PERSONAL HISTORY DISCLOSURE FORM

This form must be completed by individuals who are:

(1) Sole proprietors;

(2) Officers, directors, partners, or key employees of an applicant;

(3) Individuals who own or control the applicant;

(4) Officers, directors, and partners of a business concern that owns or controls the applicant;

(5) Officers, directors, partners, and key employees of an operator of an off-site facility if the applicant is a government entity.

Pursuant to Ohio Revised Code 3734.41 through 3734.47 and Ohio Administrative Code 109:6-1-01 through 109:6-1-04

INSTRUCTIONS

1. WHO MUST COMPLETE THIS FORM?

   a. Sole proprietors.

   b. Each individual who is an officer, director, partner, or key employee of an applicant except for any individual who is an officer, director, partner, or key employee of a Secondary Business Activity Concern.

   c. Each individual who holds or is able to control, either directly or through a holding company or subsidiary, the purchase or sale of more than five percent of the equity of the applicant, if the applicant is a publicly traded corporation, or twenty-five percent of the equity of the applicant, if the applicant is a privately held business concern.

   d. Officers, directors, and partners of a business concern that holds or is able to control, either directly or through a holding company or subsidiary, the purchase or sale of at least five percent of the equity of the applicant, if the applicant is a publicly traded corporation, or twenty-five percent of the equity of the applicant, if the applicant is a privately held business concern.

   e. Officers, directors, partners, and key employees of an operator of an off-site facility for which the applicant is a government entity.

As defined by OAC 109:6-1-01(E), "Business concern" means any corporation, association, firm, partnership, trust, sole proprietorship, or other form of commercial organization.

File this form with the Applicant Disclosure Form(s) and/or Non-Applicant Business Concern Disclosure Form.

2. FINGERPRINT INSTRUCTIONS. All individuals required to submit a personal history disclosure form must submit fingerprints to the Attorney General.

   a. Fingerprints may be submitted electronically. An individual who wishes to submit fingerprints electronically may do so by going to any of the vendors identified on the Attorney General's website who are able to take **both** BCI and FBI fingerprints. The individual must submit electronic fingerprints that will be transmitted by the vendor to both the Ohio BCI and FBI in order to meet his statutory obligations. The Attorney General's website identifying electronic fingerprint vendors is: http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing.

      * All individuals who provide electronic fingerprints are responsible for ensuring that the results are returned to the Environmental Background Investigation Unit. Processing time may take up to thirty (30) days. Be sure to account for this time when submitting fingerprints electronically.

      * Individuals submitting electronic fingerprints must be sure to list the name and address of the Environmental Background Investigation Unit on the fingerprint form which they provide to the electronic fingerprint vendor. Please list the entity receiving the fingerprint results as: Environmental Background Investigation Unit, 30 E. Broad Street, 25th Floor, Columbus, Ohio, 43215.

* All individuals who provide electronic fingerprints are responsible for paying the electronic fingerprinting fee charged by the vendor.

* In the event that an individual's fingerprints are not or can not be taken electronically, he or she will be required to submit ink and paper fingerprints.

b. Fingerprints may be submitted by the ink and paper method. Individuals may choose to provide fingerprints by the traditional ink and paper method of fingerprinting. All individuals who choose to provide traditional ink and paper fingerprints must do so on the forms provided by the Attorney General. If an individual resides out-of-state he or she must provide traditional ink and paper fingerprints, unless the Attorney General determines the out-of-state electronic fingerprint vendor he or she proposes to use qualifies to submit electronic fingerprints.

3. HOW SHOULD THIS FORM BE COMPLETED? Read every question carefully before you begin answering any question. Answer every question completely. Do not leave any blank spaces. If a question does not apply, enter "Not Applicable" or "N/A" in the space provided for an answer.

   If there is nothing to disclose in answer to a particular question, enter "None" in the space provided for an answer.

   All individuals filing a personal disclosure statement for the first time are required to complete the attached Release Form and submit a complete and readable set of fingerprint cards.

