

	PSEG NUCLEAR INITIAL	
NAME: _____		

**INITIAL AUTHORIZATION
(HAS NEVER HELD UNESCORTED ACCESS OR HAS BEEN GREATER THAN 3 YEARS)
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

All information provided will be treated as PERSONAL-CONFIDENTIAL and observed only by persons with an authorized NEED-TO-KNOW.

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 (UAA), unescorted access (UA) and/or safeguards information access 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 to any NPP 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 UAA/UA and/or access to safeguards information. Failure to report and list reasons for any previous suspension, revocation or denial of UAA/UA and/or safeguards information access at a NPP or other entity subject to either the NRC access authorization, FFD or Safeguards Information regulations may be sufficient cause for denial or revocation of UAA/UA and/or safeguards information access. 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 UAA/UA, FFD and Safeguards Information regulations. 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.

The licensee requesting the completion of this document may require your Social Security Number (SSN), the last 4 digits of your SSN and/or provide you with a protected unique identification number or password linked to you for use on this form. The NRC requires the verification of true identify and you will be required to disclose your SSN that will be maintained for the same period as your personal information contained on this PHQ.

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

INSTRUCTIONS FOR THE COMPLETION OF THE 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 (NPP). Please type or print (use black 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. Some questions are followed by requests for additional data. Enter all **dates in the format two digit month, two digit day and four-digit year (MM/DD/YYYY)**. If additional space is needed, use the appropriate Extra Sheet found at the end of the PHQ. After completing, review the questionnaire to ensure there are no omissions and your printed last name and last four (4) of your social security number are included on each page—**number each page sequentially**. When asked **Yes** or **No**, **circle** the applicable response.

I have read and understand the instructions for filling out this PHQ _____
Initial *Date*

1. Have you ever applied for or been granted **UAA/UA** at a nuclear power plant? **Yes No**

If **Yes**, my last UAA/UA was terminated **Favorable** or **Unfavorable** (*Circle one*)
at _____ on: ____ / ____ / ____
Plant Name *Date*

2. Have you ever applied for or been granted access to a NPP under construction? **Yes No**

If **Yes**, my last period of access was terminated **Favorable** or **Unfavorable** (*Circle one*)
at _____ on: ____ / ____ / ____
Plant Name *Date*

3. Have you ever applied for or been granted access to **Safeguards Information** at a NPP or a NPP under construction? **Yes No**

If **Yes**, my last period of Safeguards Information Access was terminated **Favorable** or **Unfavorable** (*Circle one*)
at _____ on: ____ / ____ / ____
Plant Name *Date*

SECTION I—PERSONAL DATA

Provide personal information in blanks FOR THE PAST FIVE (5) YEARS OR SINCE YOUR 18TH BIRTHDAY, whichever period is shorter. Ensure that the telephone number you provide is current in the event you need to be contacted for clarification or for additional information, if necessary.

Last name *First name* *Middle name* *US SSN (Social Security)*

Other Names: _____
Maiden name, aliases, nicknames and when used *Other Unique ID Number*

Date of Birth: ____ / ____ / ____ **Country of citizenship:** _____

Place of Birth: _____
City *State if US* *Country*

If you were NOT born in the United States, provide the applicable information specified below:	
Date and Port of Entry into US: ____ / ____ / ____	_____
<i>Date of Entry</i>	<i>Port of Entry</i>
_____	_____
<i>Naturalization number</i>	<i>Alien registration number</i>
_____	____ / ____ / ____
<i>Visa Type</i>	<i>Visa Number</i> <i>Expiration Date</i>
If you do not have a US SSN provide alternate valid (not expired) government issued identification:	
_____	_____
<i>Identification number/Type</i>	<i>Source (e.g., passport)</i>

Personal Description:

Height (ft. /inch) *Weight (lbs)* *Eye color* *Hair color* *Sex: M / F* *Race*

US Driver's License Information:

Driver license number *State* ____ / ____ / ____
Expiration date

If no license, explain: _____

Permanent address:

From: ____ / ____ / ____ To: Present

Number – Street – Apartment No. *City* *State* *Zip code*

Telephone number for permanent address

To assist in contacting you if additional information is needed, provide as available:

Daytime local telephone number *Cell phone number/pager* *E-mail address*

SECTION I—PERSONAL DATA—RESIDENCES

List all residences of **greater than 30 days** where you have lived **WITHIN THE PAST SEVEN YEARS.**

Use continuation pages as necessary.

