



# Clallam County Fire District 3

323 N Fifth Ave., Sequim, Washington 98382

360-683-4242, Fax: 360-683-6834

[www.ccf3.org](http://www.ccf3.org)

Reference: SOP 2410, Hiring Process Guidelines

Please read everything carefully and thoroughly. Provide all information requested, completing legibly by printing in ink or by typing. You may attach a cover letter and/or resume, but the application must be completed in full. **To be considered complete**, all sections of this application must be fully filled out and signed where required. If a section does not apply to you, please mark it as 'N/A'.

**Job Classification Sought:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
Last First Middle Initial

**Email:** \_\_\_\_\_ **Are you over 18 years old:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State Zip Code

**Phone:** \_\_\_\_\_  
Home Cell Work

In an effort to evaluate the effectiveness of our recruiting efforts, how did you learn of the position?

\_\_\_\_\_ Advertisement – Which one: \_\_\_\_\_

\_\_\_\_\_ Department Member – Who: \_\_\_\_\_

\_\_\_\_\_ Other – Please explain: \_\_\_\_\_

**Records Retention** – Applications are retained according to the requirements of the State of Washington Records Retention Schedule. However, applicants must complete a new application to be considered for additional and/or future positions.

**Proof of Citizenship** – As a condition of employment, documentation is required to prove eligibility to obtain employment along with personal identification as required by the Immigration Reform and Control Act of 1986.

**Equal Opportunity Employer** – Clallam County Fire District 3 is an equal opportunity employer and does not discriminate on the basis of race, religion, age, national origin, gender, marital status, sexual orientation, disability, or veteran status or any other protected status.

**Drug Free Workplace** – Clallam County Fire District 3 is a drug-free and non-tobacco workplace. If selected as a finalist, the successful applicant will be required to take a pre-employment drug test that demonstrates they are able to perform the essential functions of the position for which they are being considered.



Educational History					
High School	City & State	Year	Comments	Graduate	Diploma or GED?
				Yes ____ No ____	
Tech/Trade School	City & State	Year	Course of Study	Graduate	Earned Credentials
				Yes ____ No ____	
				Yes ____ No ____	
College	City & State	Year	Course of Study	Graduate	Degree/Credits
				Yes ____ No ____	
				Yes ____ No ____	
				Yes ____ No ____	
				Yes ____ No ____	
Other Education	City & State	Year	Course of Study	Graduate	Earned Credentials
				Yes ____ No ____	
				Yes ____ No ____	
				Yes ____ No ____	

**Experience** – List any position relevant memberships, certificates, or licenses (include expiration dates).

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**Specialized Skills** – List and briefly describe any position relevant skills, expertise, or work experience.

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<b>Employment History</b>		
Starting with your present or last employer, list your employment history. Include self-employment, summer, and part-time jobs. If more space is required, please continue on a separate sheet. <b>You may attach a resume, but this portion of the application must be completed in full as well.</b>		
<b>Present or Last Employer</b>	Type of business	Title of Position Held
Street Address	Phone No.	Brief Description of Job Duties:
City State Zip Code		
Supervisor's Name and Title	Phone No.	
Base salary	Dates Worked From To	
Reason for Leaving or Seeking Employment:		
<b>Previous Employer</b>	Type of business	Title of Position Held
Street Address	Phone No.	Brief Description of Job Duties:
City State Zip Code		
Supervisor's Name and Title	Phone No.	
Base salary	Dates Worked From To	
Reason for Leaving or Seeking Employment:		
<b>Previous Employer</b>	Type of business	Title of Position Held
Street Address	Phone No.	Brief Description of Job Duties:
City State Zip Code		
Supervisor's Name and Title	Phone No.	
Base salary	Dates Worked From To	
Reason for Leaving or Seeking Employment:		



**Professional References**

List five people below who are not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (Street, city, state, zip code)	Phone Number (Include area code)	Occupation

May we contact your present employer? Yes _____	Desired Salary:	Date Available:
Phone: _____ No _____		

In evaluating your application, we may contact the above listed employers unless you list below those who you do not want us to contact and state a reason. Please list additional employers on a separate sheet.

Do not contact this employer: \_\_\_\_\_ Reason: \_\_\_\_\_

Do not contact this employer: \_\_\_\_\_ Reason: \_\_\_\_\_

**Miscellaneous**

Have you been previously employed by Clallam County Fire District 3? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe when and in what capacity: \_\_\_\_\_

Do you have relatives employed by Clallam County Fire District 3? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list them: \_\_\_\_\_

Have you been convicted of any crimes other than minor traffic violations during the past ten years? (An affirmative answer will not automatically disqualify employment considered.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list on a separate sheet (Include name of the court, city/state, and date of conviction).



