

APPLICANT PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE NAME YOU GO BY

ADDRESS _____

CITY STATE COUNTY ZIP

(____) _____ (____) _____ - _____ - _____
PHONE MOBILE/MESSAGE PHONE SOCIAL SECURITY NUMBER

EMAIL ADDRESS _____

DATE OF BIRTH

GENDER MALE FEMALE

RACE / ETHNICITY BLACK WHITE HISPANIC ASIAN OTHER

CITIZENSHIP **ARE YOU ELIGIBLE TO WORK IN** **SELECTIVE SERVICE**
 UNITED STATES CITIZEN: THE US: YES NO YES NO YES NO N/A
 YES NO YES NO YES NO N/A

ALTERNATE CONTACT PERSON NAME

(____) _____
ALTERNATE CONTACT NUMBER

PLEASE LIST YOURSELF AND ALL FAMILY MEMBERS WITHIN YOUR HOUSEHOLD AND THE INCOME RECEIVED BY EACH.
INCLUDE ALL INCOME.

YOU WILL BE ASKED TO PROVIDE VERIFICATION.

NAME	AGE	RELATIONSHIP TO APPLICANT	SOURCE OF INCOME	INCOME RECEIVED IN THE LAST SIX MONTHS
		SELF		

YOUR EDUCATION AND TRAINING:

HIGHEST GRADE COMPLETED: _____ LAST DATE ATTENDED: _____

HIGH SCHOOL GRADUATE (DATE): _____ GED (DATE): _____

VOCATIONAL TRAINING (DATE, CERTIFICATE): _____

COLLEGE/UNIVERSITY (DEGREE, DATE): _____

OTHER (LIST): _____

JOB SKILLS (LIST) : _____

COMPUTER SKILLS (LIST) : _____

LANGUAGES YOU SPEAK : _____ LANGUAGES YOU WRITE : _____

FILM TECHNICIANS APPRENTICESHIP PROGRAM

WORK HISTORY: LIST ALL JOBS (PAID OR VOLUNTEER) YOU HAVE HELD IN THE LAST 5 YEARS STARTING WITH YOUR CURRENT OR MOST RECENT JOB. USE THE BACK OF THIS PAGE IF NECESSARY.

COMPANY: _____ PHONE: (____) _____

ADDRESS: _____ JOB TITLE: _____

DATES OF EMPLOYMENT: ____/____/____ TO ____/____/____ HOURS PER WEEK: _____

WAGES: \$ _____ PER _____ JOB DUTIES: _____

REASON FOR LEAVING: _____

COMPANY: _____ PHONE: (____) _____

ADDRESS: _____ JOB TITLE: _____

DATES OF EMPLOYMENT: ____/____/____ TO ____/____/____ HOURS PER WEEK: _____

WAGES: \$ _____ PER _____ JOB DUTIES: _____

REASON FOR LEAVING: _____

COMPANY: _____ PHONE: (____) _____

ADDRESS: _____ JOB TITLE: _____

DATES OF EMPLOYMENT: ____/____/____ TO ____/____/____ HOURS PER WEEK: _____

WAGES: \$ _____ PER _____ JOB DUTIES: _____

REASON FOR LEAVING: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO YEAR OF CONVICTION: _____

ORIGINAL CHARGE: _____ CONVICTION CHARGE: _____

EXPLANATION: _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES NO YEAR OF CONVICTION: _____

ORIGINAL CHARGE: _____ CONVICTION CHARGE: _____

EXPLANATION: _____

HAS SENTENCE BEEN COMPLETED? YES NO

CURRENTLY ON PROBATION/PAROLE? YES NO

DO YOU HAVE A HISTORY OF DRUG OR ALCOHOL ABUSE? YES NO

FILM TECHNICIANS APPRENTICESHIP PROGRAM

PROGRAM INFORMATION

HOW DID YOU HEAR ABOUT THE FILM TECHNICIANS APPRENTICESHIP PROGRAM

- INTERNET
- PRINTED MATERIAL (IF SO, WHERE?) _____
- REFERRAL FROM LIASON (IF SO, WHO?) _____
- OTHER _____

THE FOLLOWING SPECIALIZATIONS WILL BE OFFERED IN THIS PROGRAM. WHICH ARE YOU MOST INTERESTED IN? (PLEASE SELECT ONLY ONE.)