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

If additional space is needed, please use the Residence History Extra Sheet.

SECTION I—PERSONAL DATA—FOREIGN TRAVEL

In the past **five (5) years** or since your **18th Birthday**, whichever period is shorter, have you traveled to any foreign country? (Circle One) **Yes No**

Note: 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: _____

Travel Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ___ To: ___ / ___ / ___

Purpose of Travel: _____

If additional space is needed, please use the Foreign Travel Extra Sheet.

SECTION II—PERSONAL REFERENCES

List three persons who are available for immediate contact and who can comment on your character and reputation and who have had recent (within the past 6 months) contact with you. **References cannot be related to you and cannot be living in your household.** They may be friends, neighbors, or others with whom you have frequent personal and/or business relationships. Provide home addresses (**actual street addresses**), not post office box numbers.

List telephone numbers where each reference can be contacted.

1.

_____ / ____ / _____
Name Known since

_____ / _____ / _____ / _____
Home Address Number – Street – Apartment No. City State Zip code

_____ / _____
Daytime telephone number Evening telephone

2.

_____ / ____ / _____
Name Known since

_____ / _____ / _____ / _____
Home Address Number – Street – Apartment No. City: State: Zip code:

_____ / _____
Daytime telephone number Evening telephone

3.

_____ / ____ / _____
Name Known since

_____ / _____ / _____ / _____
Home Address Number – Street – Apartment No. City: State: Zip code:

_____ / _____
Daytime telephone number Evening telephone

SECTION III—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 or granting UA and/or granting safeguards information access.

Answer each question by circling 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. 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.

Since your 18th BIRTHDAY:

1. Has your nuclear power plant access authorization ever been denied or terminated unfavorably for a first violation of an FFD policy involving a confirmed positive drug or alcohol test result OR has your authorization ever been denied for five years under 10 CFR 26.	Yes No
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In the past 5 years or since your 18th BIRTHDAY, whichever period is shorter, have you:

2. violated a licensee or employer's fitness-for-duty policy?	Yes No
3. 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 fitness-for-duty reason?	Yes No
4. used, sold or possessed illegal drugs(Including controlled substances determined to be illegal under federal law, such as marijuana, but deemed legal under a state law)?	Yes No
5. have you abused legal drugs or alcohol?	Yes No
6. have you ever subverted or attempted to subvert a drug or alcohol testing program?	Yes No
7. refused to take a drug or alcohol test?	Yes No
8. been subject to a plan (except self-referral) for treating substance abuse?	Yes No
9. 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 a state law)? b. The abuse of legal drugs or alcohol? c. The refusal to take a drug or alcohol test?	a. Yes No b. Yes No c. Yes No
10. 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? b. Mandated implementation of a plan for substance abuse treatment in order to avoid a change in or removal from a job?	a. Yes No b. Yes No
11. Are you currently in a fitness-for-duty follow-up testing program?	Yes No

Explain any **Yes** answers, including date(s), location(s), and description of incident(s):

SECTION IV—EMPLOYMENT/UNEMPLOYMENT HISTORY

Provide employment or unemployment information for the **PAST THREE (3) YEARS (5 years if PDI FFD)** or since your **18th BIRTHDAY, whichever is shorter.** Use Extra Sheets as needed.

Start with your current or most recent employment or unemployment period and work back in time. **Do not leave any gaps.** 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 you worked multiple job sites while employed by a single employer, list them on Extra Sheet-PHQ Continuation Sheet. If a former employer is no longer in business or if you were self-employed, then provide the names of two people who can verify that information (e.g., former supervisor, co-worker, customer, client, neighbor, etc.). If you were unemployed, provide the names of two people who physically interacted with you during that period and can verify your activities. Do not list union local unless you are a business agent. Do not list an unemployment office.

Note: If you held a contract with the licensee or other company, report the contract period as employment and list the contract administrator in the "Contact" field.

Did you serve in the **Military—as employment** during the **past three (3) years?** Yes No

Did you attend an **Educational Institution in lieu of employment** during the **past five (5) years?** Yes No

If **Yes** to either question, fill in the Military and/or Education part of this section and only include other employment/unemployment periods here.