Will visa or immigration status prevent lawful employment? (Proof of citizenship or immigration status will be required upon employment) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential functions of the job as stated in the job description? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to work 24-hour shifts, work weekends, holidays, and be available for mandatory overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**Certification and Authorization to Release Information**

I hereby certify that the answers and other information I have provided in this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification to disqualify my application and/or may be used as just cause for termination from Clallam County Fire District 3's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the department or myself.

With my signature below, I authorize Clallam County Fire District 3 to solicit information regarding my character, general reputation, credit, previous employment, and similar background information; and to contact any and all references I have listed in my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release Clallam County Fire District 3 from any liability for future references it may provide regarding my work history at the department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If any of your educational or employment records are under other than the above name, please provide other names.**

**Equal Opportunity Statement:** Equal opportunity is District policy and employment opportunities will NOT be limited because of race, color, religion, sex, handicap or nationality and will be so applied. The District affirmatively seeks to employ and advance qualified applicants in protected classes. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The District abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age. The District complies with the Americans with Disabilities Act (ADA) when requested to make an accommodation. You are to report violations to management or to the Personnel Officer. If an applicant needs assistance in applying in completing this application please notify the District and assistance will be provided.

**Tobacco Use Declaration:** I understand the use of any tobacco product is forbidden by the District and do hereby declare that I will abide by this prohibition during my employment.



**Drug Policy:** The nature of fire service requires that all District personnel refrain from the use of drugs/alcohol in the workplace or prior to reporting to duty. Any employee observed to be in possession, under the influence or using drugs (other than medications prescribed by a medical provider for the employee’s medical condition), or alcohol will be required to be removed from the workplace and required to submit to a urinalysis or blood draw. If an employee is found to have violated the District’s drug free policy they may be terminated and subject to criminal action.

**Signature and Acknowledgment**

**This is a legal document, read it carefully before signing.**

I, the below-signed, make this application as an inducement to the District to evaluate my application and to employ me. I have read this completed application, including the Equal Opportunity Statement and I certify that entries made by me are without omission and are a fully, truthful account of my present and past activities. I authorize and give the right to the District to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my immediate termination, if I am employed.

Applicant Signature: \_\_\_\_\_

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

**Driving Record**

**You will need to submit a copy of your driving record along with a copy of your current driver’s license when submitting this employment application.**

How to request a copy of your driving record

1. Complete a Driving Record Request and mail it with the fee to:  
Driver Records  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

Or,

2. Bring your completed Driving Record Request, the fee, and photo ID to a [driver licensing office](#). The local office is located at 228 West 1<sup>st</sup> Street, Port Angeles, WA 98362, 360-457-8887.

**Fees** – All driving records are \$13 each. You may pay the fee by check or money order if submitting your request by mail, or by cash, check, or money order if requesting a copy of your own record in person.



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## Authorization to Release Information

Reference SOP 2410, Hiring Process Guidelines

### To Whom It May Concern:

I \_\_\_\_\_ hereby authorize any Clallam County Fire District 3 officer or other authorized representative bearing this release, or a copy of it, to review information pertaining to my employment, military service, credit history, or education, including, but not limited to, academic achievement, attendance, athletic, personal history, disciplinary, medical, psychological testing analysis and recommendation, criminal history, and credit records.

I hereby release you and your organization (including its officers and employees or related personnel, both individually and collectively) from any and all liability or damage of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Clallam County Fire District 3.

Consent is further granted to Clallam County Fire District 3 to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at Clallam County Fire District 3 headquarters, in Sequim, Washington.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Clallam County Fire District 3 may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, or other background checks.

The investigations will be conducted by Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT

REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Clallam County Fire District 3 at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com> and/or the Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Please complete all of the fields below:**

I \_\_\_\_\_ understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

<b>Last Name:</b>		<b>First:</b>		<b>Middle:</b> (____do not have one)	
<b>Social Security Number:</b>			<b>Date of Birth:</b>		
<b>Email</b> (This is a required field):					
<b>Current Address:</b>			<b>Previous Address:</b>		
Street:			Street:		
Apt. or Unit #:			Apt. or Unit #:		
City:	State:	Zip:	City:	State:	Zip:
Driver's License #:			State Issuing:		
Former Name/Alias:					

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





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*This information is for your records; please keep pages 9-13 as your personal copy.*

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

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

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

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://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](http://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](http://www.consumerfinance.gov/learnmore).
  - **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888- 567-8688).
  - **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.



