Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. If you have any questions, contact the office that gave you the form.

Purpose of this Form

The United States (U.S.) Government conducts background investigations and reinvestigations of persons under consideration for or retention in national security positions as defined in 5 CFR 732 and for positions requiring access to classified information under Executive Order 12968.

Giving us this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position. Any information that you provide is evaluated on the basis of its recency, seriousness, relevance to the position and duties, and consistency with all other information about you.

Withholding, misrepresenting, or falsifying information will have an impact on a security clearance, employment prospects, or job status, up to and including denial or revocation of your security clearance, or your removal and debarment from Federal Service.

This form is a permanent document that may be used as the basis for future investigations, security clearance determinations, and determinations of your suitability for employment. Your responses to this form may be compared with previous security questionnaires. It is imperative that the information provided be true and accurate to the best of your knowledge.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, U.S. Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

The Investigative Process

Background investigations for national security positions are conducted to gather information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer may be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want your current employer to be contacted.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal. Checks of Federal agency records may be made about your spouse or other cohabitant.

Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be asked to bring identification with your picture on it, such as a valid state driver's license. There are other documents you may be asked to bring to verify your identity as well. These may include documentation of any legal name change, Social Security card, passport, and/ or your birth certificate.

You may also be asked to bring documents about information you provided on the form or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Special Instructions for Completing this Form

Questions on this form related to residence, employment, and education will require 7 years of information except that Single-Scope Background Investigations (SSBI) will require 10 years of information.

Provide 7 years of information unless you have been instructed to provide 10 years to satisfy SSBI requirements. If you are unsure as to the amount of information to provide, contact the office that gave you this form.

The instructions for these questions specify a 10-year time frame when an SSBI is required. If you have any questions about this investigative request or whether the 7-year time frame or the 10-year time frame applies to your responses to these questions, contact the office that gave you this form.

Instructions for Completing this Form

1. Follow the instructions given to you by the office that gave you this form and any other clarifying instructions furnished by that office to assist you in completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

2. Type or legibly print your answers in ink (if the form is not legible, it will not be accepted). You may also be asked to submit your form using the approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A" unless otherwise noted.

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify your response(s) with your consent.

5. You must use the Location codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the U.S.

7. The 5-digit postal Zip Codes are needed to speed the processing of your investigation. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.

8. For telephone numbers in the U.S., be sure to include the area code.

9. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by writing "APPROX." or "EST."

10. If you need additional space for explanation or to list your residences, employment/self-employment/unemployment, or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use the Continuation Space on page 17 or a blank sheet(s) of paper. Each blank sheet of paper you use must contain your name and SSN at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation. You will be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to 5 years of imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disgualify individuals who have

materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give to us on this form and to make your comments part of the record.

DISCLOSURE INFORMATION

The information you give to us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which

your records will be maintained. The information on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested. 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

				LOCATION CODES					
Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Florida	FL	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
Georgia	GA	-		-					
American Samoa	AS	Guam	GU	Northern Mariana Islands	MP	Palau	PW		
Federated States of Micronesia	FM	Marshall Islands	MH	Puerto Rico	PR	Virgin Islands of the U.S	. VI		
			PUBL	IC BURDEN INFORM	ATION				

Public burden reporting for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Investigating agency use only								Codes Case nur				e number						
AGENCY USE ONLY	1																	
A Type of investigation	B Extra cove	rage/Ac	dvanc	e results	С	Sensit	ivity lev	/el D	Acc	ess/E	ligibility	/ E	Natu	re of acti	on code	FD	ate of	action
G Geographic location		H Po	osition	code		I Po	sition ti	itle								J S	NC	
K Location of official perso	nnel folder	-1		None NPRC		At SC e-OP		Oth	er	Other a	addres	s/Web add	dress	of e-OPF		ZIP	Code	
L SOI	M Locatio	on of se	curity	folder		None NPI		At SO Other		Other a	addres	S				ZIP	Code	
N IPAC	O TAS						P Ob	ligating	docu	ument	numbe	er	Q BE	TC				
R Accounting data and/or A	Agency case n	umber										S Inves	tigativ	e require	ement		tial einvest	tigation
T Requesting official - Nam	ie		Title	е								Signatu	ire		I			
Email address			_								Teleph	none num	ber		Da	ate		
U Secondary requesting of	ficial - Name							Title										
Email address					Te	elephoi	ne num	nber	ľ	V Ap	plicant	affiliation		FED C MIL		CON Othe		
PERSONS COMPLE	ETING THIS	5 FOR	M S					I THE				BELOV	V AF	TER C	AREFU	JLLY	REA	DING
	ive only initials ir e a "Jr.," "Sr.," et	-		se them a	nd en	ter (I/O)	after th	e initial(s				niddle nam	e, ente	r "NMN."	2 DAT	E OF	BIRTH	1
Last name			First n						N	liddle	name				 Jr., II,	etc.		
3 PLACE OF BIRTH															4 SO		SECUR	RITY NO.
City		Cour	nty				Sta	ite (Coun	try <i>(if</i>	outside	e the U.S.)						
5 OTHER NAMES USED																		
NO ☐ YES ->	If "Yes," give o name(s), alias(ame(s) by	a former r	narriag	e, form	er
Name #1														N	/lonth/Ye	ar To	o Mo	onth/Year
Name #2														N	/onth/Ye	ar To	o Mo	onth/Year
Name #3														N	/lonth/Ye	ar T	o Mo	onth/Year
Name #4														N	/lonth/Ye	ar T	o Mo	onth/Year
6 MOTHER'S MAIDEN NA	ME			_														
Last name				F	irst na	ame								Middle r	ame			
7 YOUR IDENTIFYING INI Height (feet and inches) V			oolor		Ev.c	color	Se		-									
	veight (pounds		COIOI		L de				_ ⊦er Ma	male ile								
8 YOUR CONTACT INFOR	RMATION Che	eck box	(es) in	ndicating	wher	n you c	an be i	reached	d at e	ach p	hone n	umber.						
Home e-mail address								ork e-m										
Home telephone number		Day Ever		Work tele	ephor	ne num	nber		\vdash	Da Ev	ay /ening	Mobile te	lepho	ne numb	er			Day Evening
	I																•	

