



**BARTLETT**

# **INITIAL PERSONAL HISTORY QUESTIONNAIRE**

IF YOU HAVE ANY QUESTIONS CONTACT  
THE PLYMOUTH SECURITY DEPARTMENT AT

TEL: (800) 225-0385 # 3 or ext. below

TEL: (508) 746-6464 # 3 or ext below

**Christine** Ext. 1250  
Fax: 508-591-1324

**Mindy** Ext. 1273  
Fax: 508-746-0747

**Cindy** Ext. 1130  
Fax: 508-747-5426

**Rita** Ext. 1263  
Fax: 508-746-1090

**Matt** Ext. 1269  
Fax: 508-746-3691

**Scott** Ext. 1271  
Fax: 508-591-1131

**\*\*\*\* INCOMPLETE INFORMATION \*\*\*\*  
MAY DELAY PROCESSING**

Return your completed, entire PHQ to one of the fax numbers listed above.

**Paperwork must not be dated or received by Bartlett more than 21 days prior to  
start date.**



INITIAL SECURITY PERSONAL HISTORY QUESTIONNAIRE (PHQ)  
AND SELF-DISCLOSURE

**All information provided will be treated as PERSONAL-CONFIDENTIAL**

In order to meet the requirements of the Nuclear Regulatory Commission (NRC), the nuclear power plant (NPP) to which you are applying for unescorted access authorization requires that you consent to undergo a background screening process. The purpose of the screening process is to determine your trustworthiness and reliability to work within the protected and vital areas of a NPP. Information from this form will be used to conduct a background investigation for access authorization purposes as required by the NRC.

You must provide all information requested in a complete and accurate manner. Your signature on the document is your certification that the information you have provided is complete and correct. Providing deliberate or willful misleading statements with the intent to gain access is a violation of Federal Regulations. Any misrepresentation, deliberate misstatement, falsification or willful omission may constitute cause for denial or revocation of unescorted access authorization. Failure to report and list reasons for any previous revocation or denial of unescorted access to a NPP or other entity subject to either the NRC access authorization or FFD regulation may be sufficient cause for denial or revocation of unescorted access authorization or security clearance. If such an instance is detected, the plant is required to advise the NRC. The NRC may investigate you and, if appropriate, criminal and civil sanctions may be imposed against you if deemed material by the NRC. When such instances have previously occurred, the result has been a lengthy (five-year) or permanent exclusion from work at nuclear power plants in the United States.

The facts concerning your criminal history or fitness-for-duty record may be subject to interpretation due to varying categorizations of similar offenses between States. It is therefore required that you disclose all information that has any potential for being considered as derogatory to minimize the likelihood of discrepancies between the information you provided and that obtained from other sources. All information requested is needed for the purpose established by NRC regulation. Results of the investigation will be available as specified in your signed Consent form, to entities authorized by the NRC pursuant to unescorted access authorization programs. In some of the sections of the PHQ you are required to provide your personal information; in other sections you will be required to acknowledge that you understand certain on-going requirements or personal responsibilities. The information requested may include any or all of the following topics: verification of identify, self-disclosure data, employment/unemployment history (including military service and/or education in lieu of employment), criminal history, credit history, character references, residences, and fitness-for-duty history. When not in use, your written information is stored in a secure environment, which may include being electronically placed in a secure database, to prevent unauthorized disclosure of personal information.

**INSTRUCTIONS FOR COMPLETING THIS INITIAL PERSONAL HISTORY QUESTIONNAIRE:**

Unless otherwise instructed, you are required to complete all portions of this PHQ to be considered for unescorted access authorization and/or unescorted access (UAA/UA) at a nuclear power plant. Please print (use ink) the specific answers to all questions and requests for information. Line out and initial any mistakes. Write "None" or "N/A" when the question is not applicable. Enter all **dates in the format: month, day and year (MM/DD/YY)**. Attach additional pages of the PHQ if the length of an explanation exceeds the space provided. After completing, review the questionnaire to ensure there are no omissions and print your name and social security number on each page. When asked **Yes or No circle** the applicable response or check the appropriate box. **Please do not abbreviate.**

I have read and understand the instructions above and on the previous page for completing this PHQ \_\_\_\_\_

*Initials*

Have you ever applied for or been granted UAA/UA at a NPP? NO \_\_\_ YES \_\_\_ @ \_\_\_\_\_

If YES, last UAA/UA was terminated favorable / unfavorable on \_\_\_\_\_ (Plant Name)  
(Circle one) (date)

**SECTION I—PERSONAL DATA**

Print Full

**LEGAL NAME:** \_\_\_\_\_

*First Middle Last (include Sr., Jr., III, etc...as applicable)*

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ If you don't have SSN, provide alternate \_\_\_\_\_