4. ANSWER COMPLETELY AND TRUTHFULLY. Failure to answer any question completely may result in the form being returned for supplementation. If the answer to a question in this form is identical to an answer given to a previous question in the form, you may answer the later question by writing "Same as _____." For example, if the answer to Question 3 is the same as the answer to Question 2, you may answer Question 3 by writing "Same as 2." Failure to submit complete and truthful forms will be taken into consideration in the background investigation.

5. ADDITIONAL SPACE. If you need additional space to answer a question, use plain 8 ½ by 11 paper. Insert additional pages immediately following the page on which the question you are answering appears. Be sure to indicate your answer is "Continued on next page." and indicate on the additional page what question is being answered there.

   When you have finished answering all questions, and have attached all additional pages, consecutively number each page at the top right corner - including the additional pages. Pages of the original form, which need to be renumbered as a result of adding pages, should be renumbered in the space provided after "Your Page No._____."

6. EXHIBITS. If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as "Exhibit No._____" and attach it at the end of the form.

7. TYPE OR PRINT YOUR ANSWERS. Type or print in legible block letter style.

8. INTERPRETIVE ASSISTANCE IN COMPLETING DISCLOSURE FORM. If you need interpretive assistance in completing a disclosure form, you may submit, in writing to the Attorney General, a

regulatory guidance request seeking an informal, nonbinding interpretation of a regulatory requirement imposed by sections 3734.41 to 3734.47 of the Revised Code and the rules adopted thereunder.

9. The information required in the disclosure form is necessary information to begin the background investigation required by sections 3734.41 through 3734.47 of the Revised Code. In limiting the scope of information required to be included in the disclosure form it is expressly contemplated that in individual investigations, the Attorney General may have reasonable cause to believe that the procedures contained in section 3734.43 of the Revised Code should be employed to review additional information. Nothing contained herein shall be construed to restrict or limit the scope of the information the Attorney General may seek pursuant to the procedures established in section 3734.43 of the Revised Code.

IF YOU HAVE GENERAL, QUESTIONS ABOUT HOW TO FILL OUT THIS FORM, PLEASE CALL THE ENVIRONMENTAL BACKGROUND INVESTIGATION UNIT OF THE OHIO ATTORNEY GENERAL'S OFFICE AT (614) 466-3843.

FRAUDULENT, DECEPTIVE, OR MISLEADING ANSWERS ON DISCLOSURE FORMS MAY RESULT IN THE DENIAL OR REVOCATION OF A LICENSE OR PERMIT. IN ADDITION, ANY PERSON WHO MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION.

If you are unsure of, or do not remember the answer to a question, indicate "Do not remember." This may result in additional inquiries from the Director or the Attorney General, but it will avoid the implication that you are trying to conceal information.

However, you should not answer "Do not remember," or complete a question using similar words, simply because the information may not be immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely.

SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the Federal Privacy Act of 1974

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. §552a (note), any federal government agency which requests an individual to disclose his/her Social Security Account Number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

Although not expressly bound by this provision, the Ohio Environmental Protection Agency and the Ohio Attorney General are authorized to request Social Security Numbers pursuant to Paragraph (D) of Section 3734.41 of the Revised Code, which defines the contents of disclosure statements. The Social Security number is used as a secondary identifier by the Ohio Bureau of Criminal Investigation when it conducts background investigations, when the Bureau of Criminal Investigation conduct checks of criminal history records maintained by the state and federal governments, and as a cross-check against motor vehicle records. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number might be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. The State of Ohio will not deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security Number. However, the absence of a Social Security Number as a secondary identifier may delay processing and decisions on licensure because of necessary additional investigative time. Further, a decision not to provide a Social Security Number may result in an individual initially being identified as having a criminal record, which actually is that of another person. This again, may result in delays in the decision on licensure required by Revised Code Section 3734.41 et seq.