Enter your Social Security Number before going to the next page _

9 CITIZENSHIP Mark t	he box that re	eflects yo	ur curr	rent citizer	ship :	status and fol	ow its	instructions.				
I am a U.S. citizen or	national by bir	th in the U	.S. or L	J.S. territory	/comn	nonwealth.				I am a naturalized U.S. citi	zen. Go to	9B or 9C
I am a U.S. citizen or	national by bir	rth, born ou	utside tl	he U.S. Go	to 9A					I am not a U.S. citizen. Go	o to 9D	
U.S. PASSPORT Curren							ALIE	N REGISTRA	TION	NUMBER (if applicable)		
Number		, Date	e issue	ed Ex	pired	YES	Numl	ber				
						NO						
9A DOCUMENTATION	OF U.S. CI		BORN	ABROAD	[STA	TE DEPART	MENT	FORM (FS) 2	240, I	DS 1350, FS 545, etc.] R	eport inforn	nation, if applicable.
Date form was complete								lace of issuand				
9B CITIZENSHIP CER		fannligah										
Where was this certifica						State	С	ertificate numb	ber			Date issued
		ity/ o o un t				1	Ĭ					
		TE (16 - 11		1->								
9C NATURALIZATION Where was this certifica				ie)		State	0	ertificate num	hor			Date issued
		nty/Court					I		Jei		1	Date 1330eu
9D IMMIGRATION STA	ATUS Place	e you ente	ered th	ne U.S.		01-1-			- 14!	a a la ba		
City						State		ountry(ies) of	citize	nsnip		
Date of entry		_ Ty	/pe of	document	(I-94,	etc.)				cument number		
10 CITIZENSHIP INFO	RMATION											
Do you now hold or have	e you EVER	held mult	iple cit	tizenships	?	۱ ا	ΈS					
							0 0	Go to Questio	n 11			
A If "Yes," provide the n	ame(s) of the	e country(ies).			B During w	nat per	iods of time di	id you	u hold multiple citizenship	s?	
							•		,			
C Is your non-U.S. citize	enshin based	on your b	oirth in	a foreign	count	rv or the citize	enshin	of your paren	ts? (If "No " explain)		
YES NO, expl	•	on your .		alloloigii	ooun		momp	or your paron				
	,											
D Have you renounced		to renour	nce yo	ur foreign	citizei	nship(s)? (If "	Yes," e	explain.)				
										ge 17 for additional answe		
										ars (if an SSBI go back ?		
an address and do no	od must be a at list a perma	accounte	a tor	without b	vere :	actually living	actua	n physical loca	ation (of your residence. Do no . Be sure to be as specif	t use a Po ic as poss	ible when listing
an address location: for	or example, c	lo not list	only y	our base	or shi	o, list your ba	rracks	number or ho	me p	ort. You may omit tempo	rary milita	ry duty locations
					t you	must list othe	r part-f	time residence	es. Y	our actual physical location	on in addit	ion to your APO/
FPO address is require		-										
										lives in that area. Do no		
"General Delivery " a F	s 3-year perio Rural or State	a, and do	o not il or mav	st your sp / be difficu	ouse, ilt to li	cate provide	e, or c direc	tions for locati	ina th	o, for addresses in the las ne residence on an attach	ed continu	lif the address is lation sheet (SF
86A). Do not list reside	ences before	your 18th	n birth	day unless	s to pr	ovide a minin	num of	2 years of res	siden	ce history.		
Residence Information	n and Point	of Conta	ct for	that Peric	d of l	Residence						
#1 Month/Year To M		Status		Own		Military hou	sing	Street addre	ess			Apt.#
	Present			Rent		Other (Expl	-					
APO/FPO address			1		1		/	1				
City (Country)											State	ZIP Code
											State	
Name of person who kn	ows you at th	nis addres	ss ,	Current a	ddres	5						Apt.#
APO/FPO address (if cu	irrently applic	able)	I									
· · ·												
City (Country)											State	, ZIP Code
											Sidic	
Tolophore surch as	A 14	mate	to ct	unab e e		Dolotier				·	Other (*	
Telephone number	Alte	rnate con	lact ni	linber		Relationship		Neighbor			Other (E	xpiain)
								Friend		Business associate		
	I						•			•		