**Former** (e.g. Passport Number)

**Maiden Name:** \_\_\_\_\_ **Married Names:** \_\_\_\_\_

*Name (Dates used) (Name) (Dates used)*

**Other Names :** \_\_\_\_\_  
*include all (nicknames and aliases) (Dates Used) (nicknames and aliases) (Dates Used)*

**Height:** \_\_\_' \_\_\_" **Weight:** \_\_\_\_\_ lbs **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** M / F  
*(Please DO NOT abbreviate eye color, hair color or race)*

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Place of Birth:** \_\_\_\_\_  
*(MM/DD/YY) (City) (State) (Country)*

**US Citizen?** YES NO If no, \_\_\_\_\_  
*Country of Citizenship (Passport issued by) Date entered US*

IF you were **NOT** born in the US, complete the appropriate line below and provide a copy of your document:

Port of Entry \_\_\_\_\_ Name at time of Entry (if different) \_\_\_\_\_

\_\_\_\_\_  
*(Circle One) Alien registration number / I-94 / Work Visa Expiration Naturalization Number*

**Permanent Address** \_\_\_\_\_  
*Number - Street - Apartment No. (NO P.O. Boxes) City State Zip code*

**Mailing address:** \_\_\_\_\_  
*(if different from above)*

**Contact Info:** \_\_\_\_\_  
*Phone number - permanent Daytime / work phone number Cell phone / pager number E-mail address*

**Driver's License:** \_\_\_\_\_  
*(US Drivers License Number (State of issue) (Expiration MM/DD/YY)*

If NO License, or currently invalid, explain: \_\_\_\_\_

**Marital Status:** \_\_\_\_\_  
*(Name of Spouse) (Spouse's cell phone)*

**Closest relative not living with you:** \_\_\_\_\_  
*(Name) Relationship (Best Contact Number)*

SECTION I—PERSONAL DATA (Cont'd.)

RESIDENCE HISTORY

List all residences of GREATER THAN 30 DAYS where you have lived in the past SEVEN (7) Years

**Your Current residence:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: **PRESENT**

\_\_\_\_\_  
*Number – Street – Apartment No. (NO P.O. Boxes) City State Zip code*

**Your next most recent residence:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Number – Street – Apartment No. (NO P.O. Boxes) City State Zip code*

**Your next most recent residence:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Number – Street – Apartment No. (NO P.O. Boxes) City State Zip code*

**Your next most recent residence:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Number – Street – Apartment No. (NO P.O. Boxes) City State Zip code*

**Your next most recent residence:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Number – Street – Apartment No. (NO P.O. Boxes) City State Zip code*

**Your next most recent residence:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Number – Street – Apartment No. (NO P.O. Boxes) City State Zip code*

**Your next most recent residence:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Number – Street – Apartment No. (NO P.O. Boxes) City State Zip code*

**Your next most recent residence:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Number – Street – Apartment No. (NO P.O. Boxes) City State Zip code*

**Your next most recent residence:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Number – Street – Apartment No. (NO P.O. Boxes) City State Zip code*

Attach additional PHQ pg 2 (of 11) as necessary. Label as 2a, 2b, 2c, etc..

\_\_\_\_\_  
**Printed Last Name**

         -       - \_\_\_\_\_  
**Social Security Number (Last 4 #'s)**

## SECTION II—PERSONAL REFERENCES

List three persons who are available for immediate contact. **PERSONAL REFERENCES CANNOT BE RELATED TO YOU AND CANNOT BE LIVING WITH YOU OR EACH OTHER.** They may be friends, neighbors, or others with whom you have **frequent** personal contact. List telephone numbers where each reference can be contacted during business hours.

**1.**

\_\_\_\_\_  
Name Known since

\_\_\_\_\_  
Home Address (Physical) Number-Street- Apartment No. City State Zip code

\_\_\_\_\_  
Daytime phone number (work) Evening phone number Cell Phone number

**2.**

\_\_\_\_\_  
Name Known since

\_\_\_\_\_  
Home Address (Physical) Number-Street- Apartment No. City State Zip code

\_\_\_\_\_  
Daytime phone number (work) Evening phone number Cell Phone number

**3.**

\_\_\_\_\_  
Name Known since

\_\_\_\_\_  
Home Address (Physical) Number-Street- Apartment No. City State Zip code

\_\_\_\_\_  
Daytime phone number (work) Evening phone number Cell Phone number

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## SECTION III—EMPLOYED/UNEMPLOYED HISTORY

**In the past three (3) years, have you been fired, involuntarily terminated, or forced to leave any job or position, except as part of a reduction in force?**  \*YES  NO

If Yes\*, explain the circumstances and reason for leaving in the appropriate employment block on pgs 4-6 to follow.