- SOUND
- GRIP & ELECTRICAL
- CAMERA
- ARTS DEPARTMENT

PLEASE ANSWER THE FOLLOWING QUESTIONS (ATTACH ADDITIONAL SHEETS IF NECESSARY):

1. OF ALL THE THINGS YOU EXPECT TO GAIN FROM THIS EXPERIENCE, WHICH TWO OR THREE ARE THE MOST IMPORTANT? PLEASE EXPLAIN WHAT YOU WANT TO GAIN AND WHY THESE EXPERIENCES ARE MOST IMPORTANT TO YOU.

2. DO YOU HAVE ANY PREVIOUS FILM/VIDEO EXPERIENCE? IF YES, PLEASE EXPLAIN.

3. DO YOU HAVE ANY PREVIOUS FILM VIDEO TRAINING OR EDUCATION? IF YES, PLEASE EXPLAIN.

4. WHY DO YOU BELIEVE YOU ARE THE BEST APPLICANT FOR THIS OPPORTUNITY?

FILM TECHNICIANS APPRENTICESHIP PROGRAM

ESSAY:

THIS SELECTION COMMITTEE IS INTERESTED IN LEARNING MORE ABOUT YOU! IN 1 – 2 PAGES, PLEASE USE THIS ESSAY TO RELAY INFORMATION ABOUT YOU THAT CANNOT BE FOUND ELSEWHERE ON YOUR APPLICATION. YOU MAY CHOOSE TO WRITE ABOUT YOUR FUTURE AMBITIONS AND GOALS, A SPECIAL TALENT, OR A SIGNIFICANT EVENT OR RELATIONSHIP THAT HAS INFLUENCED YOU DURING YOUR LIFE

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION (COPIES ARE ACCEPTED):

- DRIVERS LICENSE OR STATE ID
- BIRTH RECORDS
- HIGH SCHOOL DIPLOMA OR GED (TRANSCRIPTS ARE ACCEPTABLE)
- SOCIAL SECURITY CARD (AS PROOF THAT YOU ARE ABLE TO WORK IN THE U.S.)
- SELECTIVE SERVICE REGISTRATION (MALES ONLY!)
- COMPASS TEST SCORES (OBTAINED FROM COLLEGE)
- RESUME
- ESSAY
- TWO LETTERS OF RECOMMENDATION. (PLEASE DO NOT USE RELATIVES OR FRIENDS. REFERENCES MUST BE EMPLOYMENT OR FROM WORK DONE IN THE INDUSTRY. THIS INFORMATION MUST BE VERIFIABLE. PLEASE INCLUDE CONTACT INFORMATION FOR THE RECOMMENDING PERSONS.)

PLEASE DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

FILM TECHNICIANS APPRENTICESHIP PROGRAM

AUTHORIZATION AND RELEASE FORM

_____ I HEREBY ATTEST THAT ALL THE INFORMATION PROVIDED WITHIN MY APPLICATION IS TRUE AND HONEST, TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT KNOWINGLY PRESENTING FALSIFIED INFORMATION IS GROUNDS FOR REJECTION AND/OR DISMISSAL FROM HRFTAP (HOSPITALITY, RETAIL, & FILM TECHNICIANS TRAINING APPRENTICESHIP PROGRAM).

