Read Section I of the CPD (B) Applicant Guidelines Before You Complete This Application.

- If you are a current city employee or a prior city employee separated from NYC less than one year ago and there is a fully completed Personal History Questionnaire (PHQ) or Comprehensive Personnel Document (CPD) in your Personnel Folder (TPF), this form may not be required. Instead complete an Update Personnel Document (UPD).
- Type or print clearly in **BLACK INK** in the boxes provided.
- All questions must be answered completely and accurately.
- If you have additional comments or your answer requires additional space, request supplementary data sheets and/or use the comments page (Section X.)
- Any false statements made herein can subject you to disqualification from employment even following your appointment and/or from any future employment, as well as criminal prosecution which can result in conviction of a misdemeanor, incarceration of up to one year, and/or a fine up to \$1000.
- Each page <u>must</u> be initialed and you must count the number of pages you have completed (including supplementary data sheets) and provide that information on page 20.

I. BASIC INFORMATION

Position, trade license or certificate you are applying for:

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Social Security Number																			Birth Date	N	Λ	М		D		D)	ſ	Y
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Applicant's Initials

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Last Name	st Initial Sec. # Initial Sec. # or each of the following questions, answer YES (Y) or NO (N) in the box to the right. For questions 5, 10, 11 and 12, you must ad Section I A/B, pages 1-7 in the CPD (B) Applicant Guidelines. Y/N Are you legally authorized to work in the United States? Initial Not the following space If this title requires American citizenship, are you a U.S. citizen? Initial Not the following space Are you a current City employee or have you had a break in service from City employment of less than one year? Initial Not the following space Have you ever been employed by a New York City (NYC) agency? If YES, state last NYC agency employed by and date separated from employment. M M D Y ACENCY In addition to assuming a position for which this application is being completed, are you continuing employment with another City agency or other governmental agency or jurisdiction? (If YES, complete Form D-102.1.4.1 to the employees rae NVC mayoral agencies, DCAS approval is required.) Are you a retiree from any retirement system administered by NYS or any of its political subdivisions (i.e., state, county, or municipality?) If YES, indicate below the pension system and agency from which you are retired. (NOTE: Under NYS Retirement and Social Security Law, your pension may be affected if approval has not been received from DCAS.) Nation YS Retirement and Social Security Law is your pension may be affected if approval has not been received fr																						
	t If ist initial Soc. # each of the following questions, answer YES (Y) or NO (N) in the box to the right. For questions 5, 10, 11 and 12, you must d Section I A/B, pages 1-7 in the CPD (B) Applicant Guidelines. Y/N vie you legally authorized to work in the United States? Imitial Soc. # Imitial Soc. # American citizenship is not required, print N/A (Not Applicable) in the following space Imitial Soc. # Imitial Soc. # American citizenship is not required, print N/A (Not Applicable) in the following space Imitial Soc. # Imitial Soc. # Have you ever been employed by a New York City (NYC) agency? If YES, state last NYC agency employed by midiate separated from employment. Imitial Soc. # Imitial Soc. # Have you ever been employed by a New York City (NYC) agency? If YES, state last NYC agency employed by and date separated from employment. Imitial Soc. # Imitial Soc. # Imitial Soc. # Have you ever been employed by a New York City (NYC) agency? If YES, state last NYC agency or other governmental agency or jurisdiction? (If YES, complete Tom Port 21AL Ib toh employees are NYC mayoral agencies. Imitial Soc. # Imitial Soc. # <td< td=""></td<>																						
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Applicant's Initials

III. CONVICTION RECORD

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Name									Initial	Sec.#					

List <u>ALL</u> your convictions and pending charges below. Use the Comments page to list additional convictions. You **MUST** list **EVERY** conviction. (Do **NOT** include traffic violations in this section.) If you cannot recall all of your convictions, then you **MUST** indicate this below.