**Union Affiliation (If applicable): Name:** \_\_\_\_\_ **Local:** \_\_\_\_\_

\_\_\_\_\_  
Business agent name Telephone number

\_\_\_\_\_  
Printed Last Name

\_\_\_\_\_  
Social Security Number (Last 4 #'s)

**SECTION III—EMPLOYMENT/UNEMPLOYMENT HISTORY (Cont'd.)**

Starting with your current or most recent employment or unemployed period (NOT WORKING) working back in time, list ALL periods of employment/unemployment (including any part time and/or overlapping jobs). **Do not leave any gaps (regardless of length – ALL time frames MUST be covered).** List self-employment and any employment in a foreign country. List full company name (avoid abbreviations). Job sites must be listed for each employer. If a former employer is no longer in business OR if you were self-employed, provide the name of someone {not related to you} who can verify that information (e.g., former supervisor, co-worker, customer, client, neighbor, etc.). Do not list union local as your employer, unless you are a business agent. Do not list an unemployment office.

**Start with today's activities and work back 3 years or since your 18<sup>th</sup> Birthday, whichever is shorter. However, if you answer "YES" to any Self Disclosure Question (pg 10), please extend your employment/unemployment history back 5 years, or to your 18<sup>th</sup> Birthday, whichever is shorter. Use pages 4-6 and attach additional PHQ Pg. 5 (of 11) as necessary. Label these 5a, 5b, 5c, etc.**

<b>UNEMPLOYED:</b> From: ____ / ____ / ____ To: ____ / ____ / ____ (today's date)			
<i>(not working)</i>			
Activities during this period: _____			
_____ <i>Name of person who can verify activities</i>	_____ <i>Work phone number</i>	_____ <i>Home Phone Number</i>	_____ <i>Cell phone number</i>
_____ <i>Name of person who can verify activities</i>	_____ <i>Work phone number</i>	_____ <i>Home Phone Number</i>	_____ <i>Cell phone number</i>

<b>EMPLOYMENT:</b> From: ____ / ____ / ____ To: ____ / ____ / ____			
_____ <i>Name of employer</i>		_____ <i>Main office telephone number</i>	
_____ <i>Address – Main Office</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip code</i>
_____ <i>Position held / Job title</i>		_____ <i>Site or Job location</i>	
_____ <i>Supervisor or Contact Name</i>		_____ <i>Telephone number</i>	
Reason for leaving: ___ Voluntary Quit ___ RIF/Layoff ___ Seasonal ___ Involuntary/Terminated/Other, then explain: _____			
Eligible for Rehire: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, then explain _____			
If <b>self-employed</b> or <b>employer out of business</b> (circle one), provide a reference:			
_____ <i>Name of non-related person who can verify activities</i>	_____ <i>Work phone</i>	_____ <i>Home phone</i>	_____ <i>Cell phone</i>

**\*\* If Current, when can we contact your employer? \_\_\_\_\_**

<b>UNEMPLOYED:</b> From: ____ / ____ / ____ To: ____ / ____ / ____			
<i>(not working)</i>			
Activities during this period: _____			
_____ <i>Name of person who can verify activities</i>	_____ <i>Work phone number</i>	_____ <i>Home Phone Number</i>	_____ <i>Cell phone number</i>
_____ <i>Name of person who can verify activities</i>	_____ <i>Work phone number</i>	_____ <i>Home Phone Number</i>	_____ <i>Cell phone number</i>

\_\_\_\_\_  
**Printed Last Name**

X X X - X X - \_\_\_\_  
**Social Security Number (Last 4 #'s)**

**SECTION III—EMPLOYMENT/UNEMPLOYMENT HISTORY (Cont'd.)**

**EMPLOYMENT:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Name of employer* \_\_\_\_\_  
*Main office telephone number*

\_\_\_\_\_  
*Address – Main Office* \_\_\_\_\_  
*City* \_\_\_\_\_  
*State* \_\_\_\_\_  
*Zip code*

\_\_\_\_\_  
*Position held / Job title* \_\_\_\_\_  
*Site or Job location*

\_\_\_\_\_  
*Supervisor or Contact Name* \_\_\_\_\_  
*Telephone number*

**Reason for leaving:** \_\_\_\_ **Voluntary Quit** \_\_\_\_ **RIF/Layoff** \_\_\_\_ **Seasonal**  
 \_\_\_\_ **Involuntary/Terminated/Other, then explain:** \_\_\_\_\_

Eligible for Rehire:  **YES**  **NO** If NO, then explain \_\_\_\_\_

If **self-employed** or **employer out of business** (circle one), provide a reference:  
 \_\_\_\_\_

\_\_\_\_\_  
*Name of non-related person who can verify activities* \_\_\_\_\_  
*Work phone* \_\_\_\_\_  
*Home phone* \_\_\_\_\_  
*Cell phone*