11 WHERE YOU	HAVE LIVED	(Continue	d)									
#2 Month/Year	o Month/Ye	ar Status	s	Own		Military hou	ising	Stree	t address			Apt.#
				Rent		Other (Exp	lain)					
APO/FPO address				-1								
City (Country)											State	ZIP Code
Newson	I	4 41- :										<u> </u>
Name of person w	no knows you	i at this add	ress	Curre	nt add	ress						Apt.#
APO/FPO address	(if currently a	applicable)		•								
City (Country)											State	ZIP Code
Telephone number	ŕ .	Alternate co	ontact	t number		Relatior	nship		Neighbor	Landlord	Other (Ex	plain)
									Friend	Business associate		
#3 Month/Year	o Month/Ye	ar Status		Own		Military hou	sing	Street	address			Apt.#
				Rent		Other (Expla	ain)					
APO/FPO address												
City (Country)											State	ZIP Code
Name of person w	ho knows you	ı at this add	ress	Curre	ent add	lress					•	Apt.#
APO/FPO address	(if currently a	applicable)										
City (Country)											State	ZIP Code
Telephone number	r	Alternate c	ontaci	t number	•	Relation	nship		Neighbor	Landlord	Other (E)	(plain)
									Friend	Business associate		
#4 Month/Year To	o Month/Yea	ar Status		Own		Military hou		Street	address			Apt.#
APO/FPO address				Rent		Other (Exp	iairi)					
City (Country)											State	ZIP Code
Name of person w	ho knows you	i at this add	ress	Curre	ent add	Iress						Apt.#
APO/FPO address	(if currently a	applicable)										
City (Country)											State	ZIP Code
Telephone number	ſ	Alternate c	ontact	t number	ſ	Relation	nship		Neighbor Friend	Landlord Business associate	Other (E)	(plain)

Þ

Enter your Social Security Number before going to the next page -

Page 3

12 WHERE YOU WENT TO SCHOOL Use List all schools you have attended, beginnin and the dates they were received. If your	ng with the most recent (#1) w	orking bad	ck 7 years (if	an SS	BI go back 10 years). List	college o	r university	
when it was received	show the most appropriate co				ears ago (10 years ior an	33DI), IIS		
1 - High 2 - Colle	School ge/University/Military College				chnical/Trade School ce/Distance/Extension/On	line Schoo	I	
For schools you at	ce/Distance/Extension/Online s tended in the last 3 years, list a for education periods complete	a person v	ho knew you	u at sch				
SCHOOL INFORMATION								
#1 Month/Year To Month/Year Code	Name of school				ee/diploma received? If "Y gree/diploma received and			YES
Street address and City (Country) of school						State	ZIP Code	NO
Name of person who knows you	Current address						Apt. #	
City (Country)		State	ZIP Code		Telephone number			
#2 Month/Year To Month/Year Code	Name of school			Degre of deg	e/diploma received? If "Ye ree/diploma received and	es," identif date awar	y type ded.	YES
Street address and City (Country) of school						State	ZIP Code	NO
Name of person who knows you	Current address						Apt. #	
City (Country)		State	ZIP Code		Telephone number			
#3 Month/Year To Month/Year Code	Name of school				e/diploma received? If "Ye ree/diploma received and			YES NO
Street address and City (Country) of school				1		State	ZIP Code	
Name of person who knows you	Current address					1	Apt. #	
City (Country)	l	State	ZIP Code		Telephone number			
#4 Month/Year To Month/Year Code	Name of school			Degre of deg	e/diploma received? If "Ye ree/diploma received and	es," identif date awar	y type	YES
							_	NO
Street address and City (Country) of school						State	ZIP Code	
Name of person who knows you	Current address					•	Apt. #	
City (Country)	I	State	ZIP Code		Telephone number			
#5 Month/Year To Month/Year Code	Name of school		•	Degre of deg	e/diploma received? If "Ye ree/diploma received and	es," identif date awar	y type	YES
Street address and City (Country) of school						State	ZIP Code	NO
News of some sub-st	2						<u> </u>	
Name of person who knows you	Current address						Apt. #	
City (Country)		State	ZIP Code		Telephone number			
L		<u> </u>	1					