1. NAME OF APPLICANT FOR WHOM THIS FORM IS BEING FILED:

_____

2. NAME OF NON-APPLICANT BUSINESS CONCERN FOR WHOM YOU SERVE AS AN OFFICER, DIRECTOR, OR KEY EMPLOYEE (if applicable):

_____

3. FULL NAME OF PERSON COMPLETING THIS FORM:

_____
(Last) (First) (Middle)

4. DATE OF BIRTH:_____/_____/_____

5. SOCIAL SECURITY NUMBER:_____-_____-_____

6. HOME ADDRESS:_____
(Number and Street)

_____
(City) (State) (Zip Code)

_____
(County)

7. BUSINESS ADDRESS:_____
(Number and Street)

_____
(City) (State) (Zip Code)

_____
(County)

BUSINESS TELEPHONE:_____
(Area code)

BUSINESS MAILING ADDRESS, IF DIFFERENT:

_____
(Number and Street)

_____
(City) (State) (Zip Code)

_____
(County)

8. OTHER NAMES: List all names that you have ever used, other than your present full legal name. Include any maiden name, previous married name, alias and any name under which you have worked or been educated. If you have ever changed your name in a legal proceeding, give the date, place and court, and your names before and after the change.

Name before:_____ Name after:_____

Type (e.g. nickname):_____

Dates when used: From (month/year):_____ To (month/year):_____

Place:_____ Court:_____

Name before:_____ Name after:_____

Type (e.g. nickname):_____

Dates when used: From (month/year):_____ To (month/year):_____

Place:_____ Court:_____

9. DRIVER'S LICENSE INFORMATION:

a. I have an Ohio driver's license _____ (check if applicable).

If the license is in a name other than the name provided in Question 3, please provide the name appearing on your license: _____. If you have an Ohio driver's license you are not required to provide a copy of your license.

b. I have an out-of-state driver's license, a copy of which is attached _____ (check if applicable).

If you have an out-of-state driver's license you must attach a copy of your license along with this form.

10. EDUCATION:

High school graduate or GED recipient? Yes [ ] No [ ] Please check one.

Post High School Education (Technical School, Business School, Professional School, College and/or University)? Yes [ ] No [ ] Please check one.

Please provide the information below for the institution where you obtained your highest degree.

School name:_____

Location (City and State):_____

Major/Area of study:_____

Type of degree/certification:_____

Date degree/certification obtained:_____

11. MILITARY SERVICE: Have you served in the military of the United States of any foreign country? [ ] Yes [ ] No

If yes, please **provide a copy of your discharge papers or separation documents (e.g. DD Form 214).**

12. RESIDENCES: List every place you have resided for the past five (5) years, beginning with your current residence and going backward. Include vacation or seasonal residences, and second homes. "Vacation or seasonal residence" means a residence other than your primary residence in which you resided for more than 90 days in more than one calendar year. If you lived in several dwellings within the same neighborhood, you need only identify the neighborhood. (e.g. If you lived in different dormitories at the same college campus, only identify the college campus.)

- Address:_____
  (Number and Street)

  _____
  (City) (State) (Zip Code)

  _____
  (County)

  From (month/year):_____ To (month/year):_____

- Address:_____
  (Number and Street)

  _____
  (City) (State) (Zip Code)

  _____
  (County)

  From (month/year):_____ To (month/year):_____

- Address:_____
  (Number and Street)

  _____
  (City) (State) (Zip Code)

  _____
  (County)

  From (month/year):_____ To (month/year):_____

13. EMPLOYMENT HISTORY: List all jobs you have had during the last ten (10) years. If you are under age 28 and have not been in the adult work force for ten (10) years, then only list jobs held since age 18. Begin with most recent job and work backward.

- Employer name:_____

  Address:_____
  (Number and Street)

  _____
  (City) (State) (Zip Code)

  _____
  (County)

  From (month/year):_____ To (month/year):_____

  Position held:_____

  Number of employees you supervised:_____

  Reason for leaving:_____

- Employer name:_____

  Address:_____
  (Number and Street)

  _____
  (City) (State) (Zip Code)

  _____
  (County)

  From (month/year):_____ To (month/year):_____

  Position held:_____

  Number of employees you supervised:_____

  Reason for leaving:_____

- Employer name:_____

  Address:_____
  (Number and Street)

  _____
  (City) (State) (Zip Code)

  _____
  (County)

  From (month/year):_____ To (month/year):_____

  Position held:_____

Number of employees you supervised:_____

Reason for leaving:_____

14. DESCRIBE YOUR EXPERIENCE AND CREDENTIALS IN THE COLLECTION, TRANSPORTATION, TREATMENT, STORAGE OR DISPOSAL OF SOLID WASTE, INFECTIOUS WASTE OR HAZARDOUS WASTE: You may answer or supplement your response to this question by the inclusion of resumes, lists of professional publications and achievements and/or cross-references to information disclosed elsewhere on this form.

