

Name _____
Last First Middle

SSN _____ Date _____

Office Use Only
Start _____
Site _____
Position _____



Day & Zimmermann
NUCLEAR

Personal History Questionnaire
(PHQ)
CONFIDENTIAL

**You must fill out all of the information in this package.
Please use BLACK ink only.**

**Please answer all questions, ANY missing information
will delay your background investigation.**

Follow all instructions completely.

**If you have any questions please call
Security at 800-432-2444
Select Extension 2
You may E-mail Security at
Securitypackages@dayzim.com
Or Fax to 757-233-7471**



Day&Zimmermann

GENERAL INSTRUCTIONS

- Read all Consent Forms and Acknowledgement Forms in their entirety before signing to ensure you understand all requirements and expectations. Read all questions and instructions carefully and completely. Take the required time to complete this PHQ accurately. If you do not understand a question, contact a Day&Zimmermann security representative. **Do not** submit an incomplete PHQ. **Incomplete** PHQs will **NOT** be accepted!
- Use **black ink only** to answer all questions (NO PENCIL). Print or type your answers except where signatures or initials are required. Ensure all information is clear and **legible**, and that all required responses are provided.
- List your social security number and your initials on the bottom of each page you complete.
- If additional pages are needed, sign your name and write the last four digits of your social security number on each page used and indicate the question number you are continuing to answer.
- In the areas requesting your name you **must** provide your **full legal name**, and **avoid using Nicknames**.
- Abbreviations are not allowed, you are expected to spell out every word.
- After completing this PHQ, review the completed pages to ensure all responses are provided and correct.

If you have never held unescorted access, or your last access was over 3 years ago; or if your last unescorted access was denied or terminated unfavorably you are an **Initial**.

If your last favorable unescorted access ended over 365 days ago, but less than 3 years you are an **Update**.

If your last favorable unescorted access ended over 30 days ago, but less than 365 days you are an **R1Y**.

If your last favorable unescorted access ended less than 30 days ago you are an **R30**.

I have read and understand the instructions for filling out this PHQ: Initials _____

Have you ever applied for or been granted Unescorted Access Authorization(UAA), Unescorted Access (UA), or Fitness-for-Duty Authorization(FFDA) at a U.S nuclear power plant? **Yes** **No**

If Yes, last UAA/UA/FFDA was terminated (Check one) **Favorable** or **Unfavorable**

Name of plant: _____ Date: _____

Have you ever applied for or been granted access to a Nuclear Power Plant under construction? **Yes** **No**

If Yes, last period of access was terminated (Check one) **Favorable** or **Unfavorable**

Name of plant: _____ Date: _____

Have you ever applied for or been granted access to Safeguards information at a Nuclear Power Plant, or Nuclear Power Plant under construction? (Check one) **Yes** **No**

If Yes, last period of safeguards access was terminated (Check one) **Favorable** or **Unfavorable**

Name of plant: _____ Date: _____

****NO Whiteout is allowed. If a mistake is made, please mark through with one line, initial and correct mistake.**

Last 4 Digits of SSN: _____

Printed Last Name: _____

FIGURE 5-1 NEI STD FORM 08-06-01 CONSENT

1 **Day&Zimmermann** has my consent to:

- a. Collect personal information about me in order to verify the information's accuracy;
- b. Conduct a background investigation (BI) in accordance with U. S. Nuclear Regulatory Commission (NRC) regulations to verify information I have provided on a Personal History Questionnaire and other information, as necessary;
- c. Take my fingerprints and associated information/biometrics. In addition, I understand that:
 - (1.) The Federal Bureau of Investigation's (FBI's) acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of my application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing my fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of my application for unescorted access authorization (UAA) or fitness for duty authorization (FFDA).
 - (2.) Certain determinations, such as UAA/FFDA, may be predicated on fingerprint-based background checks. My fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing my fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. In addition to the FBI's NGI, my fingerprints and associated biographic identifiers may be compared against fingerprints in the Department of Homeland Security's (DHS') Automated Biometric Identification System (IDENT) or replacement system Homeland Advanced Recognition Technology (HART). Comparison of my fingerprints and biometric data against information in the DHS IDENT/HART systems will be run on a search-only basis, with no retention or enrollment of my information in those systems. The FBI may retain my fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, my fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
 - (3.) During the processing of my application and for as long thereafter as my fingerprints and associated information/biometrics are retained in NGI, my information may be disclosed pursuant to my consent, and may be disclosed without my consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
- d. Retain personal information provided for investigation; and
- e. Transfer information from other licensees, approved contractor/vendors (approved-C/V) as necessary, including: (i) information pertaining to the denial of unescorted access authorization (UAA) or unescorted Access (UA), fitness-for-duty authorization (FFDA), safeguards information access (SGIA) or unescorted access to a nuclear power plant under construction, construction access (CON), to determine whether to certify UAA, grant UA/FFDA to a U.S. NRC-licensed facility and to allow me to maintain such access; or (ii) information pertaining to denial of access to Safeguards information.

NEI STD FORM 08-06-01 CONSENT Form (Cont.)