Enter your Social Security Number before going to the next page -

13 EMPLOYMENT ACTIVITIES U	se the Continuation Shee	et(s) (SF 86A) or the Continuation Space on page 1	7 for additional ar	nswers.		
part-time work, paid or unpaid, co	onsulting/contracting wo d all periods of unemplo your 18th birthday unles	ent (#1) and working back 7 years (if an SSBI go rk, all military service duty locations, temporary n yment. The entire period must be accounted s it is necessary for providing a minimum of 2 years	nilitary duty locati	ions (TD ks . FX(Y) over 90 day CEPTION Do	vs, self- not list
Employer/Verifier Information unemployment in this block. In should provide separate listing not Federal agency.	on. List the business r If military service is being as to reflect changes in y	name of your employer or the name of a person g listed, include your duty location or home port he our military duty locations or home ports. If you are	who can verify re as well as you a Federal Contra	your seli ir branch actor, list	f-employment of of service. Yo company name	or u e,
entering the most recent perio additional lines provided For	od of employment in the example, if you worked ost recent period of empl	f you worked for an employer on more than one oc initial numbered block, provide previous periods o at XY Plumbing in Denver, CO, during 3 separate oyment first, and provide dates, position titles, and	f employment at a periods of time vo	the same	e location on th enter dates an	e d
Employment Code: Use one of th	e codes listed below to i	dentify the type of employment.				
1 - Active military duty stations	4 - Other	Federal employment	7 - Unemployme	ent (inclu	de name of ver	ifier)
2 - National Guard/Reserve	5 - State	Government (Non-Federal employment)	8 - Federal Con	tractor		
3 - U.S.P.H.S. Commissioned	00100	mployment (include business name and/or of person who can verify)	9 - Other (expla	iin)		
13A EMPLOYMENT/UNEMPLOY	MENT INFORMATION					
#1 Dates of Employment	Type of Employment					
Month/Year To Month/Year	Employment code	Position title/Military rank	W	Vork hour	's Full-time	
Present					Part-time	
Employer/Verifier						
Name of employer/verifier			т 	elephone	e number	
Address of employer/verifier			I			
City (Country)			S	tate	ZIP Code	
Physical Location			l			
Your actual work address (if differe	nt from employer addres	s)	т 	elephone	e number	
City (Country)			Si	tate	ZIP Code	
Supervisor (if different from emp	alayar)					
Name and title	noyer)		Т	Telenhon	e number	
				loiophon		
Work address of supervisor						
City (Country)			SI	tate	ZIP Code	
Additional Periods of Activity wi	ith this Employer		I			
Month/Year To Month/Year P	osition title		Supervisor			
Month/Year To Month/Year P	osition title		Supervisor			
Month/Year To Month/Year P	osition title		Supervisor			
Explanation/Reason for leaving						

13A EMPLOY	MEN	T/UNEMPL	DYM	ENT INFORMATION (Continued)			
#2 Dates of E				Type of Employment				
Month/Yea	ar To	o Month/Ye	ear	Employment code	Position title/Military rank		Work hou	urs Full-time
								Part-time
Employer/Ver	rifier			•	•		•	
Name of emplo	oyer/\	/erifier					Telepho	ne number
Address of em	ploye	er/verifier						
City (Country)							State	ZIP Code
Physical Loca	ation							
		ldress (if diffe	erent	t from employer addres	s)		Telephor	e number
							· ·	
City (Country)							State	ZIP Code
Supervisor (if	f diffe	erent from e	mpla	over)				
Name and title				, /			Telephor	e number
Work address	of su	pervisor						
City (Country)							State	ZIP Code
Additional Ba	rioda		with	this Employer				
Month/Year	To	Month/Year		this Employer sition title		Supervisor		
Month/Year	To	Month/Year	Pos	sition title		Supervisor		
Month/Year	To	Month/Year	Pos	sition title		Supervisor		
	Ì							
Explanation/Re	 easor	for leaving						
Explanation/10	cusoi	r lor louving						
#3 Dates of	Empl	ovmont		Type of Employment				
		o Month/Ye	ar	Employment code	Position title/Military rank		Work hou	Irs Full-time
								Part-time
Employer/Ver	rifier							
Name of emplo		verifier					Telephon	e number
	- ,							
Address of em	nolove	r/verifier						
	.p.c.) c							
City (Country)							State	ZIP Code
Dhysical L car	ation							
Physical Loca		droce /if diff.	oron	t from employer addres	c)		Tolonhor	o numbor
	лк ас	iuress (it alm	erem	t nom employer addres	5)		i elepnon	e number
Other (Occurstic)							Ctet -	ZID Cada
City (Country)							State	ZIP Code
								1

13A EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)		
Supervisor (if different from employer)		
Name and title	Telephone nur	nber
Work address of supervisor		
City (Country)	State ZIP C	Code
Additional Periods of Activity with this Employer		
	upervisor	
Month/Year To Month/Year Position title	upervisor	
Month/Year To Month/Year Position title	upervisor	
Explanation/Reason for leaving		
#4 Dates of Employment Type of Employment	Monthesure	Full-time
Month/Year To Month/Year Employment code Position title/Military rank	Work hours	Part-time
Employer/Verifier	<u> </u>	
Name of employer/verifier	Telephone nun	iber
Address of employer/verifier		
City (Country)	State ZIP (Code
Physical Location		
Your actual work address (if different from employer address)	Telephone num	ıber
City (Country)	State ZIP C	ode
Supervisor (if different from employer)		
Name and title	Telephone num	lber
Work address of supervisor		
City (Country)	State ZIP C	code
Additional Periods of Activity with this Employer	· · · ·	
Month/Year To Month/Year Position title	upervisor	
Month/Year To Month/Year Position title	upervisor	
Month/Year To Month/Year Position title	upervisor	
Explanation/Reason for leaving		