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- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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

For information about your federal rights, contact:

TYPE OF BUSINESS: CONTACT:	
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	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 Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. 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



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## CONSUMER HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

## STATE OF WASHINGTON CONSUMER CREDIT REPORTING ACT SUMMARY OF CONSUMER RIGHTS

The State of Washington Fair Credit Reporting Act (WFCRA) 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 WFCRA. The WFCRA is modeled after the Federal Fair Credit Reporting Act. The same rights are provided under the Federal Fair Credit Reporting Act and you have received A Summary of Your Rights Under the Federal Fair Credit Reporting Act. You can get the complete text of WFCRA RCW 19.182, from the Washington Code Revisers Office, P.O. Box 40551, Olympia, WA, 98504, or online at <http://apps.leg.wa.Gov/rcw/default.aspx?cite=19.182&full=true#19.182.070>.

- **You must be told if information in your file has been used against you.** If a person takes an adverse action against you that is based, in whole or in part, on information contained in a consumer report, that person must tell you, and must give you the name, address, and telephone number of the consumer reporting agency that provided the information.
- **You have a 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, although medical information may be withheld and given directly to your medical provider. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You will not be charged for:
  - consumer report if a person has taken adverse action against you because of information in your credit report;
  - the reinvestigation of information you dispute; or
  - corrected reports resulting from the deletion of inaccurate or unverifiable information.In addition, you are entitled to one free consumer report every 12 months, upon request. You may be charged a limited fee for a second or subsequent report requested by you during a 12 month period.
- **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and you notify the consumer reporting agency directly of the dispute, the consumer reporting agency will reinvestigate without charge and record the current status of the disputed information before the end of thirty business days, unless your dispute is frivolous.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Upon completion of the reinvestigation, if the information you disputed is found to be inaccurate or cannot be verified, the consumer reporting agency will delete the information and notify you of the correction. If the reinvestigation does not resolve your dispute, you may file with the consumer reporting agency a brief statement setting forth the nature of your dispute. The statement will be placed in your consumer file and in any subsequent report containing the information you disputed.
- **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 ten 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 WFCRA specifies



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those with a valid need for access.

- **You must be notified if reports are provided to employers.** A consumer reporting agency may not give out information about you to employers without your knowledge. A potential employer must make a clear and conspicuous disclosure in writing to you or obtain your consent before obtaining a report. A current employer may not receive a report unless it has given you written notice that consumer reports may be used for employment purposes.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** You may elect not to receive unsolicited “prescreened” offers for credit and insurance by using the consumer reporting agency’s notification system 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).

**You may place a security freeze on your credit report.** A security freeze prevents your credit file from being shared with potential creditors or insurance companies. You may request a security freeze by contacting us at A security freeze can be requested in writing by first-class mail, by telephone, or electronically. You also may request a freeze by calling the following toll-free telephone number(s): TransUnion: 888-909-8872, Experian: 888-397-3742, Equifax: 800-685-1111 (NY residents please call 1-800-349-9960). TransUnion, Experian and Equifax can also be reached at the following addresses:

TransUnion LLC  
P.O. Box 2000 Chester, PA  
19016  
<https://freeze.transunion.com>

Experian Security Freeze  
P.O. Box 9554 Allen, TX  
75013  
[www.experian.com/freeze](http://www.experian.com/freeze)

Equifax Security Freeze  
P.O. Box 105788 Atlanta,  
GA 30348  
<https://www.freeze.equifax.com>

- **You may be able to block information resulting from identity theft from appearing on your credit report.** If you are a victim of identity theft, a consumer reporting agency must permanently block misinformation resulting from that theft from appearing on your credit report. You must provide the consumer reporting agency with a copy of a police report as evidence of your claim before it can place the block on your report.
- **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 WFCRA, you may be able to sue in state or federal court.

## COMPLAINTS

Any complaints by consumers under state law may be directed to: Office of the Attorney General  
Consumer Protection Division 800 5th  
Avenue, Suite 2000  
Seattle, Washington 98104-3188  
Phone 1-800-551-4636 or (206) 464-6684  
Fax (206) 389-2801

Statewide Toll-Free TDD: **800 276-9883**  
Complaints May Be Made Via U.S. Mail or E-Mail **Complaints:**  
<http://www.atg.wa.gov/FileAComplaint.aspx> (Include your U.S. Mail address with any complaint.) **Website & Forms:** <http://www.atg.wa.gov/>