INFORMED CONSENT

_____ THE FILM TECHNICIANS PROGRAM CURRICULAR CRITERIA AND ACADEMIC STANDARDS FOR COURSE CREDIT AND PROGRAM ACHIEVEMENT REQUIRE PARTICIPANTS ENROLLED IN THE PROGRAM TO PARTICIPATE IN HANDS-ON TRAINING AT FILM LOCATIONS. A CRITICAL ELEMENT OF DETERMINING A PARTICIPANT'S SUITABILITY FOR PARTICIPATION IN THE PROGRAM IS TO DETERMINE THAT THE PARTICIPANT DOES NOT HAVE A CRIMINAL RECORD OF DRUG-RELATED AND/OR OTHER FELONIES THAT MIGHT PLACE THE PROGRAM OR FILMING LOCATION IN JEOPARDY BY THE PLACEMENT OF AN UNSUITABLE PARTICIPANT AT ITS LOCATION. DETROIT WORKFORCE DEVELOPMENT DEPARTMENT (DWDD) IS REQUIRED TO DECLARE TO THE HOSTING LOCATION THE SUITABILITY OF EVERY PARTICIPANT ASSIGNED TO THAT LOCATION. THEREFORE, ALL PARTICIPANTS MUST UNDERGO A CRIMINAL RECORDS CHECK AND DRUG SCREEN AS A TERM AND CONDITION OF THEIR ENROLLMENT IN THE FILM TECHNICIANS APPRENTICESHIP PROGRAM. ALL COSTS ASSOCIATED WITH THE CRIMINAL RECORDS CHECK AND DRUG SCREENING WILL BE BORNE BY DWDD. PRIOR DRUG SCREENS AND/OR CRIMINAL RECORDS CHECKS RESULTS WILL NOT BE ACCEPTED. THE RESULTS OF THE CRIMINAL RECORDS CHECK AND DRUG SCREEN WILL ONLY BE RELEASED BY THE RELEVANT CONSUMER REPORTING AGENCY AND HEALTHCARE PROVIDER TO DWDD. THIS INFORMATION IS SECURELY MAINTAINED TO ENSURE PARTICIPANT CONFIDENTIALITY

AUTHORIZATION AND RELEASE

_____ IN CONNECTION WITH MY ADMISSION AND ENROLLMENT IN THE FILM TECHNICIANS APPRENTICESHIP PROGRAM, AND MY PARTICIPATION IN THE PROGRAM'S HANDS-ON TRAINING OPPORTUNITIES, I, FOR MYSELF, MY SUCCESSORS, AGENTS AND ESTATE, HEREBY: (1) AUTHORIZE THE DRUG SCREENING AND BACKGROUND CHECKS, (2) CONSENT TO THE PROVIDING OF ANY AND ALL DRUG SCREENING AND BACKGROUND CHECK RESULTS TO DWDD, (3) ACKNOWLEDGE THAT DECISIONS REGARDING MY APPLICATION TO AND CONTINUED ENROLLMENT IN THE PROGRAM WILL BE MADE BASED UPON THE RESULTS OF THESE TESTS, AND (4) RELEASE, DISCHARGE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS DWDD, ITS OFFICERS, EMPLOYEES, AGENTS, AND PARTNERS FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, LIABILITIES, DEMANDS, EXPENSES, DAMAGES, OR COSTS (INCLUDING ATTORNEYS FEES) PRESENT OR FUTURE, WHETHER KNOWN OR UNKNOWN, ANTICIPATED OR UNANTICIPATED, WHICH I MAY ASSERT AGAINST ANY OF THEM IN CONNECTION WITH MY DRUG SCREENING BACKGROUND CHECKS AS REQUIRED FOR ENROLLMENT IN THE PROGRAM. I UNDERSTAND THAT THIS RELEASE SHALL BE FOREVER BINDING AND NO RESCISSION, MODIFICATION OR RELEASE THERE FROM MAY BE MADE WITHOUT THE EXPRESS WRITTEN CONSENT OF THE DETROIT WORKFORCE DEVELOPMENT DEPARTMENT. I HAVE RECEIVED ALL THE INFORMATION NECESSARY TO MAKE AN INFORMED DECISION REGARDING THIS RELEASE. I FULLY UNDERSTAND THE TERMS AND CONSEQUENCES OF AGREEING TO THIS RELEASE, AND ACKNOWLEDGE THAT I VOLUNTARILY AND OF MY OWN FREE WILL AM WAIVING MY RIGHT TO ASSERT ANY ACTION AGAINST DWDD AND ALL CURRENT AND FORMER OFFICERS, EMPLOYEES, AGENTS AND PARTNERS PERFORMING SERVICES ON BEHALF OF DWDD, FOR ANY AND ALL CLAIMS, CAUSES OF ACTION, LIABILITIES, EXPENSES OR DAMAGES WHICH I MAY ASSERT AGAINST ANY OF THEM AS A RESULT OF MY UNDERGOING DRUG SCREENING AND BACKGROUND CHECKS AS REQUIRED FOR ENROLLMENT IN THE FILM TECHNICIANS APPRENTICESHIP PROGRAM.