**UNEMPLOYED:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (not working)

**Activities during this period:** \_\_\_\_\_

\_\_\_\_\_  
*Name of person who can verify activities* \_\_\_\_\_  
*Work phone number* \_\_\_\_\_  
*Home Phone Number* \_\_\_\_\_  
*Cell phone number*

\_\_\_\_\_  
*Name of person who can verify activities* \_\_\_\_\_  
*Work phone number* \_\_\_\_\_  
*Home Phone Number* \_\_\_\_\_  
*Cell phone number*

**EMPLOYMENT:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Name of employer* \_\_\_\_\_  
*Main office telephone number*

\_\_\_\_\_  
*Address – Main Office* \_\_\_\_\_  
*City* \_\_\_\_\_  
*State* \_\_\_\_\_  
*Zip code*

\_\_\_\_\_  
*Position held / Job title* \_\_\_\_\_  
*Site or Job location*

\_\_\_\_\_  
*Supervisor or Contact Name* \_\_\_\_\_  
*Telephone number*

**Reason for leaving:** \_\_\_\_ **Voluntary Quit** \_\_\_\_ **RIF/Layoff** \_\_\_\_ **Seasonal**  
 \_\_\_\_ **Involuntary/Terminated/Other, then explain:** \_\_\_\_\_

Eligible for Rehire:  **YES**  **NO** If NO, then explain \_\_\_\_\_

If **self-employed** or **employer out of business** (circle one), provide a reference:  
 \_\_\_\_\_

\_\_\_\_\_  
*Name of non-related person who can verify activities* \_\_\_\_\_  
*Work phone* \_\_\_\_\_  
*Home phone* \_\_\_\_\_  
*Cell phone*

**UNEMPLOYED:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (not working)

**Activities during this period:** \_\_\_\_\_

\_\_\_\_\_  
*Name of person who can verify activities* \_\_\_\_\_  
*Work phone number* \_\_\_\_\_  
*Home Phone Number* \_\_\_\_\_  
*Cell phone number*

\_\_\_\_\_  
*Name of person who can verify activities* \_\_\_\_\_  
*Work phone number* \_\_\_\_\_  
*Home Phone Number* \_\_\_\_\_  
*Cell phone number*

\_\_\_\_\_  
**Printed Last Name**

\_\_\_\_\_  
**Social Security Number (Last 4 #'s)**

**SECTION III—EMPLOYMENT/UNEMPLOYMENT HISTORY (Cont'd.)**

**EMPLOYMENT:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Name of employer* \_\_\_\_\_  
*Main office telephone number*

\_\_\_\_\_  
*Address – Main Office* \_\_\_\_\_  
*City* \_\_\_\_\_  
*State* \_\_\_\_\_  
*Zip code*

\_\_\_\_\_  
*Position held / Job title* \_\_\_\_\_  
*Site or Job location*

\_\_\_\_\_  
*Supervisor or Contact Name* \_\_\_\_\_  
*Telephone number*

**Reason for leaving:** \_\_\_\_ **Voluntary Quit** \_\_\_\_ **RIF/Layoff** \_\_\_\_ **Seasonal**  
 \_\_\_\_ **Involuntary/Terminated/Other, then explain:** \_\_\_\_\_

Eligible for Rehire:  **YES**  **NO** If NO, then explain \_\_\_\_\_

If **self-employed** or **employer out of business** (circle one), provide a reference:

\_\_\_\_\_  
*Name of non-related person who can verify activities* \_\_\_\_\_  
*Work phone* \_\_\_\_\_  
*Home phone* \_\_\_\_\_  
*Cell phone*

**UNEMPLOYED:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (not working)

**Activities during this period:** \_\_\_\_\_

\_\_\_\_\_  
*Name of person who can verify activities* \_\_\_\_\_  
*Work phone number* \_\_\_\_\_  
*Home Phone Number* \_\_\_\_\_  
*Cell phone number*

\_\_\_\_\_  
*Name of person who can verify activities* \_\_\_\_\_  
*Work phone number* \_\_\_\_\_  
*Home Phone Number* \_\_\_\_\_  
*Cell phone number*

**EMPLOYMENT:** From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Name of employer* \_\_\_\_\_  
*Main office telephone number*

\_\_\_\_\_  
*Address – Main Office* \_\_\_\_\_  
*City* \_\_\_\_\_  
*State* \_\_\_\_\_  
*Zip code*

\_\_\_\_\_  
*Position held / Job title* \_\_\_\_\_  
*Site or Job location*

\_\_\_\_\_  
*Supervisor or Contact Name* \_\_\_\_\_  
*Telephone number*

**Reason for leaving:** \_\_\_\_ **Voluntary Quit** \_\_\_\_ **RIF/Layoff** \_\_\_\_ **Seasonal**  
 \_\_\_\_ **Involuntary/Terminated/Other, then explain:** \_\_\_\_\_