- 2** With the exception of CHRI collected under 10CFR 73.57, the information collected will only be used for the purposes of determining UAA/UA in accordance with 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, separate FFDA in accordance with 10 CFR Part 26, Fitness for Duty Programs, access to a nuclear power plant under construction, and/or access to Safeguards Information in accordance with 10 CFR 73.21, 73.22 or 73.23, Protection of Safeguards Information, unless I provide a separate release to the licensee or approved C/V for another purpose. CHRI may only be used for the purposes of determining whether a person is suitable for unescorted access to a nuclear power plant or for access to Safeguards information, and may not be used for any other purpose.
- 3** I understand that evidence of criminal conduct detected during the conduct of a BI must be reported to the appropriate law enforcement agency by the licensee or contractor/vendor (C/V).
- 4** I authorize the use of signed copies of this consent to be used in place of an originally signed consent document.
- 5** The NRC requires that the information collected be used in determining that an individual is trustworthy, reliable, and fit for duty prior to certifying UAA, granting UA/FFDA, while maintaining UAA/UA; granting access to a nuclear power plant under construction; and before granting access to safeguards information. The results of this determination must be available to other NRC licensed facilities.
- 6** Any of the following actions related to the providing and sharing the personal information is sufficient cause for denial or unfavorable termination of UAA/UA/FFDA, access to a nuclear power plant under construction, and/or access to Safeguards information:
- a.** Refusal to provide written consent for the background investigation and/or suitable inquiry;
 - b.** Refusal to provide information or the falsification of any personal information required under 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, 10 CFR 26, Fitness-for-Duty Programs, and/or 10 CFR 73.21, 73.22, or 73.23, Protection of Safeguards Information, including, but not limited to, the failure to report any previous denial or unfavorable termination of authorization;
 - c.** Refusal to provide written consent for the sharing of personal information with other licensees or other entities required under 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, 10 CFR part 26, Fitness-for-Duty Programs, and/or 10 CFR 73.21, 73.22, or 73.23, Protection of Safeguards information; and
 - d.** Failure to report any legal actions in accordance with 10 CFR 73.56(g).
- 7** I understand that the domestic commercial nuclear industry uses a computerized, restricted-access data system, the Personnel Access Data System (PADS), to share information necessary to process applications of workers for UAA/UA/FFDA/SGIA to nuclear facilities, access to a nuclear power plant under construction, and/or access to Safeguards Information. I further understand that this system is intended to permit nuclear facility licensees and their accepted contractors/vendors to meet regulatory requirements mandating that certain information be available to any facility licensee by retaining certain access information in a central computer database.
- 8** I understand that the information may be transferred, electronically or otherwise, to other licensees and contractor/vendors or the agents of each. This information will include, but is not limited to:
- a.** Name and Social Security Number;
 - b.** Place of birth and physical characteristics;
 - c.** Dates when any of the following are completed: background investigation, psychological evaluation, fitness-for-duty testing, suitable inquiry checks;
 - d.** Dates when UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information has been authorized or terminated;

NEI STD FORM 08-06-01 CONSENT Form (Cont.)

- e.** Date of any denial of UAA/UA, access to a nuclear power plant under construction, and/or access to Safeguards Information and the company holding the relevant information;
 - f.** Dates associated with FFD testing (preaccess, post-event, for cause and follow-up) and treatment;
 - g.** Annual radiation exposure history;
 - h.** Respiratory equipment qualification/fit testing;
 - i.** Medical qualification for respirator use;
 - j.** Data concerning training required for UAA/UA/FFDA, access to a nuclear power plant construction site, access to Safeguards Information, and work qualification; and
 - k.** Direction to seek additional information directly from another licensee.
- 9** I understand that information contained within FBI CHRI obtained for UAA/UA and SGIA purposes will be restricted to the NRC, nuclear licensee facilities regulated by the NRC, and myself, and that the criminal history information will not be released to contractor/vendors or their agents.
- 10** I authorize any individual, organization, institution, or entity that now has, or obtains in the future, access-related information about me (examples of which are provided in paragraph 8), whether or not such information is included in the PADS database, to release any such information in order to perform the investigation and evaluation required for UAA/UA/FFDA, access to a nuclear power plant construction site and/or access to Safeguards Information.
- 11** I authorize the entry into the PADS computer database of any information collected for the purpose of processing my application for, or continued maintenance of, UAA/UA/FFDA, access to a nuclear power plant construction site, and/or access to Safeguards Information. I authorize the transfer of such information, electronically or otherwise, to other NRC nuclear facility licensees and contractors/vendors. I authorize such licensees and contractors/vendors to use the database information for the purpose of determining my eligibility for UAA/UA, for access to a nuclear power plant construction site, for compliance with 10 CFR 810, Assistance to Foreign Atomic Energy Activities, and/or for access to Safeguards Information.
- 12** I understand that information obtained pursuant to this Consent shall be treated as confidential. The release of access-related information about me shall be limited to regulatory agencies and such employees of NRC facility licensees and their contractors/vendors who have been designated as having a "need to know" the information in order to do their jobs. The following is a listing of individuals that may access information without my consent in order to perform their official duties:
- a.** Myself or my representative, when I have designated the representative in writing for specified UAA/UA/FFDA, nuclear power plant construction site access, safeguards information access and/or FFD matters;
 - b.** Assigned Medical Review Officers (MROs) and MRO staff;
 - c.** NRC representatives;
 - d.** Appropriate law enforcement officials under court order;
 - e.** A licensee, contractor/vendor, or their agents who have a need to have access to the information to perform their assigned duties under the UAA/UA/FFDA, nuclear power plant construction site access, safeguards information access, and/or FFD programs, including determinations of fitness, access authorization or FFD program audits, and some human resources functions;
 - f.** The presiding officer in a judicial or administrative proceeding that is initiated by the subject individual;
 - g.** Persons deciding matters under access authorization or FFD program appeal process; and
 - h.** Other persons pursuant to court order.
- 13** I understand that all information about me in the database will be maintained as securely as reasonably practicable for a period of at least 5 years after UAA/UA/FFDA, access to a nuclear power plant construction site, and/or access to Safeguards Information is last terminated. The types of records maintained include documentation collected during the administration of the access authorization and FFD programs.