LIMITED RELEASE

IN CONNECTION WITH MY ADMISSION AND ENROLLMENT IN THE FILM TECHNICIANS APPRENTICESHIP PROGRAM, AND MY PARTICIPATION IN THE PROGRAM'S HANDS-ON TRAINING OPPORTUNITIES, I HEREBY AUTHORIZE THE PROGRAM AND ITS AGENTS TO RELEASE ANY AND ALL INFORMATION RELEVANT TO MY CRIMINAL RECORD AND/OR DRUG SCREEN RESULTS TO ANY AUTHORIZED REPRESENTATIVE IT DEEMS APPROPRIATE IN ORDER TO DETERMINE MY SUITABILITY TO BE ENROLLED IN FILM TECHNICIANS APPRENTICESHIP PROGRAM AND/OR TO BE ASSIGNED TO A FILMING LOCATION BY THE PROGRAM. A PHOTOCOPY OF THIS RELEASE WILL BE SUFFICIENT TO AUTHORIZE THE RELEASE OF THE INFORMATION.

By: _____
(SIGNATURE OF APPLICANT)

DATE: _____

(PRINT NAME OF APPLICANT)

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (FCRA)

THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) IS DESIGNED TO PROMOTE ACCURACY, FAIRNESS, AND PRIVACY OF INFORMATION IN THE FILES OF EVERY “CONSUMER REPORTING AGENCY” (CRA). MOST CRAs ARE CREDIT BUREAUS THAT GATHER AND SELL INFORMATION ABOUT YOU – SUCH AS IF YOU PAY YOUR BILLS ON TIME OR HAVE FILED BANKRUPTCY – TO CREDITORS, EMPLOYERS, PROPERTY OWNERS, AND OTHER BUSINESSES. YOU CAN FIND THE COMPLETE TEXT OF THE FCRA AT 15 U.S.C. §§ 1681 ET SEQ. THE FCRA GIVES YOU SPECIFIC RIGHTS, AS OUTLINED BELOW. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE LAW. YOU MAY CONTACT A STATE OR LOCAL CONSUMER PROTECTION AGENCY OR A STATE ATTORNEY GENERAL TO LEARN THOSE RIGHTS.

~ **YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU.** ANYONE WHO USES INFORMATION FROM A CRA TO TAKE ACTION AGAINST YOU – SUCH AS DENYING AN APPLICATION FOR CREDIT, INSURANCE, OR EMPLOYMENT – MUST TELL YOU, GIVE YOU THE NAME, ADDRESS, AND PHONE NUMBER OF THE CRA THAT PROVIDED THE CONSUMER REPORT.

~ **YOU CAN FIND OUT WHAT IS IN YOUR FILE.** AT YOUR REQUEST, A CRA MUST GIVE YOU THE INFORMATION IN YOUR FILE, AND A LIST OF EVERYONE WHO HAS REQUESTED IT RECENTLY. THERE IS NO CHARGE FOR THE REPORT IF A PERSON HAS TAKEN ACTION AGAINST YOU BECAUSE OF INFORMATION SUPPLIED BY THE CRA, IF YOU REQUEST THE REPORT WITHIN 60 DAYS OF RECEIVING NOTICE OF THE ACTION. YOU ALSO ARE ENTITLED TO ONE FREE REPORT EVERY TWELVE MONTHS UPON REQUEST IF YOU CERTIFY THAT (1) YOU ARE UNEMPLOYED AND PLAN TO SEEK EMPLOYMENT WITHIN 60 DAYS, (2) YOU ARE ON WELFARE, OR (3) YOUR REPORT IS INACCURATE DUE TO FRAUD. OTHERWISE, A CRA MAY CHARGE YOU UP TO EIGHT DOLLARS.