NOTE: Offenses include felonies, misdemeanors and violations. A plea of guilty is a conviction even if you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged or received a Certificate of Relief from Disabilities. Except for Firefighter, Police Officer or Peace Officer (including Special Patrolman) applicants, you DO NOT have to disclose any material sealed, expunged, or set aside under Federal or State law, or juvenile delinquent or youthful offender adjudications. You are not considered a youthful offender just because of your age at the time of the offense. Only a court can determine youthful offender status. (If you are unsure whether you were considered a youthful offender, list the offense(s) below and provide details on Page 18.)

A conviction record or pending criminal charges will not necessarily disqualify you from the position for which you are applying. If you list convictions or pending charges, you may state facts in favor of your employment on the Comments Page 18. These facts will be considered when the investigator reviews your case.

A) Have you ever been convicted of an offense anywhere? (Yes/No)

B) Are any criminal charges pending against you? (Yes/No)

LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:

ARREST DATE (MM/DD/YY)	OFFENSE	NAME AND LOCATION OF COURT	SENTENCE AND DATE OF SENTENCE

C) FIREFIGHTER/POLICE/PEACE OFFICER (INCLUDING SPECIAL PATROLMAN) APPLICANTS ONLY:

If, in your new position, you will be designated a Firefighter, Police Officer or Peace Officer (including Special Patrolman), have you had <u>any arrests in your lifetime</u> that did not result in convictions? (Yes/No) Write "N/A" if you will <u>not</u> be designated a Firefighter, Police Officer or Peace Officer (including Special Patrolman.)

If you answered YES to question C, list below <u>ALL</u> arrests (not including traffic violations) that did not result in a conviction and list the disposition (e.g., charges dismissed.)

ARREST DATE (MM/DD/YY)	OFFENSE	NAME AND LOCATION OF COURT	DISPOSTION AND DATE OF DISPOSITION

For assistance, see CPD(B) Applicant Guidelines, Pages 15-16 for A/B and Pages 34-36 for C.

Applicant's Initials

Agency Use Only:

DP-2488-CPD (B) (1/25/94)

	IV.	EDU	CAT	ION
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Last								First	Soc.					
Name								Initial	Sec.#					

Start with the school you attended last and work back in time. Fill in <u>ALL</u> boxes that apply to you. Include Internships, Certificate Programs, Residencies, Fellowships, etc.

If you have more than four schools, request additional Education Data Sheets. If you do not have four schools, print "N/A" in the Education sections not used.

If you have a high school equivalency diploma or GED, list the year and month in which it was issued and the name of the state issuing agency.

If you were educated in a foreign country, complete Form DP-404 (Application for Evaluation of Foreign Education) for provisional, noncompetitive, and labor class appointments if such a form is not presently in your personnel file.

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C) Dates Attended FROM M M D D Υ Υ то Μ Μ D D Major Total Υ Υ Credits Credits in Major Semester (S) Trimester (T) Quarter (Q) Degree/Diploma/Certificate Received or Highest Grade Completed (e.g., BA, HS Equiv. Dip. Pest Cont. Cert., Grade 11) Did you graduate? (YES/NO) School/ Institution Date Degree or Street Μ Υ Diploma Received City /Town lf No. Date Μ Υ State expected Zip Code Day/Night (D/N) **Total Hours** Country (if not United States) Completed Foreign Postal Code D) Dates Attended M M D D Μ Μ D D Total FROM Υ Υ то Υ Major Υ Credits Credits in Major Semester (S) Trimester (T) Quarter (Q) Degree/Diploma/Certificate Received or Highest Grade Completed (e.g., BA, HS Equiv. Dip. Pest Cont. Cert., Grade 11)

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V. EMPLOYMENT

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Start with your present job and work back to the time you left high school. Do not omit any jobs or required information. If you have more than eight jobs, request additional Data Sheets. If you do not have eight jobs, print "N/A" in the Employment Sections not used.