Eligible for Rehire:  **YES**  **NO** If NO, then explain \_\_\_\_\_

If **self-employed** or **employer out of business** (circle one), provide a reference:

\_\_\_\_\_  
*Name of non-related person who can verify activities* \_\_\_\_\_  
*Work phone* \_\_\_\_\_  
*Home phone* \_\_\_\_\_  
*Cell phone*

**Attach additional PHQ Pg 5 (of 11) as necessary. Label these 5a, 5b, 5c, etc.**

**Comments concerning employment/unemployment periods:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Printed Last Name**

\_\_\_\_\_  
**Social Security Number (Last 4 #'s)**

**SECTION IV—EDUCATION IN PLACE OF EMPLOYMENT**

**In the past 5 years (or your 18<sup>th</sup> Birthday, whichever is shorter), were you enrolled with Education as your primary activity (in place of employment)? (Don't forget to list any HS during age 18)**

\*YES    NO

\*If YES, Complete this section for each period of enrollment/attendance.

- each individual semester should be listed as separate enrollment/attendance dates (Semester Breakdown)
- any Semester Breaks (between semesters) should be covered within the Employment / Unemployment section.

<b>Attended:</b>	<b>Breakdown of Individual Semesters</b>
_____	From: ____ / ____ / ____ To: ____ / ____ / ____
_____	From: ____ / ____ / ____ To: ____ / ____ / ____
<i>Name of educational institution</i>	From: ____ / ____ / ____ To: ____ / ____ / ____
_____	From: ____ / ____ / ____ To: ____ / ____ / ____
_____	_____
<i>Address of educational institution</i>	<i>City</i> <i>State</i> <i>Zip Code</i> <i>Phone # of educational institution</i>
_____	_____
<i>Degree</i>	<i>Major / Field of study</i>
_____	_____
<i>Date Obtained</i>	
<b>Were you the subject of any disciplinary action at this educational institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, provide details: _____	
<b>Did you graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, provide reason for leaving: _____	

<b>Attended:</b>	<b>Breakdown of Individual Semesters</b>
_____	From: ____ / ____ / ____ To: ____ / ____ / ____
_____	From: ____ / ____ / ____ To: ____ / ____ / ____
<i>Name of educational institution</i>	From: ____ / ____ / ____ To: ____ / ____ / ____
_____	From: ____ / ____ / ____ To: ____ / ____ / ____
_____	_____
<i>Address of educational institution</i>	<i>City</i> <i>State</i> <i>Zip Code</i> <i>Phone # of educational institution</i>
_____	_____
<i>Degree</i>	<i>Major / Field of study</i>
_____	_____
<i>Date Obtained</i>	
<b>Were you the subject of any disciplinary action at this educational institution?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, provide details: _____	
<b>Did you graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, provide reason for leaving: _____	

Attach additional PHQ pg. 7 (of 11) if needed. Label them 7a, 7b, etc.

*(NOTE: Be prepared to provide a copy of your Official educational institution transcript)*

\_\_\_\_\_  
**Printed Last Name**

X X X - X X - \_\_\_\_\_  
**Social Security Number (Last 4 #'s)**

**SECTION V —ACTIVE MILITARY SERVICE AS EMPLOYMENT**  
(Past 3 years or since your 18<sup>th</sup> Birthday, whichever is shorter)

Did you serve in the military—as your primary job? \*YES  NO

\*If Yes, complete this section for each period of service. (Add additional PHQ pg. 8 of 11 as needed)

Service period: From: \_\_\_ / \_\_\_ / \_\_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_\_

Country served: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Service: (Circle one) **Active duty** or National Guard / Reserves: **ON active duty**

Reason for Discharge: \_\_\_\_\_

Character of Service:  Honorable  Other, explain \_\_\_\_\_

\_\_\_\_\_  
*Name of Supervisor or Commander Telephone number*

\_\_\_\_\_  
*Last Command / Duty Station / Base / Unit Telephone number*

\_\_\_\_\_  
*Address of Duty Station / Base / Unit City State Zip code*

\_\_\_\_\_  
*Grade / Rank at discharge Job location (If different than address listed above)*

**Do you have the undeleted DD Form 214 you received on discharge?**

- YES** - send an undeleted copy with this PHQ and bring the Original DD Form 214 to site for authentication.
- NO** - request an undeleted copy from the NPRC. (Contact Bartlett for complete instructions)

**SECTION VI—CREDIT HISTORY**

**Make sure you sign Attachment B - Credit Authorization**

1) **In the past 7 years**, have you had any of the following credit situations: *(check all that apply and provide an explanation below)*

- Late Payments
- Delinquent accounts
- Collection/Charge Off accounts
- Tax Liens
- Financial Judgments
- Bankruptcies
- Other financial difficulties
- NONE

Explanation: \_\_\_\_\_

**If you have a credit history documented in a national credit bureau file, then consider this section completed and go to Section VII.** Your credit will be checked through the national credit agencies. **Please remove any current credit freeze.**

2) **If you do NOT have an established credit history** (e.g., loans, credit cards, etc.), **list two sources of credit** (e.g., landlords, car insurance agents, local gas stations or any personal sources of credit). Explain why you have no credit history and any problems you have experienced with any creditor during the past seven years in the space above.