Union Affiliation (If applicable): Name: _____ Local: _____

Business agent name Telephone number

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 three (3) years? Yes No

If **Yes**, explain the circumstances and reason for leaving in the appropriate employment period below.

EMPLOYMENT (Latest/Current): From: ___ / ___ / ___ To: ___ / ___ / ___

Name of employer

Address City State Zip code

Position held / Job title Job location (If different than address listed above)

Contact Name Telephone number

Reason for Termination: _____ **Eligible for Rehire:** Yes No

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

Name of person who can verify employment Telephone number

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

UNEMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who saw you during this time *Telephone number*

Name of person who saw you during this time *Telephone number*

EMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of employer

Address *City* *State* *Zip code*

Position held / Job title *Job location (If different than address listed above)*

Contact Name *Telephone number*

Reason for Termination: _____ **Eligible for Rehire:** **Yes** **No**

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

Name of person who can verify employment *Telephone number*

UNEMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who saw you during this time *Telephone number*

Name of person who saw you during this time *Telephone number*

EMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of employer

Address *City* *State* *Zip code*

Position held / Job title *Job location (If different than address listed above)*

Contact Name *Telephone number*

Reason for Termination: _____ **Eligible for Rehire:** **Yes** **No**

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

Name of person who can verify employment *Telephone number*

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

UNEMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who saw you during this time *Telephone number*

Name of person who saw you during this time *Telephone number*

EMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of employer

Address *City* *State* *Zip code*

Position held / Job title *Job location (If different than address listed above)*

Contact Name *Telephone number*

Reason for Termination: _____ **Eligible for Rehire:** **Yes** **No**

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

Name of person who can verify employment *Telephone number*

UNEMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who saw you during this time *Telephone number*

Name of person who saw you during this time *Telephone number*

EMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of employer

Address *City* *State* *Zip code*

Position held / Job title *Job location (If different than address listed above)*

Contact Name *Telephone number*

Reason for Termination: _____ **Eligible for Rehire:** **Yes** **No**

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

Name of person who can verify employment *Telephone number*

If additional space is needed, please use the Employment/Unemployment History Extra Sheet.

SECTION IV—MILITARY SERVICE AS EMPLOYMENT

In the past 3 years or since your 18th birthday, whichever period is shorter, did you serve in the military as a primary job? **Yes No**

If **Yes**, complete this section for each period of service.

If additional space is needed, please use the Military/Education Extra Sheet.

Do you have the DD Form 214 you received on discharge? **Yes No**

If **Yes**, present the Original DD Form 214 with this PHQ (a copy will be retained and the original returned after authentication).

Service period: From: ___ / ___ / ___ To: ___ / ___ / ___

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

Reason for Discharge: _____

Character of Service: (Circle One) **Honorable** **Other**

If "Other," explain: _____

Country served: _____ Branch: _____

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*

Your Grade or Rank at discharge *Job location (If different than address listed above)*

SECTION IV—EDUCATION IN LIEU OF EMPLOYMENT

(NOTE: You may be required to provide a copy of your official education institution transcript)

In the past five (5) years were you enrolled, with education as your primary activity, in an educational institution in lieu of employment? **Yes No**

If **Yes**, complete this section for each enrollment.

If additional space is needed, please use the Military/Education Extra Sheet.

Attended: _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Name of educational institution

Address of educational institution *City* *State* *Zip code*

Degree *Major / Field of study*

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 for leaving: _____

SECTION V—CREDIT HISTORY

In the past **SEVEN (7) YEARS**, have you had any of the following:

A bankruptcy?	Yes No
A financial judgment against you?	Yes No
A charge off?	Yes No
A tax lien?	Yes No
Other financial difficulties within the past seven (7) years?	Yes No

If **Yes**, explain: _____

If you have a credit history documented in a national credit bureau file, consider this form completed and go on to Section VI. Your credit will be checked through the national credit agencies.

NOTE: 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 you do not have an established credit history (e.g., loans, credit cards, etc.), **list three sources of credit** (e.g., landlords, local gas station, a bank, department store charge account 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—space at the top of this form to be used for explanation.

1. Credit Reference: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of creditor Telephone number

Address of creditor City State Zip code

2. Credit Reference: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of creditor Telephone number

Address of creditor City State Zip code

3. Credit Reference: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of creditor Telephone number

Address of creditor City State Zip code

SECTION VI—LEGAL ACTIONS

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) 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 but you must include any alcohol/drug-related traffic offenses.)