- Where placed by a temporary agency or union, specify the name and address of both the temporary agency/union and those work placements which exceeded six months.
- Use an employment section for each period that you were unemployed for over 4 months; give the dates of the period of unemployment and state how you supported yourself.
- Indicate those jobs in which you were self-employed by printing "Self-Employed" under "Supervisor".

A) Dates Employed

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Supervisor (Name/Title/Phone Number)

Reason for leaving

Duties (include number/title of employees supervised directly/indirectly.) If employment was not continuous, state total years/months actually worked.	List % of time for each duty (must total 100%)
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For assistance, see CPD(B) Applicant Guidelines, Pages 16-18.

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Duties (If employ	inclu mer	i de i nt wa	num as n	n be i ot c	r/title ontin	e of uou	emp Is, st	oloy tate	ees tota	sup I yea	ervi: rs/m	sed iontl	dire hs ad	ectly ctual	/indi lly wo	rectly.) orked.								t % :h di 9%)				
																									100	%		

	For Agency l	Jse Only	
Agency		Verificatio	n
Processing	Туре	Initials	Date Verified
	Written (x)		
	Verbal (x)		

EMPLOYMENT CONTINUED

Last First Soc. Name Initial Sec.#		 	 	 											
Name Initial Sec.#	Last								First	Soc.					
	Name								Initial	Sec.#					

G) Dates Employed

FROM M M D D Y	Y TO M M D D Y Y Hours Worked per week Badge No.	
Day/Night Company St	Il in Business? (Y/N) Last Salary\$ Indicate per Annum (A), Day	(D), Hour (H) Here 1
Job Title		
Civil Service Title (if with NYC)		
Employer Name		
Street Address		
City or Town State		<u>s if with NYC</u> anent (C)
Country (if not US)	Provis	
Foreign Postal Code		ompetitive (N) npt (X)
	Labor	sional (J) ompetitive (N) npt (X) r (L) assified (U)
	Number)	
	of employees supervised directly/indirectly.) ous, state total years/months actually worked.	List % of time for each duty (must total 100%)
		100%

Applicant's	Initials
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	For Agency U	se Only	
Agency		Verificatio	n
Processing	Туре	Initials	Date Verified
	Written (x)		
	Verbal (x)		

Last First Soc. Name Initial Sec.#	EMPLC	DYN	IEN ⁻	T C	ONT	ΓΙΝ	JED											

H) Dates Employed

FROM	М	М	D	D	Y	Y	ТС	2	М	М	D	D	Y	Y		urs V ^r week		d		Bao]
Day/Nigh	nt 🗌		Cor	npar	ny S	Still i	n Bu	sine	ess?	? (Y/I	N)		La: Sa	st lary:	6		Ind	icate	per A	nnum	(A),	Day	/ (D)), Ho	Dur (I	 н) н	ere ↑	
Job Title					1							1								1	. ,.	-		-	, 		1	
Civil Ser		Title	if د	with									_															
NYC)	100	1100	, (ii	vvicii																						ı		
Employe																												
Street Ac		SS																										
City or T	own							_ .															<u>is if</u> nane		NY(<u>2</u>		
State	(:1 00	+	<u> </u>					ΖI	p Co	ode													ision					-
Country Foreign I	(IT NC		<u>5.)</u> 2d0		_									_							- 1	Vond	comp	oetiti	ive (N)		_
Foreight	-051		Jue																		E	Exer	npt (X)				_
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Supervis	or (N	lam	e/Titl	le/Pł	non	e Nu	umbe	r) _																				
Reason	for le	avin	g																									
Duties (i	nclu	ide i	num	ber/	title	e of	emp	love	ees	sup	ervi	sed	dire	ctly	/indi	irectly	<u>,</u>							ist	%	of	tim	e for
If employ	/mer	nt wa	as no	ot co	ntin	nuou	s, sta	ate t	total	yea	rs/m	ontl	ns a	ctua	lly w	orked.	.,						ea		du			total
																							$\left \right $					
																										100	%	

For assistance, see CPD(B) Applicant Guidelines, Pages 16-18.