NEI STD FORM 08-06-01 CONSENT Form (Cont.)

- 14** All documents pertaining to a 5 year or permanent denial of UAA/UA/FFDA required by 10 CFR Part 26 will be retained by a licensee making the denial or unfavorable termination of UAA/UA/FFDA for 40 years or the NRC determines that the records are no longer needed.
- 15** The records of FFD training and examinations conducted under 10 CFR Part 26 and 10 CFR 73.21, 73.22, or 73.23 will be maintained for at least 3 years.
- 16** Records identified are normally maintained at **Day&Zimmermann**.
- 17** I understand that if I determine that in accordance with 28 CFR 16.34, Procedure to obtain change, correction or updating of identification records-If, after reviewing my identification record, I believe that it is incorrect or incomplete in any respect and wish changes, corrections or updating of the alleged deficiency, I may make application directly to the agency which contributed the questioned information. I may also direct my challenge as to the accuracy or completeness of any entry on my record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
- 18** I understand that I have a right to review information collected and maintained by **Day&Zimmermann** to assure it is accurate and complete and to correct any inaccurate or incomplete information.
- 19** I understand that, upon my written request to **Day&Zimmermann**, and at no cost to me, I will be provided, within 10 business days, with a printed copy of the information about me which is recorded in the Personal Access Data System (PADS) database. If, after my review of such information, I can show that any of the information is incorrect or incomplete, such information will be corrected and/or completed as soon as is reasonably practical.
- 20** I understand that at any time and upon written notice to **Day&Zimmermann**, I may withdraw this Consent, but this will also constitute a withdrawal of my request for UAA/UA/FFDA/SGIA/CON. I understand that any processing activities that were initiated before receipt of my withdrawal of consent shall continue and the resulting information will be retained in the database. No new inquiries shall be initiated after receipt of my withdrawal of consent. Thereafter, PADS participants are not permitted to retrieve information from the database other than my name, date of birth, identification number, and the fact that my consent has been withdrawn, unless I provide a currently valid Consent or the information sought is required by NRC regulation.
- 21** I hereby release **Day&Zimmermann**, other PADS participants, NEI, and the officers, employees, representatives, agents, and records custodians of each as well as the officers, employees, representatives, agents, and records custodians of any entity or individual supplying or using such information from any and all liability based on their authorized receipt, disclosure, or use of the information obtained pursuant to this Consent and to determine my eligibility for UAA/UA to nuclear facilities, access to a nuclear power plant under construction, FFDA and/or access to Safeguards Information.

NEI STD FORM 08-06-01 CONSENT Form (Cont.)

- 22** I understand that this Consent is not intended to and does not affect any right or responsibility that I, my employer (if not Day&Zimmermann), or Day&Zimmermann may have under Section 211 of the Energy Reorganization Act of 1974, as amended. I further understand that nothing herein (1) affects my right or my responsibility to bring potential safety concerns to my employer (if not Day&Zimmermann), Day&Zimmermann, or the NRC; or (2) prohibits me from participating in any proceeding or investigation regarding such a potential safety concern.
- 23** I have read and understand this Consent and authorize Day&Zimmermann to take such actions as are described herein or specified by PADS procedures. While I understand that UAA/UA/FFDA, access to a nuclear power plant construction site and/or access to Safeguards Information is dependent upon my accepting the regulatory requirements of the UAA/UA/FFDA/SGIA/CON programs, the statements made by me in this Consent and my decision to sign this Consent are voluntary. The statements were not induced by any promise nor have I been subjected to any threat, duress or coercion to sign this Consent.

Applicant's Printed Name

Last 4 Digits of SSN

Applicant's Signature

_____/_____/_____
Date

FIGURE 5-3
NEI STD FORM 08-06-03
FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION STATEMENT

For the purpose of evaluating my application for or maintenance of, nuclear power plant authorization (UAA/UA/FFDA), I understand the Company, **Day&Zimmermann**, may obtain or have prepared a consumer report or investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background record, or mode of living.

I understand that upon written request to **Day&Zimmermann**, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I am authorizing **Day&Zimmermann** to obtain a consumer or investigative consumer report on me as part of the Company's screening process for access authorization. During the period in which I retain access authorization, I further authorize the Company to obtain additional consumer or investigative consumer reports on me to evaluate my trustworthiness and reliability for purposes of determining continued unescorted access authorization.

By my signature below, I also acknowledge that **Day&Zimmermann** has provided me with a summary of my rights under the Federal Fair Credit Reporting Act (attached copy prepared by the Consumer Financial Protection Bureau).

I have read and understand this Consent and authorize Day&Zimmermann to take such actions as are described herein.