(Circle either **Yes** or **No** in each box)

SINCE YOUR 18TH BIRTHDAY, 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 or a controlled substance related offense, which includes; driving under the influence / while intoxicated (DUI / DWI), or have such a case pending?	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?	Yes No

If you answered **Yes** to any question above, explain all occurrences with specific details in the space provided. Add continuation page(s) as necessary.

If additional space is needed, please use the Legal Actions Extra Sheet.

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

_____ Disposition

Offense

2. Legal Action: ___ / ___ / ___ _____
Date Court or Agency involved and location

_____ Disposition

Offense

SECTION VI—LEGAL ACTIONS (Cont'd.)

3. Legal Action: ___ / ___ / ___ _____
Date Court or Agency involved and location

Offense Disposition

4. Legal Action: ___ / ___ / ___ _____
Date Court or Agency involved and location

Offense Disposition

For each legal action, explain the circumstances surrounding the case:

If additional space is needed, please use the Legal Actions Extra Sheet.

SECTION VI—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.

(Circle either **Yes** or **No**)

Have you ever been issued an NRC Escalated Enforcement Action?

Yes No

If **Yes**, please provide details

SECTION VI—FINGERPRINT INFORMATION FOR FBI CRIMINAL HISTORY

The Nuclear Regulatory Commission regulation (10 CFR § 73.57) which implements Public Law 99-399 "Omnibus Diplomatic Security And Anti-Terrorism Act Of 1986" requires licensees to take the fingerprints of persons seeking unescorted access to nuclear power facilities or access to safeguards information and submit those prints to the FBI (through the NRC), requesting criminal history checks.

In accordance with 28 CFR 16.34, *Procedure to obtain change, correction or updating of identification records*-If, after reviewing your identification record, you believe that it is incorrect or incomplete in any respect and wish changes, corrections or updating of the alleged deficiency, you should make application directly to the agency which contributed the questioned information. You may also direct your challenge as to the accuracy or completeness of any entry on your 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.

Your criminal record or personal information collected and maintained as a result of the fingerprints may not be disclosed to persons other than yourself, your authorized representative, or to those who have a need to know the information in performing assigned duties in the process of granting or denying unescorted access to the nuclear power facility or access to safeguards information. The information obtained from a criminal history record check will be made available to any other NRC licensee pursuant to an access clearance for you at another facility.

In accordance with 28 CFR 16.32, *Procedure to obtain an identification record*, you may obtain a copy thereof by submitting a written request via the U.S. mails directly to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod, D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Such request must be accompanied by satisfactory proof of identity, which shall consist of name, date and place of birth and a set of rolled-inked fingerprint impressions placed upon fingerprint cards or forms commonly utilized for applicant or law enforcement purposes by law enforcement agencies.

Criminal history information obtained through the FBI may also be made available for examination by authorized representatives of the NRC in the course of their duties to determine compliance with regulations and laws. The criminal history record information will be retained as required by regulation after UAA/UA to the nuclear power facility or to safeguards information has been denied or terminated.

I have the following additional comments concerning criminal history: _____

Applicant's Signature

Date

SECTION VII—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 and/or safeguards information access. 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.

To comply with this regulation, you are required to report ANY legal action (except minor traffic and civil offenses), to your supervisor and to Security Access Authorization personnel (located in Processing Center) on your first day back to work following the event.

Individuals who are in the process of obtaining Unescorted Access Authorization are subject to the same reporting requirements.

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 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. An evaluation will be made regarding the impact of the legal action on my 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 an arrest or conviction in response to the following activities: (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.

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

I have the following additional comments concerning this statement:

Failure to report a legal action as required may result in the denial of UAA/UA and disciplinary action.

By my signature below, I certify that I have read this notification and understand my obligation to report legal actions.

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

Applicant's Signature

Social Security No.