	For Agency U	lse Only	
Agency		Verificatio	n
Processing	Туре	Initials	Date Verified
	Written (x)		
	Verbal (x)		

VI.	LIC	CEN	ISES	
VI.		- LI	JULU	

Last								First	Soc.					
Name								Initial	Sec.#					

A) Other than a driver's license, specify every license/certificate/registration/permit that you currently hold (e.g., professional, bar admittance, trade, pistol, etc.)

	I	ssue	ed Oi	ı			E	xpire	es O	n		Type of License	License No.	Licensing Agency
м	М	D	D	Y	Y	м	м	D	D	Y	Y			Agency

B) Do you currently have a valid Motor Vehicle Driver's License? (YES/NO) If YES, complete Section B. If NO, proceed to Sections C and D.

Driver's License II	C															Class				State	
Vehicle Endorsem	nent (`	YES	/NO)				Cod	es]				
License Restrictio	n (YE	S/N	O)				Code	es]				
Date Issued	N	М	D	D		Y	Y					Expiration Date	М	М	D	D	Y	Y			
Number of years/r	nonth	ns yo	u ha	ve p	osse	esse	d suc	ch a	licer	nse v	vithc	out any brea	ak.		Y	Y	М	N	1		

C) Traffic Conviction Record

List any traffic convictions and pending charges (e.g., driving without insurance, moving violations, etc.) Do NOT list parking tickets.

DATE OF CONVICTION	TRAFFIC CONVICTION / PENDING CHARGE	NAME & LOCATION OF COURT	DISPOSITION

D) Was a license/certification held by you ever suspended, restricted or revoked, or have you ever been censured or disciplined by any licensing or certifying organization? (YES/NO)

(If the answer is YES, specify type of license or certification, action taken, from/to date and reason for action on Comments Page.)

For assistance, see CPD(B) Applicant Guidelines, Page 18

Applicant's Initials

VII. U.S. MILITARY RECORD

Last Name								First Initial	Soc. Sec.#					

NOTE: Service in the military does not necessarily qualify you for a veteran's preference.

I. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE U.S.? (YES/NO)

If you answered YES, then complete the sections below as they appear on your discharge or separation papers.

A. MILITARY SERVICE

Type of Service Discharge #
Issued to: First Last Name Name
Rank Dates of Active M M D D Y Y TO M M D D Y Service From Image: Service Image: Serv
Branch of Service Military Occupation
M M D D Y Y Entry Date Image: M M M D D Y Y
If you are a DISABLED veteran, please fill in the information below:
V.A. Claim Number
Regional Office in which your V.A. records are filed
B) MILITARY DISCIPLINARY RECORD
1. For the military service listed above, were you ever tried and found guilty in a disciplinary proceeding, including court martial? (YES/NO) (If the answer is YES, give details of the charges and disposition on the Comments Page.)
2. Did you receive an "Other Than Honorable", "Dishonorable", or "Bad Conduct" discharge? (YES/NO) (If the answer is YES, give details on the Comments Page.)
C) SERVICE DURING HOSTILITIES
Did you receive the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal for service in the hostilities in Lebanon, Grenada, or Panama? (YES/NO)
If YES, Specify the medal:
II. ARE YOU AN ACTIVE RESERVIST? (YES/NO)

For assistance, see CPD(B) Applicant Guidelines, Pages 18 and 19

Applicant's Initials

VIII. RESIDENCE

Last								First	Soc.					
Name								Initial	Sec.#					

Starting with your present address and working back, list the full address of every place you have resided for more than a three month period. List only your residences over the past ten years or since you left high school, <u>whichever is less</u>. If you are still in high school, list only your present address.

