AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by Consolidated Security Consultants, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed or photocopied form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only -- You will be provided with a free copy of any

| consumer reports or investigative consumer repo | orts obtained on you if you checl | k the box below. |
|--|-----------------------------------|---------------------------------------|
| $\ \square$ I wish to receive a free copy of the report from | n requesting company. | |
| | | |
| Applicant Last Name | First | Middle |
| Social Security No.* | Date of Birth* | |
| | | |
| Present Address | | |
| City/State/Zip | | |
| | | |
| Prior Addresses | From: | To: |
| Email Address | | |
| | | |
| Driver's License: State# | | · · · · · · · · · · · · · · · · · · · |
| Applicant Signature | Date | · |

* This information will be used only for background screening purposes and will not be taken into consideration in any

employment decisions.