Applicant's Printed name

Last 4 Digits of SSN

Applicant's Signature

/ /
Date



Personal History Questionnaire for Unescorted Access Authorization

The information provided will be used to conduct a background investigation for unescorted access to a nuclear facility. Instructions: Please read instructions carefully and complete every item. If the answer is "No" or "None" state so. (N/A is not acceptable) Any additional space needed, for information, can be placed on the PHQ Additional information page. Please print or type all answers in black ink.

SECTION I. PERSONAL DATA
Last Name, First, Middle, Suffix (Jr, Sr, III etc...)
All Other Names (include name changes, maiden name, assumed names, aliases, nicknames, etc.)
Social Security No.
Home Address, City, State, Zip Code
Home Phone, Work/Cell Phone, E-mail address
Gender M/F, Date of Birth (M/D/YR), Place of Birth (City, State, Country), Height, Weight, Eye Color, Hair Color
Valid Drivers License #, Date of Exp. (M/D/YR), State of issue, If no valid license Explain:
Citizenship
I am a U.S. citizen by birth.
I am a U.S. citizen by naturalization.
I am not a U.S. citizen
Alien Registration Number
Country of Citizenship

If you are not a U.S. citizen and were NOT born in the United States, provide the applicable information specified below:
Date and Port of Entry into the US: / / Date of Entry Port of Entry
Visa Type
Visa Number Expiration Date / /
If you do not have a US SSN provide alternate valid (Not expired) government-issued Identification:
Identification Number/Type Source (e.g. Passport)
Date of Issue Issuing Country Expiration Date

Last 4 Digits of SSN: _____

Printed Last Name: _____

SECTION II - PERSONAL DATA - FOREIGN TRAVEL

In the past <u>5</u> years, since your <u>18th</u> BIRTHDAY, or since your last Unescorted Access, whichever period is shorter, have you traveled to any foreign country? (Circle One)	Yes No
---	---------------

Do not include travel when in the service of any US government agency (e.g., US Military, State Department, etc.)

Note: If a single trip encompassed multiple countries, please explain on the PHQ continuation sheet.

If you answered "Yes" please provide the following details:

Country Name: _____

Date Departed United States: From: ___/___/___

Date Returned to United States: To: ___/___/___

Purpose of Travel: _____

Country Name: _____

Date Departed United States: From: ___/___/___

Date Returned to United States: To: ___/___/___

Purpose of Travel: _____

Country Name: _____

Date Departed United States: From: ___/___/___

Date Returned to United States: To: ___/___/___

Purpose of Travel: _____

Use continuation pages as necessary.

SECTION III – CREDIT HISTORY

A Summary of Your Rights Under the Fair Credit Reporting Act is attached for your review. You must read and sign the attached Fair Credit Reporting Act Consent Form as part of this Questionnaire. **If you have placed a security freeze on your credit file, the credit file must be unfrozen in order for the required credit check to be completed.** Changing the status of your credit file is **your** responsibility.

(If Unescorted Access was held at a nuclear power plant within the last 365 days; this does not apply)

Within the past **seven (7) years or since age 18**, whichever is less, have you had any of the following:

- | | | |
|---|---------------|---------------------------|
| 1. A delinquent payment? | Yes No | (Circle either Yes or No) |
| 2. A bankruptcy? | Yes No | (Circle either Yes or No) |
| 3. A financial judgment against you? | Yes No | (Circle either Yes or No) |
| 4. A charge off? | Yes No | (Circle either Yes or No) |
| 5. A tax lien, or tax lien from not filing federal or state income taxes? | Yes No | (Circle either Yes or No) |
| 6. Other financial difficulties within the past (7) years (e.g., accounts currently in collection, etc.)? | Yes No | (Circle either Yes or No) |

If Yes, you must provide a description and the reasons or circumstances for these difficulties on additional information pages.

If you do not have an established credit history (e.g. loans, credit cards, etc.), **list three sources of credit** within the past seven (7) years or since age 18, whichever is less, (e.g. landlords, local gas station, a bank, department store charge account, or any personal sources of credit). Name/address/phone number and description of three creditors:

1. _____
2. _____
3. _____

Explain why you have no credit history and any problems you have experienced with any creditor during the past seven years: _____

Last 4 Digits of SSN: _____

Printed Last Name: _____

SECTION IV—LEGAL ACTION

CAUTION: Providing false or deliberate misleading statements or omissions of fact may be sufficient grounds for denial of unescorted access.

List all legal actions since your 18th birthday. Additionally, if you were fingerprinted, report the occurrence, and if you currently have any criminal charges pending, report the charge. You must list felony, misdemeanor, or serious traffic offenses (including guilty pleas and “*nolo contendere*” (meaning no contest); any suspended sentences, pretrial diversions, dismissals, “*nolle prosequi*” (meaning not prosecuted), serious civil charges, military charges (including court martial or non-judicial punishment), and criminal history record expungement but does not include minor misdemeanors such as parking tickets or minor civil actions such as zoning violations or minor traffic violations such as moving violations when you were not physically taken into custody. (You may omit non-injury traffic or parking offenses of less than \$500, but you must include any alcohol/drug-related traffic offenses.)