**1. Credit Reference:** From: \_\_\_ / \_\_\_ / \_\_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_\_ Credit Type: \_\_\_\_\_

\_\_\_\_\_  
*Name of creditor (i.e. insurance agent) Telephone number Account/policy number (optional)*

\_\_\_\_\_  
*Address of creditor City State Zip code*

**2. Credit Reference:** From: \_\_\_ / \_\_\_ / \_\_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_\_ Credit Type: \_\_\_\_\_

\_\_\_\_\_  
*Name of creditor (i.e. insurance agent) Telephone number Account/policy number (optional)*

\_\_\_\_\_  
*Address of creditor City State Zip code*

\_\_\_\_\_  
**Printed Last Name** X X X - X X - \_\_\_\_\_  
**Social Security Number (Last 4 #'s)**

**SECTION VII—LEGAL ACTIONS**

**CAUTION: Providing false or deliberately misleading statements or omission of facts may be sufficient grounds for denial of unescorted access.**

**List all legal actions since your 18<sup>th</sup> 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) but need not include minor misdemeanors such as parking ticket 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, but you must include any alcohol/drug related traffic offenses)

**Since your 18<sup>th</sup> BIRTHDAY**

**Have you:**

**(Circle One)**

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?	<b>Yes</b>	<b>No</b>
2. Been charged, arrested or convicted of an alcohol or a controlled substance related offense, which includes driving under the influence or while intoxicated (DUI / DWI), or have such a case pending?	<b>Yes</b>	<b>No</b>
3. Been charged, arrested or convicted of an infraction of the law for which you were fined more than \$500?	<b>Yes</b>	<b>No</b>
4. Failed to appear in court for any offense(s)?	<b>Yes</b>	<b>No</b>
5. Are you currently under indictment, on probation, parole, work release, or subject to any other control of a court?	<b>Yes</b>	<b>No</b>

If you answered **Yes** to any question, explain **all** occurrences and **details** in the space provided below.

1. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Felony / Misdemeanor / Traffic  
*Original Legal Action Date City, State (circle one)*  
 Court & Location: \_\_\_\_\_  
**Court Name Address - City, State Telephone #**  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Disposition Date Disposition Details (e.g. details of reduced charges, fines paid, classes attended, probation, jail time , etc...)*

2. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Felony / Misdemeanor / Traffic  
*Original Legal Action Date City, State (circle one)*  
 Court & Location: \_\_\_\_\_  
**Court Name Address - City, State Telephone #**  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Disposition Date Disposition Details (e.g. details of reduced charges, fines paid, classes attended, probation, jail time , etc...)*

3. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Felony / Misdemeanor / Traffic  
*Original Legal Action Date City, State (circle one)*  
 Court & Location: \_\_\_\_\_  
**Court Name Address - City, State Telephone #**  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Disposition Date Disposition Details (e.g. details of reduced charges, fines paid, classes attended, probation, jail time , etc...)*

**If more space is required, attach additional PHQ Pg. 9 (of 11) labeled 9a, 9b, etc. and continue documenting as necessary.**

\_\_\_\_\_  
**Printed Last Name**

       -      - \_\_\_\_\_  
**Social Security Number (Last 4 #'s)**

**SECTION VIII —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 (herein known as FFD) concerns that must be explored and evaluated prior to granting unescorted access authorization.

Answer each question by circling either **Yes** or **No** as it pertains to you. For each **Yes** answer you **MUST** provide the reason for an unfavorable termination or denial of authorization. Provide details of all relevant information including, but not limited to date, name and location of the employer or potential employer involved (to whom you applied for employment), nature of the violation, any hearing, penalty imposed or other disposition.

