

FCRA NOTICE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

AdvantEdge Technology Inc. ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. []

Applicants of New York Employers only: I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

California applicants only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. []

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)

Driver License State / Number

E-mail Address

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPT-OUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For more information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, D.C. 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050

<p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizational operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

36H3@F769715 AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY PROTECTED BASIS, INCLUDING SEXUAL ORIENTATION, PREGNANCY, ANCESTRY, RACE, RELIGION, COLOR, NATIONAL ORIGIN, AGE, MARITAL STATUS, MEDICAL CONDITION, GENETIC INFORMATION OR DISABILITY.

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Please fill out your name **AS IT APPEARS ON YOUR SOCIAL SECURITY CARD.**

First Name		Middle Name/Initial		Last Name	
Today's Date	SS#	Home Phone	Cell Phone	Alt Phone	Home E-mail
					Work E-mail

Current Address		Previous Address (within the last 7 years)			
Street	Apt /Unit #	Street	Apt /Unit #	Date Available	
City		City			Position Desired
State	Zip	State	Zip	Expected Salary per	

Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Desired Status <input type="checkbox"/> Full -Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call <input type="checkbox"/> Seasonal	If hired, can you submit verification of your identity and eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How were you referred?

Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have gone by another name in the past such as an assumed name or a nickname, please indicate so we may verify your past employment and education.
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Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give the date(s) and details:
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Have you been arrested for any matters for which you are currently out on bail or on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give the date(s) and details:
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NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions).

Personal References (Not Relatives or Former Employees)

First Name	Last Name	First Name	Last Name
Address		Address	
Phone #		Phone #	
Relationship	E-mail	Relationship	E-mail

Work Experience - List all jobs including part-time and self-employment; explain periods of unemployment. Use additional sheets if necessary. A resume may be used to supplement (but not replace) this information.

MAY WE CONTACT YOUR PRESENT EMPLOYER? IF NOT, EXPLAIN.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>

Please begin with your most current employer:

Employer		Phone #		From	To
				/	/
Address		Job Info			
Street	Suite/Unit #	Starting Salary	Ending Salary	Name of Supervisor	
City		Your Title & Description of Duties		Title of Supervisor	
State	Zip Code			Reason for Leaving	

Employer		Phone #		From	To
				/	/
Address		Job Info			
Street	Suite/Unit #	Starting Salary	Ending Salary	Name of Supervisor	
City		Your Title & Description of Duties		Title of Supervisor	
State	Zip Code			Reason for Leaving	

Employer		Phone #		From	To
				/	/
Address		Job Info			
Street	Suite/Unit #	Starting Salary	Ending Salary	Name of Supervisor	
City		Your Title & Description of Duties		Title of Supervisor	
State	Zip Code			Reason for Leaving	

Employer		Phone #		From	To
				/	/
Address		Job Info			
Street	Suite/Unit #	Starting Salary	Ending Salary	Name of Supervisor	
City		Your Title & Description of Duties		Title of Supervisor	
State	Zip Code			Reason for Leaving	

DO YOU HAVE ADEQUATE TRANSPORTATION TO AND FROM WORK?

Yes No

Have you ever been terminated or asked to resign from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes Please Explain the Circumstances:
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Education

School Name	Location	Highest Year Completed				Major subject/training you completed that directly relates to the job applied for:
		9	10	11	12	
High School		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
College		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Graduate School		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trade/Vocational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

If you have not graduated from any of the above schools, please explain:

Describe your hobbies, interests, memberships in professional organizations that may directly relate to the job for which you have applied *(you may exclude those whose name or character indicate sex, sexual orientation, ancestry, race, religion, color, national origin, age, marital status, medical condition or disability or any other protected classification of its members)*.

Summarize any information you think necessary to describe your full qualifications for the job for which you have applied.

Military. *(Complete this section if you served in the U.S. Armed Forces)*
 Describe any other skills or experience acquired that directly relates to the job for which you have applied.

CERTIFICATION AND AGREEMENT – PLEASE READ CAREFULLY

I hereby certify that the information contained in the Employment Application and on any resume provided to AdvantEdge Technology, Inc (“AdvantEdge”) is true, correct, and complete. I agree to have the information verified by Oasis Outsourcing (“Oasis”). I authorize Oasis to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give Oasis (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have. I also authorize Oasis to disclose any information concerning me to AdvantEdge. I understand that any misrepresentation, falsification or omission of information on this Employment Application may result in my failure to receive an offer or if I am hired, in my dismissal from employment. I also understand that all offers of employment are conditioned on satisfactory proof of my identity and legal authority to work in the United States.