“Initial” applicants: Since your 18th BIRTHDAY have you:

“Update” or “Reinstatement” applicants: Since your last UA/UAA if within 3 years, have you:

1. been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance (e.g., felony, misdemeanor, traffic or military criminal history, etc) or do you now have such a case pending?	Yes No
2. been charged, arrested or convicted of an alcohol-related offense (e.g., driving under the influence (DUI)/driving while intoxicated (DWI), or have such a case pending or of a controlled substance-related offense (Including controlled substances determined to be illegal under federal law, such as marijuana, but deemed legal under state law)?	Yes No
3. been charged, arrested or convicted of an infraction of the law for which you were fined more than \$500?	Yes No
4. failed to appear in court for any offense(s)?	Yes No
5. Are you currently under indictment, on probation, parole, work release, or subject to any other control of a court order of protection (e.g., Sex Offender Registry) ?	Yes No

If you answered **Yes** to any question above, explain all occurrences and specific details in the space provided. Add continuation pages as necessary. Note: You may be asked to provide supporting documentation.

1. Legal Action: _____ / _____ / _____ _____
Date Court or agency involved and location

_____ **Felony / Misdemeanor** _____
Offense (Circle One) Disposition

Add Any Additional Occurrences to the Continuation Page.

SECTION IV-NRC Escalated Enforcement Action

Note: Occasionally, the NRC takes enforcement action against individuals working under the NRC's jurisdiction. When the NRC loses reasonable assurance that an individual is willing or able to comply with NRC requirements, typically demonstrated by deliberate misconduct, the agency may issue an enforcement order that includes a prohibition against all or some forms of NRC licensed activities. In addition, the NRC may engage in alternative dispute resolution with an individual who the NRC believes has willfully violated NRC requirements. Through alternative dispute resolution, the NRC may issue a confirmatory order that includes an agreed-upon period of prohibition from all or some types of NRC-licensed activities. In less significant cases, the agency may issue a notice of violation to an individual.

Have you ever been issued an NRC Escalated enforcement Action?	Yes No
---	--------

If yes, please provide details

_____ **Last 4 Digits of SSN**

_____ **Printed Last Name**

SECTION V—SELF-DISCLOSURE INFORMATION

The Nuclear Regulatory Commission requires that the company investigate your previous employment history and make inquiries of employers to determine whether or not there are any fitness-for-duty (FFD) concerns that must be explored and evaluated prior to certifying UAA, granting UA or FFDA and/or granting safeguards information access.

Answer each question by selecting either **Yes** or **No** as it pertains to you. For each **Yes** answer include the specific type of issue, duration and resolution including but not limited to the reason for an unfavorable termination or denial of UAA/UA and/or safeguards information access. Details may include but are not limited to date, name and location name of the employer or potential employer involved (to whom you applied for employment), nature of the violation, any hearing, penalty imposed or other disposition.

“Initial” applicants: In the past 5 years, or since your 18th BIRTHDAY, whichever period is shorter, have you:

“Update” or “Reinstatement” applicants: Since your last unescorted access, have you:

- | | | |
|--|------------|-----------|
| 1. violated a licensee or employer’s fitness-for-duty policy? | Yes | No |
| 2. been denied or had unescorted access authorization terminated unfavorably at any place of employment or at any nuclear power plant for any reason including fitness for duty policy violation or been unfavorably terminated from any employment for a fitness for duty reason? | Yes | No |
| 3. used, sold or possessed illegal drugs (Including controlled substances determined to be illegal under federal law, such as marijuana, but deemed legal under state law)? | Yes | No |
| 4. abused legal drugs or alcohol? | Yes | No |
| 5. ever subverted or attempted to subvert a drug or alcohol testing program? | Yes | No |
| 6. refused to take a drug or alcohol test? | Yes | No |
| 7. been subject to a plan (except self-referral) for treating substance abuse? | Yes | No |
| 8. been subject to a law enforcement authority or court of law action for alcohol or drug use related to any of the following: | | |
| a. The use, sale or possession of illegal drugs (Including controlled substances determined to be illegal under federal law, such as marijuana, but deemed legal under state law)? | Yes | No |
| b. The abuse of legal drugs or alcohol? | Yes | No |
| c. The refusal to take a drug or alcohol test? | Yes | No |
| 9. been subject to employment action taken for alcohol or drug abuse involving any of the following: | | |
| a. A change in job responsibilities or removal from a job? | Yes | No |
| b. Mandated implementation of a plan for substance abuse treatment in order to avoid a change in or removal from a job? | Yes | No |
| 10. Are you currently in a fitness-for-duty follow-up testing program? | Yes | No |

Explain any Yes answers, including dates, locations, name of the employer or potential employer, nature of the violation, and any hearing, penalty imposed, or other disposition. If needed, list additional incidents on the Continuation Page.

▶ _____ / _____ / _____
 (Print Full Name) (Signature) (Date)

Last 4 Digits of SSN: _____ Printed Last Name: _____

SECTION VII—MILITARY SERVICE AS EMPLOYMENT

If you served in the military within the last **five (5) years** or since your last unescorted access at a U.S Nuclear Power Plant (whichever period is shorter) complete this section for each period of service. Add pages if needed.

In the past 5 years have you served in the Military? **Yes No**

Do you have the DD214 long form you received upon discharge? **Yes No**

Branch of Service: _____ Country Served: _____
 Service Period From: _____ To: _____ Last Duty Station/Unit: _____
 Type of Service (Check one): _____ Active Duty or _____ National Guard/Reserves on active duty
 Reason For Discharge: _____ Rank or grade at time of discharge: _____
 Character of Service: Honorable _____ If other than honorable, explain: _____

Name of Supervisor or Commander and their title: _____
 Contact's Address: _____
 Contact's Office/Land line Phone Number: _____

If you have your original/true DD Form 214, you must present it to a **Day&Zimmermann representative** (a copy will be retained and the original returned after authentication). If the above information is unavailable, you must complete a Standard Form 180 to request an official copy of your DD214.