**WITHIN THE PREVIOUS FIVE (5) YEARS OR SINCE YOUR 18<sup>th</sup> BIRTHDAY WHICH EVER PERIOD IS SHORTER.**

**Have you:** **(Circle One)**

1. <i>Violated a licensee or employer's FFD policy?</i>	<i>Yes No</i>
2. <i>Been denied or had unescorted access authorization terminated unfavorably at any place of employment or at any nuclear power plant for any reason including FFD policy violation or been unfavorably terminated from any employment for a FFD reason?</i>	<i>Yes No</i>
3. <i>Used, sold or possessed illegal drugs?</i>	<i>Yes No</i>
4. <i>Abused legal drugs or alcohol?</i>	<i>Yes No</i>
5. <i>Ever subverted or attempted to subvert a drug or alcohol testing program?</i>	<i>Yes No</i>
6. <i>Refused to take a drug or alcohol test?</i>	<i>Yes No</i>
7. <i>Been subject to a plan (except self-referral) for treating substance abuse?</i>	<i>Yes No</i>
8. <i>Been subject to a law enforcement authority or court of law action for alcohol or drug use related to any of the following:</i>	
<i>(a.) The use, sale or possession of illegal drugs?</i>	<i>Yes No</i>
<i>(b.) The abuse of legal drugs or alcohol?</i>	<i>Yes No</i>
<i>(c.) The refusal to take a drug or alcohol test?</i>	<i>Yes No</i>
9. <i>Been subject to employment action taken for alcohol or drug abuse involving any of the following:</i>	
<i>(a.) A change in job responsibilities or removal from a job?</i>	<i>Yes No</i>
<i>(b.) Mandated implementation of a plan for substance abuse treatment in order to avoid a change in or removal from a job?</i>	<i>Yes No</i>
10. <i>Are you currently in a FFD follow-up testing program?</i>	<i>Yes No</i>

**Explain any "Yes" answers, including the specific type, date, duration, location, reason and resolution:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Applicant's Signature*

\_\_\_\_\_

*Social Security Number*

\_\_\_\_\_

*Applicant's Printed Name*

\_\_\_\_\_

*Date Signed*

**A "YES" answer above requires you to go back and EXTEND your Employment History to 5 years.**

**SECTION IX—ACKNOWLEDGMENT STATEMENT**

I have read, understand and acknowledge the purpose of this Personal History Questionnaire (PHQ) and I have furnished the requested information under the stated conditions.

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 the knowledge that any false or misleading statement or omission of any fact may be sufficient cause for denial of UAA/UA. 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, it is my responsibility, under the Behavioral Observation Program (BOP), to report any legal action to my supervisor in accordance with company procedures, but no later than the beginning of my next scheduled shift. Failure to do so may result in the denial of my UAA/UA and disciplinary action. I must also report any legal actions from the time I complete this PHQ up to and including the time my UAA/UA is terminated. An evaluation will be made regarding the impact of the legal action on my trustworthiness and/or UAA/UA. 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 arrests or convictions in response to the following: (1) The use, sale or possession of illegal drugs; (2) The abuse of legal drugs or alcohol; or (3) The refusal to take a drug or alcohol test.*

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 to be certified UAA or granted UA. This information will be retained for a period of time after the last termination of my UAA/UA.

I have the following additional comments concerning this statement:

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The information I have provided in this PHQ is accurate and correct.

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*Applicant's Signature*

---

*Social Security Number*

---

*Applicant's Printed Name*

---

*Date Signed*



Consent

1. I expressly authorize any individual, organization, entity and/or records custodian to provide information concerning me (verbal or written) to Bartlett Nuclear, Inc (herein known as Bartlett), for the purpose of a background investigation in support of requesting a security clearance at a nuclear facility based upon the requirements of NEI 03-01 and the NRC.
2. I authorize the use of signed copies of this consent to be used in place of an originally signed consent document.
3. Bartlett 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. Retain personal information provided for investigation; and
  - d. Transfer information from other licensees, as necessary, including: (i) information pertaining to the denial of unescorted access authorization (UAA) or unescorted access (UA), or denial of access to a nuclear power plant under construction, to determine whether to grant me unescorted access 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.
4. 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* or separate fitness-for-duty (FFD) authorization 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 for another purpose.
5. I understand that evidence of criminal conduct detected during the conduct of a BI must be reported to the appropriate law enforcement agency.
6. The NRC requires that the information collected be used in determining that an individual is trustworthy, reliable, and fit for duty prior to granting and while maintaining UAA/UA. The results of this determination must be available to other NRC licensed facilities.
7. 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, 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 73.56, *Personnel Access Authorization Requirements for Nuclear Power Plants*, 10 CFR Part 26, *Fitness-for-Duty Program* 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*, 10CFR 73.21, 73.22, or 73.23, *Protection of Safeguards Information*; and
  - d. Failure to report any legal actions (See definition on page 2).
8. I understand that the domestic commercial nuclear industry uses a computerized, restricted-access data system, the Personnel Access Data Systems (PADS), to share information necessary to process applications of workers for UAA/UA 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 contractor/vendor (herein known as C/V) to meet regulatory requirements mandating that certain information be available to any facility licensee be retaining certain access information in a central computer database.
9. I understand that the information may be transferred, electronically or otherwise, to other licensees and C/V 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. FBI criminal history;
  - e. Dates when UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information has been authorized or terminated;
  - f. Date of any denial of UAA/UA and the company holding the relevant information;
  - g. Dates associated with FFD testing, (pre-access, post-event, for cause and follow-up) and treatment;
  - h. Annual radiation exposure history;
  - i. Respiratory equipment qualification/fit testing;
  - j. Medical qualification for respirator use;
  - k. Data concerning training required for UAA/UA, access to a nuclear power plant construction site, access to Safeguards Information and work qualification; and
  - l. Direction to seek additional information directly from another licensee.
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 the above paragraph), 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, 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, 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 C/V's. I authorize such licensees and C/V's to use the database information for the purpose of determining my eligibility for UAA/UA, for access to a nuclear power plant construction site, 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 C/V's 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:



Attachment A

- a. Myself or my representative, when I have designated the representative in writing for specified UAA/UA and/or FFD matters;
  - b. Assigned Medical Review Officers (MRO's) and MRO staff;
  - c. NRC representatives;
  - d. Appropriate law enforcement officials under court order;
  - e. A licensee, C/V or their agents who have a need to have access to the information to perform their assigned duties under the UAA/UA and/or FFD program, 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, 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.
14. All documents pertaining to a 5 year or permanent denial of UAA/UA required by 10 CFR Part 26 will be retained by a licensee making the denial or unfavorable termination of UAA/UA 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 the Bartlett office location of 60 Industrial Park Road, Plymouth, MA or 7633 East 63<sup>rd</sup> Place Suite 400, Tulsa, OK, unless the records have been provided to the licensee. Record location shall be furnished upon request.
17. I understand that I have a right to review information collected and maintained by Bartlett to assure it is accurate and complete and to correct any inaccurate or incomplete information, in person at the Bartlett office maintaining my records, or per licensee procedures should the records be located with the licensee.
18. I understand that, upon my written request to Bartlett, 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 database (PADS) . 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.
19. I understand that at any time and upon written notice to Bartlett, I may withdraw this Consent, but this will also constitute a withdrawal of my request for access. 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.
20. I hereby release Bartlett, 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, and/or access to Safeguards Information.
21. I understand that this Consent is not intended to and does not affect any right or responsibility that I, my employer (if other than Bartlett), or Bartlett 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 other than Bartlett), Bartlett, or the NRC; or (2) prohibits me from participating in any proceeding or investigation regarding such a potential safety concern.
22. I understand that if I am certified UAA or granted UA, it is my responsibility, under the Behavioral Observation Program (BOP), to report any legal actions to my supervisor in accordance with company procedures, but no later than the beginning of my next scheduled shift. Failure to do so may result in the denial of my UAA/UA and disciplinary action. I must also report any legal actions from the time I complete my PHQ up to and including the time my UA/UAA is terminated. An evaluation will be made regarding the impact of the legal action on my trustworthiness and/or UAA/UA. 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 arrests or convictions in response to the following: (1) The use, sale or possession of illegal drugs; (2) The abuse of legal drugs or alcohol; or (3) The refusal to take a drug or alcohol test.*
23. I have read and understand this 2 page Consent and authorize Bartlett to take such actions as are described herein or specified by PADS procedures. While I understand that UAA/UA, access to a nuclear power plant construction site and/or access to Safeguards Information is dependant upon my accepting the regulatory requirements of this program, 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 subject to any threat, duress or coercion to sign this consent.

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

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Date Signed**

**Attachment B**

**FAIR CREDIT REPORTING ACT**  
**DISCLOSURE AND AUTHORIZATION STATEMENT**

For the purpose of evaluating my application for or maintenance of, nuclear power plant access authorization, I understand Bartlett 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 Bartlett, 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 Bartlett to obtain a consumer or investigative consumer report on me as part of Bartlett's screening process for access authorization. During the period in which I retain access authorization, I further authorize Bartlett 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 Bartlett has provided me with a summary of my rights under the Federal Fair Credit Reporting Act (attached copy prepared by the Federal Trade Commission).

**I have read and understand this Consent and authorize Bartlett to take such actions as are described herein.**

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

\_\_\_\_\_  
*Social Security No.*

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Date Signed*

## Attachment B

### SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

1. **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.
2. **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. A person has taken adverse action against you because of information in your credit report;
  - b. You are the victim of identity theft and place a fraud alert in your file;
  - c. Your file contains inaccurate information as a result of fraud;
  - d. You are on public assistance;
  - e. You are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
3. **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.
4. **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
5. **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.
6. **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.

## Attachment B

7. **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.
8. **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
9. **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).
10. **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.
11. **Identity theft victims and active duty military personnel have additional rights.** For more information, [visit www.ftc.gov/credit](http://www.ftc.gov/credit).

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

Type of Business:	Contact:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) PO Box 1200 Minneapolis, MN 55480 Web: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> E-Mail: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a> * 888-851-1920
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 * 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 * 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 * 202-720-7051