FROM (MM/DD/YY)	TO (MM/DD/YY)	STREET ADDRESS AND CITY	STATE	ZIP CODE

Applicant's Initials

IX. RESUME SECTION

ast ame																First Initial		Soc. Sec.#								
areer	Obj	ecti	ve(s)					• 																	
ow dic	d yo	u le	arn	of th	nis p	osit	ion?	(e.	g., n	am	e of	nev	wspa	aper	, ex	am notic	e, p	osting,	et	c.) _						
pecial	Ski	lls a	and /	Abili	ties																					
•		Ŭ	•								-					ing knov		• •		•			•			
•	Со	որւ	uter	Skill	ls (li	st la	ingu	age	es, ha	ard	ware	e so	ftwa	re, y	year	s/month	s ex	perien	ce_							-
•	Ма	chir	nes/e	əqui	ipme	ent y	/ou (can	ope	rate)															
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List	t ang	y ele	ecte	d off	fices	s yo	u ha	ve	held	(sp	ecify	/ of	fices	s, or	gani	zations,	loca	ations,	da	tes)						
									-							or Honors		eceiveo	d, A	Article	es oi	Bo	oks	Pub	lishe	 ed,

Continuing Education (Job Related Noncredit Courses Completed in the Last Five Years)

Course Title	Organization	Number of Days

Applicant's	Initials
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X. COMMENTS

Last							First	Soc.					
Name							Initial	Sec.#					

This section is reserved for any additional comments or facts you may wish to add. If you are explaining or continuing an answer given in this questionnaire, please identify the question specifically (e.g., page number section, etc.) If you do not need to write any additional comments on this page, write **NOT APPLICABLE (N/A)** below.

Applicant's Initials

Agency Use Only:

DP-2488-CPD (B) (3/26/04)



CITY OF NEW YORK AUTHORIZATION FOR RELEASE OF INFORMATION

I am applying for a position with, or trade license or certificate issued by, an agency within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services and authorize the release to the City of New York of ANY information required in order to establish my eligibility. This includes, but is not limited to, documents from any personnel files which you may maintain. I realize that should I subsequently obtain employment with another agency within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services, my personnel records will be transferred to that agency.

If this request is for military records, I hereby authorize the National Personnel Records Center, St. Louis, Mo., or other custodian of my military records, to release to the City of New York ALL information in, or provide photocopies of, my military personnel and related medical records. This should include a photocopy of my Form DD214 (Report of Separation.)

APPLICANT'S NAME:										
	PRINT									
SOCIAL SECURITY NUMBER:										
STREET ADDRESS/APT. NO.										
CITY										
STATE/ZIP CODE										
	PRINT									
SIGNATURE OF APPLICANT: DATE										
*APPLICANTS, FOR ASSISTAN	CE, SEE CPD (B) APPLICANT GUIDELINES PAGE 20.									
*APPLICANTS DO NOT WRITE BELOW THIS LINE.										
State of New York ss: County of New York										
This is to certify that this is a true	This is to certify that this is a true copy of an authorization currently in the custody of the City of New York.									
Authorized Signature:	Date:									
Title:	Name:									

XII. A	XII. AFFIRMATION																			
Last Name														First Initial	Soc. Sec.#					

Prior to signing, you must read CPD(B) Applicant Guidelines, Pages 1-10.

By signing my name below, I acknowledge that my appointment or promotion depends upon my full cooperation in investigation and my meeting all applicable qualifications including medical and residency, as provided by the Civil Service Law or other applicable laws, the Personnel Rules and Regulations of the City of New York, the Notice of Examination or Class Specification, and the NYC Charter/Administrative Code/Mayoral Directive on Residence.

I understand that my background is subject to investigation and I do not object to verification or release to the City of New York of any or all information related to this application, including, but not limited to, documents from any personnel files residing with other agencies within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services, and that should I subsequently change employment to another agency within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services, my personnel files will be transferred to that agency.

Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

I realize that a false statement or intentional omission of any material fact may cause me to be disqualified, even following appointment or licensure, and may lead to prosecution.

