

**AUTHORIZATION FOR SAFETY COUNCIL OF TEXAS CITY
TO PROCESS MY SOCIAL SECURITY NUMBER FOR VERIFICATION**

I hereby acknowledge and agree that the Safety Council of Texas City (herein referred to as Safety Council) has a legitimate business need to verify my identity as part of my entry requirement into any petrochemical facility that requires this verification. I understand that by providing authorization to the Safety Council and First Advantage, to process a verification of my Social Security Number, and if the verification process fails to identify me as the proper holder of the Social Security Number I submit below, I shall not meet the requirements for entry into facilities requiring this verification.

I authorize and instruct Safety Council and First Advantage, a consumer reporting agency, to verify my identity through consumer reports and social security number information and I am providing this as my written instruction and authorization to the Safety Council and First Advantage to verify my identity through consumer reports and social security number information. I understand that I have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on me at the time of the request.

By my signature at the bottom of this form, I authorize my employer to submit this form on my behalf to the Safety Council so that my verification can proceed as if I was at the Safety Council signing this authorization.

Please Print

Name (as imprinted on the SS Card) _____

(Note: Marathon Petroleum requires actual street address – Post Office Box address is not accepted)

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License: State _____ Number: _____ Expiration Date _____

Birth Date: _____ Gender: [] Male [] Female

Other or Former Names: _____

Other Form of Identification: _____

By signing this I hereby acknowledge that I have read or have had read to me and understand the above and instruct the Safety Council and First Advantage to obtain, provide and use a consumer credit report to help verify my identity, with the understanding that the sole use of this information will be for Social Security Number Verification and it will not be released, or used, by either First Advantage or the Safety Council for any other purpose.

Signature: _____ Date: _____

Print Name: _____

Please submit form to:
Safety Council of Texas City
P.O. Box 2759 * 3300 FM 1765 * Texas City, TX 77592
Fax: (409) 948-3576
Email: dwalker@csctc.org