13B FORMER F	EDERAL	SERVICE, EXCLUDING M	IILITARY SERVICE, <u>NOT</u> INDICATED PREVIOUSLY (list below if applicable)			
Dates of Fe Month/Year			Agency/City (Country)/State/ZIP Code	Positior	n Title	
#1	1					
#2	1					
#3						
13C EMPLOYM		ORD			YES	NO
		happened to you in the las	st 7 years? If "Yes," begin with the most recent occurrence and go backward, provi	ding date		
Use the followir	ng codes a	nd explain the reason your	employment was ended.			
1 - Fired from a 2 - Quit a job at told you wo	fter being	4 - Left a job by mutu	al agreement following charges or allegations of misconduct 5 - Left a job for of unfavorable of al agreement following notice of formance 6 - Laid off from j	circumstan	ces	er
Month/Year	Code	Specify Reason	Employer's Name and Address (Include City/Country if outside U.S.)	State	ZIP C	ode
					YES	NO
2. Have you rec	eived a wri	tten warning, been officially	y reprimanded, suspended, or disciplined for misconduct in the workplace?			
3. Have you rec	eived a wri	tten warning, been officially	y reprimanded, suspended, or disciplined for violating a security rule or policy?			
If you answered	"Yes," to 1	3C(2) and/or 13C(3), provi	de the name(s) of the employer(s), date(s) of incident(s), month/day/year of official	action(s),	locatio	n(s)
of facility(les) of	incluent(s)		ation(s) in the space below. If additional space is needed, use a blank sheet(s) of	paper.		
14 SELECTIVE	SERVICE	RECORD			YES	NO
a Are you a m	ale born at	ter December 31, 1959? I	f "No," go to Question 15. If "Yes," go to b.			
			ystem (SSS)? If "Yes," provide your registration number below. If "No," explain th the SSS if you are unaware of your status before signing this form.	e	+	
Registration N		Explanation			<u> </u>	I

Page 8

15 MILITARY	HISTORY Ac	count for all of you	ur military service thro	ough	the	e questions	below. If yo	ou answer "	No" to both	15a and ²	15b, go to Ques	tion 16.	Y	ES	NO
a Have you B	EVER served in	n the U.S. milita	ry or the U.S. Mer	chan	t N	Marine?									
b Have you l	EVER served in	n a foreign cour	try's military, secu	rity f	ord	ces, mercl	nant marin	e, militia, e	or other d	efense fo	rces?				
c Have you E	EVER received	a discharge tha	at was not honorab	ole?											
	itary Justice? (years), have you l icial, Captain's ma												
			ove, list all details of the time of service s				ervice belo	ow, starting	g with the	most rec	ent period of	service ar	nd work	ng b	ack.
Code (Bra	anch of Service	e): Use one of t	he codes listed be	low t	o i	identify yo	ur branch	of service.							
1 - Air F 2 - Arm		· ·	 Coast Guard Merchant Marine 			- Air Natio - Army NG		(NG) 9) - Foreigi	n military,	defense, mili	tia, securit	y force:	6	
Status: ") ": Country:	X" the appropri X": use the two Identify the co pe of Dischar	ate block for the eletter code for puntry for which	lock for Enlisted, if e status of your se the state to mark t you served. f the codes listed t 3 - Other 1	he bl	e d loc v te	during the ck. to indicate	your sepa	-	us from y		ry service.	onal Guar 6 - Othe			e an
Branch of	Month/Year 1	o Month/Year	Service Number	0		E		Status				- 4	T	vpe o	f
Service Code	Month rear					Active Duty	Active Reserve	Inactive Reserve	Air NG State	Army N State	G Cour	itry	Discha	irge (Code
16 PEOPLE	WHO KNOW Y	OU WELL								•					
are collectively	y aware of you	activities outsid	o preferably live in de of the workplac buse(s), other rel a	e, sc	ho	ool, or neig	hborhood	s and who	se combi	ned asso					
Reference nam	e		Dates I	know	/n	R	elationshi	p to you (C	Check all	that apply	')	Telepho	one nun	nber	
#1			Month/Year To	o Mo	ont	th/Year	Neighbo	r Woi	rk associat	e 🗌 C	ther (Explain)				
							Friend	Sch	oolmate			. Day	′	Eve	ning
Home or work a	address		Apt. #			City (Cou	ntry)		St	ate	ZIP Code	Alternat	e telepl	none	no.
Reference nam	е		Dates k				elationship	p to you (C	heck all t	hat apply)	Telepho	one nun	nber	
#2			Month/Year To	o Mo	onth	h/Year	Neighboi	r Wor	k associate	e 🗌 0	ther (Explain)				
							Friend	Sch	oolmate	_		Day	/	Ever	ning
Home or work a	address		Apt. #			City (Cou	ntry)		St	ate	ZIP Code	Alternat	te telep	none	no.
Reference nam	e		Dates k	now	'n	R	elationshir	o to you (C	heck all f	hat apply)	Telepho	one nun	her	
#3			Month/Year To				Neighboi		k associate		/ ther (Explain)				
							Friend	Sch	oolmate			Day	/	Ever	ning
Home or work a	address		Apt. #		Τ	City (Cou	ntry)		St	ate	ZIP Code	Alternat	te telep	none	no.

