

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____ STEENS CREEK TRANSPORTATION LLC

115 AZTEC DRIVE

City _____ RICHLAND MS 39218

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone _____ How Long? _____ yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Do you have the legal authority to work in the United States? _____

Date of Birth _____ / _____ / _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Position _____

Reason for leaving _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? ☐ YES ☐ NO

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked?
YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK ☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER ☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS ☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS ☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS ☐ YES ☐ NO More than 8 passengers	—		
MOTORCOACH - SCHOOL BUS ☐ YES ☐ NO More than 15 passengers	—		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8
HIGH SCHOOL: 1 2 3 4
COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME)
(CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____
Date: _____

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**STEENS CREEK TRANSPORTATION LLC
115 AZTEC DR
RICHLAND MS 39218**

ATTN: _____ FAX # _____

RETURN FAX # 601-939-0152

ATTN: SAFETY

AUTHORIZATION AND CONSENT FORM FOR RELEASE OF INFORMATION

I certify that I personally completed this application and that all of the information is true and correct. I authorize Steens Creek Transportation LLC to conduct a thorough background investigation in accordance with state and federal law, authorize my previous employers to release any information requested by Steens Creek Transportation LLC, and hold them harmless of all liability from the release of said information. Also, in accordance with the provisions of 49 CFR part 382.405 and 382.413, I hereby authorize and require my previous and/or current employers to release the results (including any refusal to test) of all drug and alcohol test taken by me pursuant to the provisions of 49 CFR while in their employment to Steens Creek Transportation LLC by whatever means is expedient. Also in accordance with 49 CFR part 391.23 the right to review information provided by previous employers;(I)(1)(II). The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;(I)(1)(III). The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver's Printed Name: _____

Driver's Signature: _____ Date: _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Steens Creek Transportation LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Steens Creek Transportation LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

**GENERAL CONSENT FOR LIMITED QUERIES OF THE
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
(FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE**

I, _____, hereby provide consent to Steens Creek Transportation LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exist in the Clearinghouse. This consent will be for multiple limited queries for the duration of my employment.

I understand that if the limited query conducted by Steens Creek Transportation LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Steens Creek Transportation LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Steens Creek Transportation LLC to conduct a limited query of the Clearinghouse, Steens Creek Transportation LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST
TO BE COMPLETED BY PREVIOUS EMPLOYER**

APPLICATION DATE: _____

I (Print Name) _____
FIRST, M, LAST **SOCIAL SECURITY NUMBER**

DATE OF BIRTH

Hereby authorize:

Previous Employer: _____ Fax No. _____
State & Zip: _____ Phone: _____

To release & forward the information requested on this document concerning my Work, Accident & Alcohol & Controlled Substances Testing Records within the previous 3 years

The applicant named above was employed by us. Yes _____ No _____

Employed as, _____ from (m/d/y) _____ to (m/d/y) _____

1. Did he/she drive motor vehicle for you? Yes _____ No _____ If yes, what type? Straight Truck _____
Tractor/semitrailer _____ Bus _____ Cargo Tank _____ Doubles/Triples _____ Other _____
2. Reason for leaving your employ: Discharged _____ Resignation _____ Layoff _____ Military Duty _____ Other _____
3. Would you rehire? Yes _____ No _____ Upon Review _____

Complete the following for any accidents included on your accident register(390.15(b)) that involved the applicant in the 3 years prior to the application date shown above. If there is no accident register data for this driver check here. _____

Date	Location	# of Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Any other remarks: _____

DRUG & ALCOHOL HISTORY

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here _____ Fill in the dates of employment from (m/d/y) _____ to (m/d/y) _____

Driver was subject to Department of Transportation testing requirements from _____ to _____

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes _____ No _____
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes _____ No _____
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test? Yes _____ No _____
4. Has this person committed other violations so Subpart B of 382 or Part 40? Yes _____ No _____
5. If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ: including return-to-duty & follow-up tests? If yes, please send documentation back with this form. Yes _____ No _____
6. For a driver who successfully completed a SAP's rehabilitation referral & remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? Yes _____ No _____

Completed by (signature): _____ Date: _____

Title: _____

X _____ Date: X _____

APPLICANT'S SIGNATURE

**PLEASE RETURN TO STEENS CREEK TRANS FAX # 601-939-0152
IF PROBLEM CALL 601-939-4992 THANK YOU**

**STEENS CREEK TRANSPORTATION LLC
115 AZTEC DR
RICHLAND MS 39218**

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec.40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or refusal to test, you cannot use the employee, until or unless the employee documents successful completion of the return-to-duty process. (See Sec 40.25(b)(5) & (e).

Prospective Employee Name: _____
(Print)

The prospective employee is required by Sec 40.25(j) to respond to the following.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ____ Yes ____ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ____ Yes ____ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____



Mississippi Department of Public Safety
Driver Service Bureau



CONSENT TO RELEASE RECORDS FORM

INDIVIDUAL SERVICES:

Driver Name: _____ DL No. _____ DOB: ____/____/____

By signing below, I voluntarily give consent to the Mississippi Department of Public Safety to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety, their agents and employees, to the following person, company, corporation or legal entity:

Release records/information to: STEENS CREEK TRANSPORTATION LLC

☒ MVR Summary ☐ Other Record (Specify) _____

Check the following applicable statement:

Report Requestor: ☒ Person Involved ☐ Surviving Spouse ☐ Representative of Estate
☐ Next of Kin _____ (Relationship)

Driver's Signature of Consent: [Signature]

STATE OF MISSISSIPPI

COUNTY OF _____

PERSONALLY appeared before me, the undersigned authority in and for the county and state aforesaid, the within named _____, who states upon his/her oath and personal knowledge that all matters, facts and things set forth in the above and foregoing document are true and correct as therein stated.

[Signature]
(DRIVER'S SIGNATURE)

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 20 ____

(MY COMMISSION EXPIRES)

(NOTARY PUBLIC)

RECIPIENT INFORMATION

Date: ____/____/____ RECIPIENT OF RECORD(S) _____ Please Print

Recipient's Address _____ City _____ State _____ Zip _____

NOTICE: As required by the Federal Driver Protection Act (DPPA), 18 U.S.C. Section 2721, the Mississippi Department of Public Safety will not release personal information from your record unless you consent by waiving your rights to privacy under the DPPA; or unless the Department is required by DPPA to release personal information without your consent; such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or unless the DPPA authorizes the Department to release it, such as to government entities, courts, insurance companies and to others specified.

Mail all correspondence to:

Department of Public Safety
Attn: MVR
P.O. Box 1459
Canton, MS 39046

*Please include a self-addressed stamped envelope.