I further understand that if I have been selected for appointment or promotion from a civil service list, I have the right to request that my investigation be completed before appointment, and if such an investigation has not previously been requested and completed, I waive that right.

I also acknowledge that my employment is subject to the satisfactory completion of any applicable probationary period.

IF THIS ACTION IS PAYROLLED IN THE CITY'S PAYROLL MANAGEMENT SYSTEM (PMS), I AUTHORIZE THE PAYROLL DEDUCTION OF THE REQUIRED PERSONNEL PROCESSING FEE.

By signing below, I affirm, under the penalties of perjury, that,

I have read the instructions/information on this application and Section I of the CPD(B) Applicant Guidelines, all of which are incorporated by reference and made a part of this document;

I understand the requirements and conditions stated and agree to be bound by them;

I agree to comply with the following requirements, where applicable, as outlined in Section I of the CPD(B) applicant Guidelines:

- 1) NYC Residence Requirement Document, based upon Administrative Code and the Mayoral Directive on Residence;
- 2) Notification of Drug Free Workplace Policy and any additional related agency reporting requirements (all mayoral and non-mayoral appointments);
- Personnel Order 78/9, as amended, re: Service as an Officer in Political Parties (management employees in mayoral agencies serving in exempt or noncompetitive titles or serving provisionally in competitive titles);
- 4) Mayoral Directive 81-2 re: Computer Usage and Data Security Policy (all mayoral and non-mayoral appointments.)

I have completed all 20 pages of this CPD(B) application including those pages which I marked N/A. (YES/NO) ______.

I have personally completed this application, and everything I have written within is, to the best of my knowledge and belief, true and complete.

Signature	Date
For assistance, see CPD(B) Applica	nt Guidelines, Pages 20-22.
Applicant's Initials	Agency Use Only:

XIII. VERIFICATIONS: FOR AGENCY USE ONLY

Name Initial Sec.#
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Items Verified	Verification of Original Document	Verifier's Initials	Date: MM/DD/YY
Confirmation of Name and Eligibility	() Birth Certificate		
to work in US	() US Passport		
 CPD(B) Sections I, II PO Guidelines IV, B.4.a.b. 	() Naturalization Certificate () Resident Alien Card		
 FO Guidennes IV, B.4.a.b. I-9 	()Unexpired Reentry Permit		
 I-9 Documents 	()Social Security Card		
	()Unexpired Foreign Passport		
	()Certificate of US Citizenship		
	()Unexpired Temporary Resident Card		
	()Unexpired Employment Authorization Card ()US/Canadian Driver's License		
	()Other		
	()Other		
Name Change	()Marriage License		
CPD(B) Section I	()Divorce Decree		
PO Guidelines IV. B.4.a	()Court Order		
	()Other		
Residency	()Credit Card Statement		
CPD(B) Sections I,II, VIII	()Bank Statement		
 PO Guidelines IV, B.4.b.h 	()Utility Bill		
XV, XVI	()Other		
	()Other		
Driver's License	() Current License		
CPD(B) Section VI	() MVO Abstract		
PO Guidelines IV. B.4.f			
Trade or Professional Licenses			
CPD(B) Section VI			
 PO Guidelines IV.B.4.f 			
Military	()DD-214		
CPD(B) Sections II, VII	()DP-152		
 PO Guidelines IV.B.4.g 	()DP-153		
Education			
 Education CPD(B) Section IV 	See Education Section		
 P.O. Guidelines IV.B.4.d 			
	() DP-404		
Employment	See Employment Section		
CPD(B) Section V			
PO Guidelines IV.B.4.e			
	()		
Fingerprints	() DCJS-4		
PO Guidelines III.D. 1,2,3,IV.B.4.c,	()FD-258		
VI, VIII, X, XI	()DP-144		
	() Other		
	() Other		
Fingerprint Fees			
Brossesing Essa			
Processing Fees PO Guidelines III.D.1,2,3,VI			
Other			

Documents Complete:_____