17 MARITAL STATUS											
Mark one box to show your current marital status and provide information about your spouse(s) or cohabitant below. If there is not a middle name, enter as "NMN."											
1 - Never married 3 - Separated 5 - Divorced											
2 - Married (incl. Common Law) 4 - Annulled 6 - Widowed											
17A CURRENT SPOUSE If applicable, complete the following about your current spouse only. If your current spouse was born outside the U.S., pro	ovide citizenship information.										
Last name First name Middle name Date of birth Place of birth (include Country if outside	the U.S.)										
Social Security Number Other names used (specify maiden name, names by other marriages, etc., and show dates used for each na	ame)										
Country(ies) of citizenship	Date married										
Place married (City, include Country if outside the U.S.)	State										
If separated, date of separation If legally separated, where is the record located? City (Country)	State ZIP Code										
Current address of spouse, if different than your current address (Street, City, include Country if outside the U.S.) State ZIP Code	Telephone number										
I I If spouse was born outside the U.S. indicate one type of documentation that he or she possesses and the document numbers.	1										
FS 240 or 545 Citizenship certificate Alien registration Other (Explain) DS 1350 U.S. Passport (current or most recent) Naturalization certificate											
Document number Explain "Other"											
17B FORMER SPOUSE(S) Complete the following about your former spouse(s). Use blank sheets if needed.											
Last name Middle name Middle name	Date of birth										
Place of birth (include Country if outside the U.S.) State Country(ies) of citizenship											
Date married Place married (City, include Country if outside the U.S.)	State										
Check one, then Divorced Annulled Date If divorced/annulled, where is the record located? City (Country) Widowed	State ZIP Code										
Last known address of former spouse (Street, City, include Country if outside the U.S.) State ZIP Code	Telephone number										
17C COHABITANT [A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with w convenience (a roommate)]. If applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship in											
Last name First name Middle name Date of birth Place of birth (include Country if outside	de the U.S.)										
Social Security Number Other names used (specifically maiden names, names by other marriages, etc., and show dates used for ea	ch name)										
Country(ies) of citizenship	Date cohabitation began										
If cohabitant was born outside the U.S., indicate one type of documentation that he or she possesses and the document numbers.											
FS 240 or 545 Citizenship certificate Alien registration Other (Explain) DS 1350 U.S. Passport (current or most recent) Naturalization certificate											
Document number Explain "Other"											

18 R	ELATIVES									
					ed be	low for each relati	ive and g	ive the full	name and other requ	uested information, if applicable, for
each o	of your relatives, livin	g or (
	1 - Mother		5 - Foster pare			9 - Sis			13 - Half-sister	
	2 - Father		6 - Child (incl. a	adopted and	d fost		epbrothe	r	14 - Father-in-law	
	3 - Stepmother		7 - Stepchild 8 - Brother				epsister alf-brothe	-	15 - Mother-in-law 16 - Guardian	
	4 - Stepfather			1		12 - Ha			16 - Guardian	
	Full name		Deceased	Date of bi	rth		Place o	f birth		Country(ies) of citizenship
Current	t address (Street, Cit	y, an	d State, include	Country if c	outsic	de the U.S.)				
	•			•		,				
If relativ	ve was born outside	tha I	IS indicate one	a type of do	cume	entation that he or	cho noc		d provide the docume	ant number below
				e type of do	Cume	1	-	-	xplain below)	Document number
	S 240 or 545		DS 1350	a a utifi a a ta		Alien registration	1			Document number
	tizenship certificate		Naturalization	1		U.S. Passport				
Code	Full name		Deceased	Date of bi	rth		Place of	r birth		Country(ies) of citizenship
2										
Current	t address <i>(Street, Cit</i>	y, an	d State, include	Country if c	outsic	de the U.S.)				
	- '			-		-				
If relativ	ve was born outside	the I	S indicate one	e type of do	cume	entation that he or	she nos	sesses and	h provide the docume	ent number below
	S 240 or 545		DS 1350			Alien registration			xplain below)	Document number
	tizenship certificate	<u> </u>	Naturalization	cortificato	-	U.S. Passport				
				1		0.3. Fassport		6 1 + 11		
Code	Full name		Deceased	Date of bi	rth		Place o	fbirth		Country(ies) of citizenship
Current	t address (Street, Cit	y, an	d State, include	Country if c	outsia	le the U.S.)				
				•		,				
If relativ	ve was born outside	tho I	I S indicato on	a turna of da	oumo	ntation that he or	cho noo		d provide the decum	ant number below
			1	e type of do		1	i i i i i i i i i i i i i i i i i i i	-	xplain below)	Document number
	S 240 or 545		DS 1350			Alien registration	n		xplain below)	
	tizenship certificate		Naturalization			U.S. Passport	I = :			
Code	Full name		Deceased	Date of bi	rth		Place o	f birth		Country(ies) of citizenship
Current	t address <i>(Street, Cit</i>	y, an	d State, include	Country if c	outsic	de the U.S.)				
If relativ	ve was born outside	the I	IS indicate one	a type of do	cume	entation that he or	she nos	sesses and	d provide the docume	ant number below
	6 240 or 545		DS 1350			1			xplain below)	Document number
			Naturalization	oortificato		Alien registration				
	tizenship certificate			1		U.S. Passport				
Code	Full name		Deceased	Date of bi	rth		Place of	r birth		Country(ies) of citizenship
Curren	t address (Street, Cit	ty, ar	nd State, include	Country if	outsid	de the U.S.)				
If relativ	ve was born outside	the I	IS indicate on	e type of do	cume	entation that he or	she nos	sesses and	d provide the docume	ent number below
	S 240 or 545		DS 1350			1		-	xplain below)	Document number
	tizenship certificate			oortificato	$\left - \right $	Alien registration				
			Naturalization			U.S. Passport		6 h (1.4)		
Code	Full name		Deceased	Date of bi	rth		Place o	t birth		Country(ies) of citizenship
Current	t address (Street, Cit	y, an	d State, include	Country if c	outsic	le the U.S.)	-			
						,				
If relativ	ve was born outside	the	S indicato con	a tuna of da	0.1.22	ntation that he ar	cho noo	000000 000	d provido the decum	ant number below
									xplain below)	Document number
	8 240 or 545		DS 1350			Alien registration	ו 🗌			
	tizenship certificate		Naturalization			U.S. Passport	1			
Code	Full name		Deceased	Date of bi	rth		Place of	f birth		Country(ies) of citizenship
Current	t address (Street, Cit	tv. ar	d State include	Country if	outsir	de the US)	1			1
		., an		country in t						
										· · · · ·
	ve was born outside	the L		e type of do	cume					
	S 240 or 545		DS 1350			Alien registratior	ו <u>ר</u>	Other (E	xplain below)	Document number
	tizenship certificate		Naturalization	certificate		U.S. Passport				