15. PENDING CRIMINAL CHARGES AND INDICTMENTS: List information for any criminal prosecution pending against you or a business concern, which you owned or controlled during the time of the alleged crime, other than pending criminal charges for vehicular violations. If you wish, you may choose to submit an explanation of any of the prosecution listed below.

- Crime or offense:_____

  Date of complaint/indictment:_____

  Case number:_____

  Court of jurisdiction (City & County):_____

  Conviction date:_____

  Current status of prosecution:_____

- Crime or offense:_____

  Date of complaint/indictment:_____

  Case number:_____

  Court of jurisdiction (City & County):_____

  Conviction date:_____

  Current status of prosecution:_____

- Crime or offense:_____

  Date of complaint/indictment:_____

  Case number:_____

  Court of jurisdiction (City & County):_____

  Conviction date:_____

  Current status of prosecution:_____

16. CRIMINAL CONVICTIONS: List any criminal conviction against you or a business concern which you owned or controlled. This does not include any vehicular violation that resulted in a misdemeanor or felony conviction. Include all applicable convictions even if they are arguably not disqualifying. If you wish, you may choose to provide an explanation of the prosecution listed above. Identify prosecution by indictment number. See Appendix A for a copy of the disqualifying crimes listed in Ohio Revised Code 3734.44(B).

- Crime or offense:_____

  Date charged:_____

  Case number:_____

  Court of jurisdiction (City & County):_____

  Conviction date:_____

  Disposition (sentence imposed):_____

- Crime or offense:_____

  Date charged:_____

  Case number:_____

  Court of jurisdiction (City & County):_____

  Conviction date:_____

  Disposition (sentence imposed):_____

- Crime or offense:_____

  Date charged:_____

  Case number:_____

  Court of jurisdiction (City & County):_____

  Conviction date:_____

  Disposition (sentence imposed):_____

17. EVIDENCE OF REHABILITATION: If items are listed under questions 15 or 16, set forth any written evidence or arguments you wish to make that demonstrate rehabilitation. Attach additional sheets if necessary. Likewise, attach any additional documents you wish the Director of the Ohio EPA and the Attorney General to consider (e.g. letters of recommendation). See Appendix B for Rehabilitation Criteria.

18. PENDING ADMINISTRATIVE ENFORCEMENT ACTIONS: **If you are an officer, director, partner, or key employee of the Applicant,** list and explain any administrative enforcement action (including an administrative order) which (a) is pending against you or a business concern owned or controlled by you, (b) may result in the imposition of a sanction, including but not limited to, a fine, a penalty, a payment which is made, work or service which is performed in lieu of a fine or penalty, or a cessation or suspension of operations, and (c) concerns a violation or alleged violation of a law, rule or regulation relating to the collection, transportation, treatment, storage or disposal of solid, hazardous or infectious waste or relating to any environmental statute. If the information requested in this question is listed on an Applicant Disclosure Form you may answer by indicating a cross-reference to that statement and question number.

- Action:_____

  Date action commenced:_____

  Docket or ID number:_____

  Issuing agency:_____

  Date of violation:_____

  Description of violation:_____

  Location of violation:_____

  Disposition:_____

- Action:_____

  Date action commenced:_____

  Docket or ID number:_____

  Issuing agency:_____

  Date of violation:_____

  Description of violation:_____

  Location of violation:_____

  Disposition:_____

- Action:_____

  Date action commenced:_____

  Docket or ID number:_____

  Issuing agency:_____

  Date of violation:_____

  Description of violation:_____

  Location of violation:_____

  Disposition:_____

19. ENVIRONMENTAL PERMIT REVOCATIONS: **If you are an officer, director, partner, or key employee of the Applicant,** list or explain any revocation, suspension, or denial of a license, permit or equivalent authorization that was issued to a business concern for which you served as an officer, director, partner, or key employee within the past ten (10) years pursuant to a law, rule or regulation relating to the collection, transportation, treatment, storage or disposal of solid, hazardous or infectious waste or relating to any environmental statute authorizing the revocation.