Applicant's Printed Full Name

Date

END OF PERSONAL HISTORY QUESTIONNAIRE

SCREENING/PADS CONSENT

1. PSEG 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 biographic identifiers to conduct a check of the criminal history information records contained within the Federal Bureau of Investigation's (FBI's) Integrated Automated Fingerprint Information System (IAFIS).
 - d. Retain personal information provided for investigation; and
 - e. 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 certify UAA or grant UA 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.
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*, 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, 73.23, *Protection of Safeguards Information*, unless I provide a separate release to the licensee 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, 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, 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 Part 26, *Fitness-for-Duty Program*, and/or 10 CFR 73.21, 73.22, 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 Program*, and/or 10 CFR 73.21, 73.22, 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, 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.

Continued on next page

SCREENING/PADS CONSENT Form (Cont.)

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;
 - 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 (pre-access, 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, access to a nuclear power plant construction site, and/or 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 an FBI criminal history record 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, access to a nuclear power plant construction site, and/or access to Safeguards Information.
11. I authorize the entry into the PADS computer database 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 contractors/vendors. I authorize such licensees and contractors/vendors to use the database information for the purpose of determining my eligibility for UAA/UA, access to a nuclear power plant construction site, and/or 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 official duties:
 - a. Myself or my representative, when I have designated the representative in writing for specified UAA/UA, nuclear power plant construction site, safeguards information access and/or FFD matters;
 - b. Assigned Medical Review Officer (MRO's) 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, 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, 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.

Continued on next page

PHQ—Page 19 of 22

Printed Last Name

Last 4 Digits of SSN or Other Unique ID Number

SCREENING/PADS CONSENT Form (Cont.)

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 PSEG.
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 your 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 PSEG to assure it is accurate and complete and to correct any inaccurate or incomplete information.
19. I understand that, upon my written request to PSEG 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. 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 PSEG 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.
21. I hereby release PSEG, 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..
22. I understand that this Consent is not intended to and does not affect any right or responsibility that I, my employer (if not PSEG), or PSEG 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 PSEG), PSEG, 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 PSEG 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 under construction, and/or access to Safeguards Information is dependent 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 subjected to any threat, duress or coercion to sign this Consent.**

Applicant's Printed Name

Last 4 Digits of SSN or Other Unique ID Number

Applicant's Signature

Date

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) 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 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 your supervisor **and** to Security Access Authorization personnel (located in Processing Center) on your **first day** back to work following the event and in writing to the PSEG Reviewing Official no later than 24 hours after initial reporting. Failure to report a legal action as required may result in denial, suspension, revocation, or withdrawal of UAA/UA or FFDA, and disciplinary action up to and including discharge.

Individuals who are in the process of obtaining Unescorted Access Authorization are subject to the same reporting requirements.

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 conviction in response to the following activities:**
 - (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.**
- **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 the use, sale or possession of illegal drugs; abuse of legal drugs or alcohol; or refusal to take a drug or alcohol test.**

Failure to report a legal action as required may result in the denial of UAA/UA and disciplinary action.

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.

Applicant's Signature

Last 4 Digits of SSN or Other Unique ID Number

Applicant's Printed Full Name

Date

Company

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 the Company, PSEG, 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 PSEG, 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 PSEG 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 PSEG 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 PSEG to take such actions as are described herein.

Applicant's Signature

Last 4 Digits of SSN or Other Unique ID Number

Applicant's Printed Full Name

Date Signed

EXTRA SHEET—SECTION I—PERSONAL DATA—RESIDENCES

Your next most recent residence.	From: ___ / ___ / ____	To: ___ / ___ / ____
_____	_____	_____
<i>Number – Street – Apartment No.</i>	<i>City</i>	<i>State</i> <i>Zip code</i>
Your next most recent residence.	From: ___ / ___ / ____	To: ___ / ___ / ____
_____	_____	_____
<i>Number – Street – Apartment No.</i>	<i>City</i>	<i>State</i> <i>Zip code</i>
Your next most recent residence.	From: ___ / ___ / ____	To: ___ / ___ / ____
_____	_____	_____
<i>Number – Street – Apartment No.</i>	<i>City</i>	<i>State</i> <i>Zip code</i>
Your next most recent residence.	From: ___ / ___ / ____	To: ___ / ___ / ____
_____	_____	_____
<i>Number – Street – Apartment No.</i>	<i>City</i>	<i>State</i> <i>Zip code</i>
Your next most recent residence.	From: ___ / ___ / ____	To: ___ / ___ / ____
_____	_____	_____
<i>Number – Street – Apartment No.</i>	<i>City</i>	<i>State</i> <i>Zip code</i>
Your next most recent residence.	From: ___ / ___ / ____	To: ___ / ___ / ____
_____	_____	_____
<i>Number – Street – Apartment No.</i>	<i>City</i>	<i>State</i> <i>Zip code</i>
Your next most recent residence.	From: ___ / ___ / ____	To: ___ / ___ / ____
_____	_____	_____
<i>Number – Street – Apartment No.</i>	<i>City</i>	<i>State</i> <i>Zip code</i>
Your next most recent residence.	From: ___ / ___ / ____	To: ___ / ___ / ____
_____	_____	_____
<i>Number – Street – Apartment No.</i>	<i>City</i>	<i>State</i> <i>Zip code</i>
Your next most recent residence.	From: ___ / ___ / ____	To: ___ / ___ / ____
_____	_____	_____
<i>Number – Street – Apartment No.</i>	<i>City</i>	<i>State</i> <i>Zip code</i>