~ **YOU CAN DISPUTE INACCURATE INFORMATION WITH THE CRA.** IF YOU TELL A CRA THAT YOUR FILE CONTAINS INACCURATE INFORMATION, THE CRA MUST INVESTIGATE THE ITEMS (USUALLY WITHIN 30 DAYS) BY PRESENTING TO ITS INFORMATION SOURCE ALL RELEVANT EVIDENCE YOU SUBMIT, UNLESS YOUR DISPUTE IS FRIVOLOUS. THE SOURCE MUST REVIEW YOUR EVIDENCE AND REPORT ITS FINDINGS TO THE CRA. (THE SOURCE ALSO MUST ADVISE NATIONAL CRAs – TO WHICH IT HAS PROVIDED THE DATA – OF ANY ERROR.) THE CRA MUST GIVE YOU A WRITTEN REPORT OF THE INVESTIGATION AND A COPY OF YOUR REPORT IF THE INVESTIGATION RESULTS IN ANY CHANGE. IF THE CRA’S INVESTIGATION DOES NOT RESOLVE THE DISPUTE, YOU MAY ADD A BRIEF STATEMENT TO YOUR FILE. THE CRA MUST NORMALLY INCLUDE A SUMMARY OF YOUR STATEMENT IN FUTURE REPORTS. IF AN ITEM IS DELETED OR A DISPUTE STATEMENT FOUND, YOU MAY ASK THAT ANYONE WHO HAS RECENTLY RECEIVED YOUR REPORT BE NOTIFIED OF THE CHANGE.

~ **INACCURATE INFORMATION MUST BE CORRECTED OR DELETED.** A CRA MUST REMOVE OR CORRECT INACCURATE OR UNVERIFIED INFORMATION FROM ITS FILES, USUALLY WITHIN 30 DAYS AFTER YOU DISPUTE IT. HOWEVER, THE CRA IS NOT REQUIRED TO REMOVE ACCURATE DATA FROM YOUR FILE UNLESS IT IS OUTDATED (AS DESCRIBED BELOW) OR CANNOT BE VERIFIED. IF YOUR DISPUTE RESULTS IN ANY CHANGE TO YOUR REPORT, THE CRA CANNOT REINSERT INTO YOUR FILE A DISPUTED ITEM UNLESS THE INFORMATION SOURCE VERIFIED ITS ACCURACY AND COMPLETENESS. IN ADDITION, THE CRA MUST GIVE YOU A WRITTEN NOTICE TELLING YOU IT HAS REINSERTED THE ITEM. THE NOTICE MUST INCLUDE THE NAME, ADDRESS AND PHONE NUMBER OF THE INFORMATION SOURCE.

~ **YOU CAN DISPUTE INACCURATE ITEMS WITH THE SOURCE OF THE INFORMATION.** IF YOU TELL ANYONE – SUCH AS A CREDITOR WHO REPORTS TO A CRA – THAT YOU DISPUTE AN ITEM, THEY MAY NOT THEN REPORT THE INFORMATION TO A CRA WITHOUT INCLUDING A NOTICE OF YOUR DISPUTE. IN ADDITION, ONCE YOU’VE NOTIFIED THE SOURCE OF THE ERROR IN WRITING, IT MAY NOT CONTINUE TO REPORT THE INFORMATION IF IT IS, IN FACT, AN ERROR.

~ **OUTDATED INFORMATION MAY NOT BE REPORTED.** IN MOST CASES, A CRA MAY NOT REPORT NEGATIVE INFORMATION THAT IS MORE THAN SEVEN YEARS OLD; TEN YEARS FOR BANKRUPTCIES.

~ **ACCESS TO YOUR FILE IS LIMITED.** A CRA MAY PROVIDE INFORMATION ABOUT YOU ONLY TO PEOPLE WITH A NEED RECOGNIZED BY THE FCRA – USUALLY TO CONSIDER AN APPLICATION WITH A CREDITOR, INSURER, EMPLOYER, LANDLORD, OR OTHER BUSINESS.