- Revocation, suspension or denial action:_____

  Docket or ID number:_____

  Issuing agency:_____

  Date of revocation, suspension or denial:_____

  Reason for revocation, suspension or denial:_____

  Provide any explanation of the action, revocation, suspension or denial.

- Revocation, suspension or denial action:_____

  Docket or ID number:_____

  Issuing agency:_____

  Date of revocation, suspension or denial:_____

  Reason for revocation, suspension or denial:_____

  Provide any explanation of the action, revocation, suspension or denial.

- Revocation, suspension or denial action:_____

  Docket or ID number:_____

  Issuing agency:_____

  Date of revocation, suspension or denial:_____

  Reason for revocation, suspension or denial:_____

  Provide any explanation of the action, revocation, suspension or denial.

20. RESOLVED AND PENDING CIVIL SUITS: **If you are an officer, director, partner, or key employee of the Applicant,** in the past ten (10) years have you been involved in or are you currently involved in any civil suit which is pending, where you or a business concern which you owned or controlled is a defendant to a claim, counterclaim, or cross claim, and which may result in liability, in whole or in part, against you or a business concern you owned or controlled under a law, rule, or regulation relating to the collection, transportation, treatment, storage, or disposal of solid, hazardous, or infectious waste or relating to any environmental statute? If "yes", provide the following information:

- Title of Case/Case Caption:_____

  Date File/Initiated:_____

  Docket Number:_____

  Name of Court:_____

  Current Status:_____

  Disposition, if applicable:_____

  Provide any explanation of the nature of the suit.

- Title of Case/Case Caption:_____

  Date File/Initiated:_____

  Docket Number:_____

  Name of Court:_____

  Current Status:_____

  Disposition, if applicable:_____

  Provide any explanation of the nature of the suit.

  _____

  _____

_____

_____

- Title of Case/Case Caption:_____

  Date File/Initiated:_____

  Docket Number:_____

  Name of Court:_____

  Current Status:_____

  Disposition, if applicable:_____

  Provide any explanation of the nature of the suit.

AFFIDAVIT

STATE OF _____:

COUNTY OF _____:

I, _____, do hereby swear or affirm that the information in this Personal History Disclosure Form is true to the best of my knowledge. I am aware that if any of the foregoing statement made by me is knowingly false, I am subject to criminal prosecution or civil action.

If a person other than the individual signing this affidavit (e.g. Accountant or Attorney) prepared this form, indicate that person's name, address and telephone number:

Name:_____

Address:_____
(Number and Street)

_____ _____ _____
(City) (State) (Zip Code)

Telephone:_____
(Area code)

Dated this _____ day of _____, 20__.

Signature_____

Sworn to and subscribed before me this _____ day of _____, 20__.

_____
NOTARY PUBLIC

My Commission Expires:_____

Under Ohio Revised Code 2921.11 and 2929.11, perjury is a felony of the third degree; punishable by imprisonment for one to ten years and a fine up to $5,000. Under Ohio Revised Code 2921.13 and 2929.21, falsification is a misdemeanor of the first degree; punishable by imprisonment for six months and a fine up to $1,000.

RELEASE FORM

To all Courts, Probation Departments, Selective Service Boards, Credit Bureaus, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies (federal, state and local, without exception, both foreign and domestic):

I, _____, as an owner, officer, director, partner, stockholder or key employee of an Applicant Business Concern or Non-Applicant Business Concern or holder of an Ohio Environmental Protection Agency solid, infectious, or hazardous waste license, or permit, have authorized the Attorney General of Ohio to conduct an investigation into my background for the purpose of determining the suitability of the company with which I am affiliated to hold a solid, infectious, or hazardous waste license or permit, as provided under Sections 3734.41 - .47 of the Ohio Revised Code.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by an appropriate employee, agent or representative of the Attorney General.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A copy of this authorization will be considered as effective and valid as the original.