SECTION VII—EDUCATION IN LIEU OF EMPLOYMENT

If you were enrolled in an educational institution within the past **five (5) years** or since your last unescorted access (whichever period is shorter), complete this section for each enrollment. List high school, technical or trade school, apprenticeships, college, etc. Do not abbreviate names. **Official institution transcripts in a sealed envelope will be required.** Add pages if needed.

In the past 5 years have you been enrolled in an educational institution or apprenticeship program? **Yes No**

1. Name and address of institution: _____
 City and State institution is located: _____
 Period of Attendance: From: ___/___/___ To: ___/___/___ and From: ___/___/___ To: ___/___/___
 Major/field of Study: _____ Type of Degree Completed: _____
 If no degree, reason for leaving: _____
 Were you the subject of any disciplinary action at this education institution? **YES ___ NO ___**. If **YES**, provide details: _____
 Did you Graduate? **Yes ___ No ___**. If No, provide reason: _____
 Eligible To Return: **Yes ___ No ___**. If No, provide reason: _____

2. Name and address of institution: _____
 City and State institution is located: _____
 Period of Attendance: From: ___/___/___ To: ___/___/___ and From: ___/___/___ To: ___/___/___
 Major/field of Study: _____ Type of Degree Completed: _____
 If no degree, reason for leaving: _____
 Were you the subject of any disciplinary action at this education institution? **YES ___ NO ___**. If **YES**, provide details: _____
 Did you Graduate? **Yes ___ No ___**. If No, provide reason: _____
 Eligible To Return: **Yes ___ No ___**. If No, provide reason: _____

Last 4 Digits of SSN: _____

Printed Last Name: _____

SECTION VIII – PERSONAL REFERENCES

List three (3) personal references who are available for immediate contact. Do **not** list relatives or any person currently living in the same household with you. References may be co-workers, friends, neighbors, or others with whom you have a frequent personal and/or business relationship and who can comment on your character and reputation. References should have had an association with you during the past six months. Do not list a person who does not wish to be called.

1. Name:	Home Telephone : () -
Address:	Cell/Work Telephone : () -
City:	State: Zip:
Email Address:	
How long have you known this individual (approx.)?	Years: Months:
How often do you associate with this individual?	Daily Weekly Monthly Other:
2. Name:	Home Telephone : () -
Address:	Cell/Work Telephone : () -
City:	State: Zip:
Email Address:	
How long have you known this individual (approx.)?	Years: Months:
How often do you associate with this individual?	Daily Weekly Monthly Other:
3. Name :	Home Telephone : () -
Address:	Cell/Work Telephone : () -
City:	State: ZIP:
Email Address:	
How long have you known this individual (approx.)?	Years: Months:
How often do you associate with this individual?	Daily Weekly Monthly Other:

Provide the name of your closest relative that does not reside with you.

1. Name:	Home Telephone : () -
Email Address:	
Address:	Cell/Work Telephone : () -
City:	State: Zip: Relationship:

SECTION VIII. PERSONAL DATA - RESIDENCES

If you have **NOT** held Unescorted Access at a nuclear plant within the last 3 years, list all residences where you have lived for more than 30 days in the past **seven (7) years**.

If you **HAVE** held Unescorted Access within the last 3 years, list all residences where you have lived for more than 30 days since you last held unescorted access. **Use continuation pages as necessary.**

Current Residence			
From: _____ / _____ / _____	Present		
_____	_____	_____	_____
Number and Street	City	State	Zip
Next most recent:			
From: _____ / _____ / _____	To: _____ / _____ / _____		
_____	_____	_____	_____
Number and Street	City	State	Zip
Next most recent:			
From: _____ / _____ / _____	To: _____ / _____ / _____		
_____	_____	_____	_____
Number and Street	City	State	Zip

Last 4 Digits of SSN: _____ Printed Last Name: _____

1. List every job/unemployment you have had for the past five (5) years. Account for **ALL** periods of employment and unemployment during the past five (5) years.
2. Start with your most recent employment/unemployment or present job.
3. Include military service within the past five (5) years.
4. If discharged or fired, please explain.
5. Add additional sheets if needed.
6. If you worked through a temporary agency, or a Union hall; you **MUST** list the name and phone number of the company you **PHYSICALLY** worked at.

If you have been badged within the last three (3) years at a U.S. Nuclear Power Plant, you only need to provide employment/unemployment from the present back to and including your last unescorted access (badged site).