EXTRA SHEET—SECTION I—PERSONAL DATA—FOREIGN TRAVEL

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

Country Name: _____

Travel Dates: From: ___ / ___ / ____ To: ___ / ___ / ____

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ____ To: ___ / ___ / ____

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ____ To: ___ / ___ / ____

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ____ To: ___ / ___ / ____

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ____ To: ___ / ___ / ____

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ____ To: ___ / ___ / ____

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ____ To: ___ / ___ / ____

Purpose of Travel: _____

Country Name: _____

Travel Dates: From: ___ / ___ / ____ To: ___ / ___ / ____

Purpose of Travel: _____

Foreign Travel Extra Sheet

Extra Sheet ___ of ___

Printed Last Name

Last 4 Digits of SSN or Other Unique ID Number

EXTRA SHEET—SECTION IV—EMPLOYMENT/UNEMPLOYMENT HISTORY

UNEMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who saw you during this time Telephone number

Name of person who saw you during this time Telephone number

EMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of employer

Address City State Zip code

Position held / Job title Job location (If different than address listed above)

Contact Name Telephone number

Reason for Termination: _____ Eligible for Rehire: **Yes No**

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

Name of person who can verify employment Telephone number

UNEMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who saw you during this time Telephone number

Name of person who saw you during this time Telephone number

EMPLOYMENT: From: ___ / ___ / ___ To: ___ / ___ / ___

Name of employer

Address City State Zip code

Position held / Job title Job location (If different than address listed above)

Contact Name Telephone number

Reason for Termination: _____ Eligible for Rehire: **Yes No**

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

Name of person who can verify employment Telephone number

Employment/Unemployment History Extra Sheet

Extra Sheet ___ of ___

Printed Last Name

Last 4 Digits of SSN or Other Unique ID Number

EXTRA SHEET—SECTION IV—MILITARY SERVICE AS EMPLOYMENT

Do you have the DD Form 214 you received on discharge? Yes No

If Yes, present the Original DD Form 214 with this PHQ (a copy will be retained and the original returned after authentication).

Service period: From: ___ / ___ / ___ To: ___ / ___ / ___

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

Reason for Discharge: _____

Character of Service: (Circle One) **Honorable** **Other**

If "Other," explain: _____

Country served: _____ Branch: _____

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

Your Grade or Rank at discharge Job location (If different than address listed above)

EXTRA SHEET—SECTION IV—EDUCATION IN LIEU OF EMPLOYMENT

(NOTE: You may be required to provide a copy of your official education institution transcript)

Attended: _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Name of educational institution

Address of educational institution City State Zip code

Degree Major / Field of study

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 for leaving: _____

Comments concerning employment/unemployment periods: _____

Military/Education Extra Sheet

Extra Sheet ___ of ___

Printed Last Name

Last 4 Digits of SSN or Other Unique ID Number

(Para información en español, 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 may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec1311 et seq.

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

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

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888--567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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(Keep this page for your records)

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

TYPE OF BUSINESS:	CONTACT:
1. <ul style="list-style-type: none"> a. Banks, savings associations, <i>and</i> credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau: 	<ul style="list-style-type: none"> a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission Consumer Response Center Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: <ul style="list-style-type: none"> a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks 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 c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions 	<ul style="list-style-type: none"> a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SE Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers And Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center — FCRA Washington, DC 20580 (877) 382---4357

(Keep this page for your records)