_____ _____
(Signature) (Date)

Sworn to and subscribed before me this _____ day of _____, 20__.

_____
NOTARY PUBLIC

My Commission Expires:_____

Under Ohio Revised Code 2921.11 and 2929.11, perjury is a felony of the third degree; punishable by imprisonment for one to ten years and a fine up to $5,000. Under Ohio Revised Code 2921.13 and 2929.21, falsification is a misdemeanor of the first degree; punishable by imprisonment for six months and a fine up to $1,000.

APPENDIX A

DISQUALIFYING CRIMES

Pursuant to Paragraph (B) of Section 3734.44 of the Ohio Revised Code, an applicant or licensee may be disqualified from holding a solid, infectious, or hazardous waste permit or license if any individual or business concern required to be listed in the disclosure statement, or shown to have a beneficial interest in the business of the applicant or the permittee, has been convicted of any of 21 categories of crimes listed in the statute.

Disqualifying crimes are any of the following under Ohio laws, or equivalent laws of any other jurisdiction:

1. Murder
2. Kidnapping
3. Gambling
4. Robbery
5. Bribery
6. Extortion
7. Criminal usury
8. Arson
9. Burglary
10. Theft and related crimes
11. Forgery and fraudulent practices
12. Fraud in the offering, sale or purchase of securities
13. Alteration of motor vehicle identification numbers
14. Unlawful manufacture, purchase, use or purchase of firearms
15. Unlawful possession or use of destructive devices or explosives
16. A violation of Revised Code 2925.03, 2925.04, 2925.05, 2925.06, 2925.11, 2925.32, or 2925.37 or Chapter 3719. of the Revised Code, unless the violation is for possession of less than one hundred grams of marihuana, less than five grams of marihuana resin or extraction or preparation of marihuana resin, or less than one gram of marihuana resin in a liquid concentrate, liquid extract, or liquid distillate form
17. Engaging in a pattern of corrupt activity under section 2923.32 of the Revised Code
18. Violation of criminal provisions of Chapter 1331 of the Revised Code
19. Any violations of the criminal provisions of any federal or state environmental protection laws, rules, or regulations that is committed knowingly or recklessly as those terms are defined in Section 2901.22 of the Revised Code
20. Violation of Chapter 2909 of the Revised Code
21. Any offense specified in Chapter 2921 of the Revised Code

APPENDIX B

REHABILITATION CRITERIA

Paragraph (C) of Section 3734.44 of the Ohio Revised Code provides for an exception to the disqualification that would otherwise result from a criminal conviction where the applicant affirmatively demonstrates rehabilitation of the individual or business concern by a preponderance of the evidence. If the convictions are felonies, a permit shall be denied unless, in the case of an individual, five (5) years have elapsed since the individual was fully discharged from imprisonment, probation, and parole for the offense.

The Director of the Ohio EPA or the Board of Health is required to request a recommendation from the Attorney General, and to consider the following factors when weighing the issue of rehabilitation:

1. The nature and responsibilities of the position which a convicted individual would hold.
2. The nature and seriousness of the offense.
3. The circumstances under which the offense occurred.
4. The date of the offense.
5. The age of the individual when the offense was committed.
6. Whether the offense was an isolated or repeated incident.
7. Any social conditions which may have contributed to the offense.
8. Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have or have had the applicant under their supervision.

In the instance of an applicant that is a business concern, rehabilitation shall be established if the applicant has implemented formal management controls to minimize and prevent the occurrence of violations and activities that will or may result in permit or license denial or revocation or if the applicant has formalized such controls as a result of a revocation or denial of a permit or license. Such controls may include, without limitation, instituting environmental auditing programs to help ensure the adequacy of internal systems to achieve, maintain, and monitor compliance with applicable environmental laws and standards or instituting an antitrust compliance auditing program to help ensure full compliance with applicable antitrust laws. The business concern shall prove by a preponderance of the evidence that the management controls are effective in preventing the violations that are the subject of concern.