Union Affiliation (If applicable): Union Name: _____ Local: _____	
_____	_____
<i>Business agent name</i>	<i>Telephone number</i>

Have you been fired, involuntarily terminated, or forced to leave any job or position, except as part of a reduction in force, within the past Five (5) years? Yes No

(If Yes, explain the circumstances and reason for leaving on page 13)

Employment		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
			Eligible for Rehire? Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
			Residence Phone ()
Address			
Employment		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
			Eligible for Rehire? Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
			Residence Phone ()
Address			
Employment		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
			Eligible for Rehire? Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)

Last 4 Digits of SSN: _____

Printed Last Name: _____

EMPLOYMENT EXPERIENCE (cont'd)

Rev 01/01/2022

Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)

Last 4 Digits of SSN: _____

Printed Last Name: _____

Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)
Period of Unemployment			
From (Month/Year)	To (Month/Year)	Person Who Can Verify (personal reference, no unemployment agency)	Business Phone ()
		Address	Residence Phone ()
Employment			
		Date Format	MM/DD/YYYY
Company	Start Date	End Date	Reason for Leaving
		Eligible for Rehire?	Yes No
Company Address	City	State	Zip Code Company Phone ()
Job Title	Work Location (if different)		Supervisor (Name)

Last 4 Digits of SSN: _____

Printed Last Name: _____

Day&Zimmermann
FITNESS FOR DUTY (FFD) POLICY COMMUNICATION
AND
AWARENESS STATEMENT

The Nuclear Regulatory Commission (NRC) has mandated that every licensee shall develop and implement a Fitness For Duty Program. Day&Zimmermann agrees with and supports the principles of the Fitness For Duty Rule.

What is a FFD Program? In the words of the NRC, the purpose is to provide reasonable assurance that nuclear power plant personnel are reliable, trustworthy, and not under the influence of any substance, legal or illegal, or mentally or physically impaired for any cause, which in any way adversely affects their ability to safely and competently perform their duties. A Fitness For Duty Program developed under the requirements of this rule is intended to create an environment which is free of drugs and the effects of such substances.

Policy (Licensee/Day&Zimmermann) Each Day&Zimmermann employee must understand the FFD Policy of the licensee prior to work assignment.

All Day&Zimmermann employees shall:

- A. Report to work fit for duty and not under the influence of any substance.
- B. Report to supervisor any mental stress, fatigue, illness, and/or use of any prescription medication, or over-the-counter medication which might affect job performance and/or safety.
- C. Seek assistance for any fitness for duty related problem.
- D. Cooperate fully in the chemical testing program.
- E. Report any arrests.
- F. Report any previous access denial, positive chemical test, and/or involuntary participation in a substance abuse treatment program.
- G. Report any threat of harm to the public, company, licensee, and/or co-workers.
- H. Not use, sell, possess, manufacture, or distribute illegal substances on or off the company or licensee's property or while on company business. (Including marijuana which is illegal under federal law)
- I. Not use alcohol while on duty and/or five (5) hours prior to reporting for duty.
- J. Not abuse alcohol, prescriptions, and/or over-the-counter medications.

Types of Screening To deter the use of and verify continued abstinence from the abuse of drugs and alcohol, employees shall be required to submit to (a) initial or pre-access screening, (b) random unannounced screening, (c) for-cause screening, and (d) follow-up screening by the licensee.

Hazards of Abuse The abuse of drugs and misuse of alcohol have a definite negative effect on (a) the safety of yourself, your co-workers, company property, and the general public, (b) your overall health and (c) your job performance.

Diet/Over-the-counter and Prescription Medications/Medical Review Officer The use of prescription and over the-counter medicine, and some foods may cause positive test results. Remember to report over-the-counter and prescription medical use to your supervisor. The licensee's Medical Review Officer is responsible to review, interpret, and confirm positive test results based upon employee interviews, medical records, medical history, prescription history, and bio-medical factors.

Employee Responsibilities Your responsibility as a Day&Zimmermann employee is to:

- A. Report to work fit for duty with no detectable presence of alcohol or prohibited drugs in your system. (Including marijuana which is illegal under federal law)
- B. Abstain from the use of alcohol for at least five (5) hours prior to work and while on duty.
- C. Notify your supervisor of any problems such as mental stress, fatigue, or illness which may affect your fitness for duty.

Employee Responsibilities (cont'd)

- D. Seek assistance for any problems which may affect your ability to safely and competently perform your duties.
- E. Report to your supervisor legitimate use of prescriptions or over-the-counter medication which may adversely affect your performance.
- F. Prevent and/or report actions that may harm the company, our customers, and/or co-workers.
- G. Report any previous denial of unescorted access under a Fitness For Duty Program.
- H. Report any felony or misdemeanor conviction or any arrest.
- I. Cooperate fully in the pre-access, random, for-cause, and follow-up testing programs.
- J. Recognize symptoms of potential drug and alcohol abuse in co-workers and report these symptoms to company management.

Consequences for Employee Nonconformance Day&Zimmermann employees are required by company and licensee policy to comply with all Fitness For Duty rules and regulations. **Noncompliance may result in (a) denial of unescorted access, (b) denial of access to company and/or licensee property, and/or (c) termination of employment.**

Each Day&Zimmermann employee is expected to adhere to all FFD rules at all company and customer locations where they are assigned to work. Additional FFD training may be performed by the licensee at work assignment locations.

Please read, sign, and date.

Print Name (Full Name)	Signature	Date

Behavioral Observation Program/Activity Certification

Under the Behavioral Observation Program (BOP) of the licensee, I understand that I am obligated to report any significant problems of any kind that may bear on my job performance, as well as, any arrests, proceedings, or any possibly disqualifying information, prior to and during any work assignment. Further, I understand my responsibilities both as an employee and as an active participant with this program.

I further state that I have not participated in any activity that would adversely affect my trustworthiness or reliability.

Print Name (Full Name)	Last 4 Digits of SSN	Date

Applicant's Signature

I certify that my answers / information given in this questionnaire are complete and correct to the best of my knowledge and are made in good faith.

