereby release the mentioned persons, corporations, agencies, associations and their employees, agents, and representatives from any and all liability for damages resulting from a decision by the United States Postal Service not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization is as effective and valid as the original. If hired, this authorization is valid for the duration of my employment to demonstrate continued suitability for employment with the United States Postal Service.

Date Signed	Signature of Applicant	Printed Name of Applicant
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Other Names and Dates Used (Continued):

#4 Previous Name Used	From Month/Year (MM/YYYY) To:
#5 Previous Name Used	From Month/Year (MM/YYYY) To:
#6 Previous Name Used	From Month/Year (MM/YYYY) To:

Where You Have Lived (Continued):

#6 From Month/Year (MM/YYYY) To: Present	Street Address	City	County	State	ZIP Code™
#7 From Month/Year (MM/YYYY) To:	Street Address	City	County	State	ZIP Code
#8 From Month/Year (MM/YYYY) To:	Street Address	City	County	State	ZIP Code
#9 From Month/Year (MM/YYYY) To:	Street Address	City	County	State	ZIP Code
#10 From Month/Year (MM/YYYY) To:	Street Address	City	County	State	ZIP Code



Disclosure and Authorization for Consumer Reports and Investigative Consumer Reports

Carefully read the following information before you sign and date this document.

I understand that an agent of the United States Postal Service may obtain a consumer report about me, investigative consumer report about me, or both, as defined by the Fair Credit Reporting Act. I authorize all corporations, employers, co-workers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background, including but not limited to driving records, court records, criminal records, credit reports, academic records, professional license records, and employment information or records.

I understand that an investigative consumer report is a special type of consumer report obtained through interviews. The report may contain information about my character, general reputation, personal characteristics, and mode of living. I may submit a written request within a reasonable period of time to obtain a complete disclosure of the nature and scope of that investigation. I understand that I will receive a response in writing within five days of the date the United States Postal Service receives my request.

United States Postal Service Employees or Prospective Employees: I understand that, if I am hired, the United States Postal Service may also obtain a consumer report, investigative consumer report, or both during the course of my employment for employment-related purposes. If I am hired, I also authorize the United States Postal Service to request a consumer report, investigative consumer report, or both about me, for employment-related purposes, at any time during the course of my employment.

United States Postal Service Contractors and Employees of Contractors: I understand that I may receive this disclosure even if I am an independent contractor or am employed by an entity with which the Postal Service contracts for services. The disclosure should not be misconstrued as evidence that I am an employee of the Postal Service or that the Postal Service believes I am its employee.

I agree that this Disclosure and Authorization will be valid, now or in the future, in original, faxed, copied, or electronic form.

I acknowledge that I have received a copy of "Summary of Your Rights Under the Fair Credit Reporting Act."

Signature	Date
Printed Name	

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).
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- **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 – FCRA 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 Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 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., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 2054</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>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