~ **YOUR CONSENT IS REQUIRED FOR REPORTS THAT ARE PROVIDED TO EMPLOYERS, OR REPORTS THAT CONTAIN MEDICAL INFORMATION.** A CRA MAY NOT GIVE OUT INFORMATION ABOUT YOU TO YOUR EMPLOYER, OR PROSPECTIVE EMPLOYER, WITHOUT YOUR PERMISSION. YOU MAY CHOOSE TO EXCLUDE YOUR NAMES FROM CRA LISTS FOR

UNSOLICITED CREDIT AND INSURANCE OFFERS. CREDITORS AND INSURERS MAY USE FILE INFORMATION AS THE BASIS FOR SENDING YOU UNSOLICITED OFFERS OF CREDIT OR INSURANCE. SUCH OFFERS MUST INCLUDE A TOLL-FREE PHONE NUMBER FOR YOU TO CALL IF YOU WANT YOUR NAME AND ADDRESS REMOVED FROM FUTURE LISTS. IF YOU CALL, YOU MUST BE TAKEN OFF THE LISTS FOR TWO YEARS. IF YOU REQUEST, COMPLETE, AND RETURN THE CRA FORM PROVIDED FOR THIS PURPOSE, YOU MUST BE TAKEN OFF THE LISTS INDEFINITELY.

~**YOU MAY SEEK DAMAGES FROM VIOLATORS.** IF A CRA, A USER OR (IN SOME CASES) A PROVIDER OF CRA DATA, VIOLATES THE FCRA, YOU MAY SUE THEM IN STATE OR FEDERAL COURT.

THE FCRA GIVES SEVERAL DIFFERENT FEDERAL AGENCIES AUTHORITY TO ENFORCE THE FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA'S, CREDITORS AND OTHERS NOT LISTED BELOW	FEDERAL TRADE COMMISSION, CONSUMER RESPONSE CENTER – FCRA WASHINGTON, DC 20580 PHONE: 202-326-3761
NATIONAL BANKS, FEDERAL BRANCHES/AGENCIES OF FOREIGN BANKS (WORD “NATIONAL” OR INITIALS “N.A.” APPEAR IN OR AFTER BANK’S NAME).	OFFICE OF THE COMPTROLLER OF THE CURRENCY, COMPLIANCE MANAGEMENT, MAIL STOP 6-6, WASHINGTON, DC 20219 PHONE: 800-613-6743
FEDERAL RESERVE SYSTEM MEMBER BANKS (EXCEPT NATIONAL BANKS, AND FEDERAL BRANCHES/AGENCIES OF FOREIGN BANKS)	FEDERAL RESERVE BOARD, DIVISION OF CONSUMER & COMMUNITY AFFAIRS WASHINGTON, DC 20551 PHONE: 202-452-3693
SAVINGS ASSOCIATIONS AND FEDERALLY CHARTERED SAVINGS BANKS (WORD “FEDERAL” OR INITIALS “F.S.B.” APPEAR IN FEDERAL INSTITUTION’S NAME)	OFFICE OF THRIFT SUPERVISION, CONSUMER PROGRAMS WASHINGTON, DC 20552 PHONE: 800-842-6929
FEDERAL CREDIT UNIONS (WORDS “FEDERAL CREDIT UNION” APPEAR IN INSTITUTION’S NAME)	NATIONAL CREDIT UNION ADMINISTRATION, 1775 DUKE ST., ALEXANDRIA, VA 22314 PHONE: 703-518-6360
STATE CHARTERED BANKS THAT ARE NOT MEMBERS OF THE FEDERAL RESERVE SYSTEM	FEDERAL DEPOSIT INSURANCE CORPORATION, DIVISION OF COMPLIANCE & CONSUMER AFFAIRS, WASHINGTON, DC 20429 PHONE: 800-934-FDIC
AIR, SURFACE, OR RAIL COMMON CARRIERS REGULATED BY FORMER CIVIL AERONAUTICS BOARD OR INTERSTATE COMMERCE COMMISSION	DEPARTMENT OF TRANSPORTATION, OFFICE OF FINANCIAL MANAGEMENT WASHINGTON, DC 20590 PHONE: 202-366-1306
ACTIVITIES SUBJECT TO THE PACKERS AND STOCKYARDS ACT, 1921	DEPARTMENT OF AGRICULTURE OFFICE OF DEPUTY ADMINISTRATOR – GIPSA, WASHINGTON, DC 20250 PHONE: 202-720-7051