I understand that providing false or deliberate misleading statements or omissions may be sufficient grounds for denial of unescorted access.

Applicant's Signature	Date

All signatures are required.

**FIGURE 7-1
NEI STD FORM 08-06-05
NOTIFICATION OF LEGAL ACTION**

Individuals applying for, certified for, granted or maintaining Unescorted Access Authorization (UAA), or Unescorted Access (UA), or Fitness for Duty Authorization (FFDA) construction access (CON) or safeguards information access (SGIA) at nuclear power plants must report legal actions from the time the individual signs the Personal History Questionnaire (PHQ) up to and including the time that the individual UAA/UA/FFDA/CON/SGIA is terminated. Legal actions will be judged based upon the potential to impact upon your trustworthiness. This is part of the Behavioral Observation Program (BOP).

To comply with regulatory requirements, you are required to report ANY legal action (except minor traffic and civil offenses), to D&Z Site Supervisor no later than the next business day. And in writing to Norfolk Security Services Department no later than the next business day. Failure to report a legal action as required may result in denial, suspension, revocation, or withdrawal of UAA/UA/FFDA/CON/SGIA, and disciplinary action up to and including discharge.

A Legal action is defined as:

- A Formal action taken by a law enforcement authority or court of law, including being held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance.
- This includes felony, misdemeanor, serious traffic offenses, serious civil charges or military charges but does not include minor misdemeanors such as parking tickets or minor civil actions such as zoning violations or minor traffic violations such as moving violations when the individual was not physically taken into custody,
- It also includes the mandated implementation of a plan for treatment or mitigation in order to avoid a permanent record of an arrest or convictions in response to the following :
 - (1) The use, sale or possession of illegal drugs (including controlled substances determined to be illegal under federal law, such as marijuana, but deemed legal under state law);
 - (2) The abuse of legal drugs or alcohol; or
 - (3) The refusal to take a drug or alcohol test.
- This does not include minor misdemeanors such as parking tickets, minor civil actions, such as zoning violations, or minor traffic violations such as moving violations when the individual was not physically taken into custody, provided the legal action did not include use, sale, or possession of illegal drugs; abuse of legal drugs or alcohol; or refusal to take a drug or alcohol test.

By my signature below, I certify that I have read this notification and understand my obligation to report legal actions from the signing of this document until authorization is terminated.

Signature

Last 4 Digits of SSN

Printed Full Name

/ /
Date

Company

SECTION X - ACKNOWLEDGMENT STATEMENT

I have read, understand and acknowledge the purpose of this personal history statement (PHQ) and that I have furnished the requested information under the stated conditions. I have read and understand the above information concerning NRC required fingerprints and criminal history record.

The information that I have provided in this PHQ is correct and complete to the best of my knowledge and belief. I make this statement with knowledge that any false or misleading statement or omission of any fact may be sufficient cause for denial of UAA/UA/FFDA/CON/SGIA. I understand that the information I have provided in this form will be verified by authorized background investigators and will be used only for access authorization purposes.

I understand that if I am certified UAA or granted UA/FFDA/CON/SGIA, it is my responsibility, under the Behavioral Observation Program (BOP), to report any legal action in accordance with company procedures. I must also report any legal actions from the time I complete this PHQ until I am certified UAA or granted UA/FFDA/CON/SGIA. An evaluation will be made regarding the impact of the legal action on my UAA/UA/FFDA/CON/SGIA. The determination of what constitutes a legal action is a matter of state law but, in general, the term legal action means:

A formal action taken by a law enforcement authority or court of law, including being held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance this includes felony, misdemeanor, serious traffic offenses, serious civil charges or military charges but does not include minor misdemeanors such as parking tickets or minor civil actions such as zoning violations or minor traffic violations such as moving violations when the individual was not physically taken into custody, and includes the mandated implementation of a plan for treatment or mitigation in order to avoid a permanent record of an arrest or convictions in response to the following: (1) The use, sale or possession of illegal drugs (Including controlled substances determined to be illegal under federal law, such as marijuana, but deemed legal under a state law); (2) The abuse of legal drugs or alcohol; or (3) The refusal to take a drug or alcohol test.

Upon arrival to the site, I will also report any changes in my self-disclosure section of this PHQ to the designated Licensee personnel.

I have been advised of my right to request to review the information developed to assure its accuracy and completeness. I understand that the information collected during the conduct of the background investigation will be retained and must be made available to any other nuclear power plant where I may request access. It will only be used in determining my eligibility for UAA/UA/FFDA/CON/SGIA. This information will be retained for a period of time after the termination of my UAA/UA/FFDA/CON/SGIA and/or denial of my UAA/UA/FFDA/CON/SGIA.

I have the following additional comments concerning this statement:

The information I have provided on this PHQ is accurate and correct and I acknowledge that I am to report any changes to my legal action reporting and self-disclosure upon arrival to the site.

Applicant's Signature

Last 4 Digits of SSN

Applicant's Printed Full Name

_____/_____/_____
Date

END OF PERSONAL HISTORY QUESTIONNAIRE

Printed Last Name

Last 4 Digits of SSN

(Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 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, D.C. 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 identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

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

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that request information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

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

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

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center — 600 Pennsylvania Avenue N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCP) Division of Consumer Compliance Policy 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, SE Washington, DC 20590</p>
<p>4. Creditors Subject to 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 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, SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission: Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>