If hired, I will comply with all rules and regulations of Oasis and those of AdvantEdge. I understand that Oasis and/or AdvantEdge reserves the right to require me to submit to a test for the presence of drugs and/or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. If I test positive for drugs and/or alcohol, my employment with Oasis and/or AdvantEdge will be terminated. I also understand that any offer of employment may be contingent upon the passing of a job-related physical examination. I consent to the disclosure of the results of any physical examination and related tests to Oasis. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign the consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

**I EXPRESSLY UNDERSTAND AND AGREE THAT, IF HIRED,
MY EMPLOYMENT AND COMPENSATION ARE TERMINABLE AT WILL.**

My employment is for no definite period, and my employment and compensation may be terminated by Oasis, and/or AdvantEdge at will at any time for any reason whatsoever, with or without cause or notice at the option of either Oasis, AdvantEdge, or myself. I further understand and agree that this at-will employment relationship includes the right of Oasis and/or AdvantEdge to demote or otherwise discipline me at will, with or without cause or notice. No implied, oral, or written agreements contrary to the express language of this at-will agreement are valid unless they are in writing signed both by the president of Oasis and by me. No supervisor or representative of Oasis and/or AdvantEdge has any authority to make any agreements contrary to the foregoing. This agreement is the entire integrated agreement between Oasis, AdvantEdge and me regarding the rights of Oasis, AdvantEdge, or myself to terminate employment at will, with or without cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between Oasis and or AdvantEdge and me.

I further agree and acknowledge that Oasis and/or AdvantEdge and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both Oasis and/or AdvantEdge and I agree that any claim, dispute, and/or controversy that either I may have against Oasis and/or AdvantEdge (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or Oasis and/or AdvantEdge may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with Oasis and/or AdvantEdge shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act’s other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers’ Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to peruse a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). Further, this Agreement shall not prevent either me or Oasis and/or AdvantEdge from obtaining provisional remedies to the extent permitted by Code of Civil Procedure Section 1281.8 either before the commencement of or during the arbitration process. In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of “just cause”) other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement’s modifications to the Act’s procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator’s written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and Oasis and/or AdvantEdge give up our right to trial by jury of any claim I or Oasis and/or AdvantEdge may have against each other.

This is the entire agreement between Oasis and/or AdvantEdge and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by myself and the President of Oasis and/or AdvantEdge. No supervisor or representative of Oasis and/or AdvantEdge, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be served and the remainder of this Agreement shall be enforceable.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATION AND AGREEMENT. If you have any questions regarding this Certification and Agreement, please discuss with a Oasis representative before signing. A copy of this certification is available to you in Spanish.

NO FIRME ESTA CERTIFICACIÓN Y ACUERDO ANTES DE LEER COMPLETAMENTE. Si tiene alguna pregunta acerca de esta Certificación y Acuerdo, favor de hablarlo con un representante de Oasis antes de firmar. Una copia de este certificado este disponible para usted en Español.

Signature: _____

Date: _____

Print First Name _____ Last Name _____

Date of Birth _____ Gender : Male Female

Be subject to mandatory federal government reporting and record keeping requirements for the administration of civil rights laws such as Title VII of the Civil Rights Act of 1964, as amended, administered by the US Equal Employment Opportunity Commission. Subsequently, we ask you to **voluntarily** self-identify your race/ethnicity. Submission of this information is **voluntary**, and refusal to provide it will not subject you to any adverse or disciplinary action. The information will be kept confidential in a secured environment with limited access.

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- Decline to State**

Anti-Discrimination Notice: *It is an unlawful employment practice for an employer to fail or refuse to hire, promote or discharge an individual, or otherwise to discriminate against an individual with respect to that individual's terms and conditions of employment, based on such individual's race, color, religion, gender or national origin.*

Veteran Status

Are you a veteran of the Vietnam era? A veteran of the Vietnam era means a veteran who served in the Republic of Vietnam from February 28, 1961 through May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. In addition, The Veteran Employment Opportunity Act of 1998 (VEOA) has created a new group of veterans who are protected under the Vietnam Era Veterans Readjustment Act. These veterans "served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized." Therefore, veterans who served on active duty between December 7, 1941, and April 28, 1952, the official dates of World War II, are now protected under the VEVRAA. In addition there is a Department of Defense list of military campaigns and expeditions and their dates, which also qualify to be included.

- I do not meet the above criteria I meet the above criteria I decline to state