Enter your Social Security Number before going to the next page

19 FOREIGN CONTACTS							
Do you have or have you had close and/or continu bound by affection, influence, and/or obligation? In person who is not a citizen or national of the U.S.)	clude associates, a	eign nationals withir as well as relatives, Yes No	n the last 7 years with who not already listed in Quest	om you, you tion 18. (A f	ir spouse, or yo oreign nationa	our cohab I is define	oitant are ed as any
1. Full name		s known To Month/Year	Country(ies) of citizensh	nip			
			Country of residence				
Nature of relationship	Type of contact (check all that apply))		Number of co	ntacts per	r year
Business Personal	Telephone	Electronic cor	,	(Explain)	1 - 2	3 - 7	
Other (Explain)	In person	Written corres	spondence		8 - 15	More	than 15
2. Full name		s known To Month/Year	Country(ies) of citizensh	iip			
			Country of residence				
Nature of relationship	Type of contact (c	check all that apply))		Number of co	ntacts per	r year
Business Personal	Telephone	Electronic cor		(Explain)	1 - 2	3 - 7	
Other (Explain)	In person	Written corres			8 - 15	More	than 15
3. Full name		s known To Month/Year	Country(ies) of citizensh	nip			
			Country of residence				
Nature of relationship	Type of contact (c	check all that apply)			Number of co	ntacts per	r year
Business Personal	Telephone	Electronic cor		(Explain)	1 - 2	3 - 7	
Other (Explain) 4. Full name	In person Dates	Written corres	Country(ies) of citizensh	nin	8 - 15	More	than 15
		To Month/Year					
			Country of residence				
Nature of relationship		check all that apply)			Number of co		r year
Business Personal Other (Explain)	Telephone In person	Electronic cor Written corres		(Explain)	1 - 2	3 - 7	
5. Full name		s known	Country(ies) of citizensh	nip	8 - 15	More	than 15
	Month/Year	To Month/Year	Country of residence				
	T		_				
Nature of relationship		check all that apply)			Number of co		r year
Business Personal Other (Explain)	Telephone In person	Electronic cor Written corres		(Explain)	1 - 2 8 - 15	3 - 7 More	than 15
6. Full name		s known	Country(ies) of citizensh	nip	0.0	1.10.0	
	Month/ Fear	To Month/Year	Country of residence				
Nature of relationship		 check all that apply)			Number of co	ntacts ner	rvear
Business Personal	Telephone			(Explain)	1 - 2	3 - 7	year
Other (Explain)	In person	Written corres	·	(8 - 15		than 15
20 FOREIGN ACTIVITIES Respond for the time f	rame of the last 7 ye	ears.					
20A Foreign Financial Interests Include stocks, p Exclude U.Sbased fund managers and accounts n			estments, or ownership of	f corporate	entities.	YES	NO
1. Do you have or have you EVER had any fore which you have direct control or direct owner		esses, foreign bank	accounts, or other foreign	financial in	terests of		
Type of financial interest		Amount of fun	ds in U.S. dollars				
 Do you have or have you had any foreign fin. 	ancial interacts that		on your behalf?		I		
2. Do you have or have you had any foreign fin Type of financial interest and name of party v			ds in U.S. dollars				
3. Do you own or have you owned real estate ir	a foreign country?	,					
Type of property and date(s) owned		Location of property		Estimated va			1
 Do you receive or have you received any edu 	ucational, medical, r	retirement, social we	•	fits from a	J.S. dollars		
foreign country? Type of benefit				Estimated v	alue in		
				U.S. dollars			
Enter your Social Security Number before g	joing to the next	t page ———		→			

