

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability to associate with HomePorts, Inc, I authorize HomePorts, Inc. to request a background report on me. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

Any person, business entity or governmental agency that may have information relevant to the above to disclose the same to HomePorts, Inc. including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize HomePorts, Inc. to share such information only with parties an interest who have a "need to know" such information to protect them and their employees. HomePorts, Inc. does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any background report of which I am the subject upon request to HomePorts, Inc. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my association with HomePorts, Inc. I certify that the information contained on this Authorization form is true and correct and that my application or association may be terminated based on any false, omitted or fraudulent information.

I understand that HomePorts, Inc. uses Background Info USA to conduct background checks. I further understand that HomePorts, Inc. will provide Background Info USA with my name and e-mail which Background Info USA will use to send me an e-mail from Background Info USA with a link to submit the personal details required to conduct the background check.

Signature:		Date:		
IDENTIFYING INFORMA	ΓΙΟΝ FOR HOMEPORTS, INC	. AND CONSUMER R	EPORTING AGEN	CY USE
All Volunteers – please provide:				
Last Name:	First Name:		Middle:	
E-mail Address:				
Current Address:				
Street /P. O. Bo	x City	State	Zip Code	County
*Date of Birth:		*Gender		
Transportation Volunteers – Ple	ease also provide:			
Driver's License Number:		State of Iss	uance:	

^{*} Providing year of birth and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.