	•	•		s, and Foreign Government C ctivity was on official U.S. Gove		Respond for the time frame business.	of the last 7	YES	NO		al Govt. iness	
						or other foreign organization th ment, strategy, financing, or tec						
1	foreign nation	the activity was ou al and/or organizati was provided.	tside of offi on(s) to wh	cial U.S. Government business nich it was provided, the name(s, descril s) of for	be advice/support provided, nan eign country(ies), timeframe(s),	ne(s) of and if					
2. Have you attended any international conferences, trade shows, seminars, or other meetings outside of the U.S.?												
	If "Yes" AND the activity was outside of official U.S. Government business, provide locations, including the name(s) of foreign country(ies), date(s), sponsoring organization(s), and purpose of event(s).											
ć	any foreign go	overnment official o	r agency?			or serve as a consultant, even ir						
i	If "Yes" AND ncluding the r	the activity was out name(s) of foreign of	tside of offi country(ies)	cial U.S. Government business), location of consultation(s), ar	s, provid nd circur	e the date(s) of request and/or c nstance(s).	onsultation(s	s),				
 Have you or any of your immediate family members had any contact with a foreign government, its establishment (embassies, consulates, agencies, or military services), or its representatives, whether inside or outside the U.S.? 												
	Answer "No" if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel listed below in Question 20C. If contact was outside of official U.S. Government business, identify the foreign government(s), establishment(s), and/or representative(s) involved and provide the circumstance(s), date(s), and location(s) of contact(s).											
5.	Have you spo	nsored any foreign	citizen to c	come to the U.S. as a student, f	for work	, or for permanent residence?						
	If "Yes," prov citizen's stay	ide the name of the in the U.S., their cu	e foreign cit urrent addre	izen(s) you sponsored, the cou ess (if known), and the purpose	intry(ies e of the f) of citizenship, the date(s) of the oreign citizen's stay in the U.S.	e foreign					
6. ⊦	lave you EVE	R held or do you n	ow hold a p	passport that was issued by a fe	oreign g	overnment?						
		de the name(s), in e(s), and the status		foreign passport(s) was issued	d, the iss	suing country(ies), the passport i	number(s), th	ne date(s) issue	d, the		
20C	Foreign Cou	ntries You Have V	' isited Re	spond for the time frame of the	e last 7 y	ears.		YES	NO	_		
H	lave you trave	eled outside the U.	S. in the las	st 7 years?								
h p	ave made sh period, the coo	ort (one day or less de, the country, and) trips to th I a note ("N	e neighboring country (e.g. Ca	nada or ravel un	e most current and working bac Mexico), you do not need to list der official U.S. Government bu	each trip. Ins	stead, p	rovide t	he time		
	Use these	codes to indicate		se(s) of your visit: 1 - Busir 2 - Volur			ducation ourism	5 - Vis 6 - Otl		/ or friei	nds	
Code	Month/Yea	r To Month/Year	Number of Days	Country	Code	Month/Year To Month/Year	Number of Days		Cour	itry		
	#1					#4						
	#2					#5						
	#3					#6						
		D EMOTIONAL HE								<u> </u>		
In the hosp	e last 7 years, italized for su) strictly marita	, have you consulte ch a condition? A al, family, grief not	d with a he nswer "No" related to v	if the counseling was for any c iolence by you; or	g an em of the fol	otional or mental health condition lowing reasons and was not cou		DU	YE	s	NO	
If you	u answered "	Yes," indicate who	conducted 1		g, provic	le the following information, and	sign the Aut	horizatio	on for R	elease	of	
		on Pursuant to the H t and/or Counseling		rance Portability and Accounta				Stat	e	ZIP Co	ode	
N		To Month/Year		Name/Add	uress of	PIOVIGER			-	00		
#1			-									
#2												

Enter your Social Security Number before going to the next page -

22 POLICE	22 POLICE RECORD									
charge was	dismissed. You need no	t report convi	ther the record in your cas ctions under the Federal C Be sure to include all incic	Controlled	Substand	ces Act for w	which the court issued an			
For question		e timeframe	of the last 7 years (if an SS			-		300 for	YES	NO
a. Have you	been issued a summon	s, citation, or	ticket to appear in court in ng sentencing for a crimin			ing against	you; are you on trial or av	waiting a		
		-	heriff, marshal, or any othe			cement offic	cer?			
	, , ,		offense? (Include those un							
d Have you	EVER been charged wit	h a firearms o	r explosives offense?							
			(s) related to alcohol or dru	ugs?						
If you ar	If you answered "Yes" to any question above, explain below, providing information for each and every offense.									
Month/Year			City and Country (if outsid		State	ZIP Code	Offense	Actio	on Taker	<u>וווווווווווווווווווווווווווווווווווו</u>
#1				,	01410					
#2										
	L USE OF DRUGS OR I									
			drugs or drug activity. Yo							
			nployment decision or action or action or action of a contract and a contract set of a contract of a				uthful responses nor info	ormation	YES	NO
			controlled substance, for e		-		ne, THC <i>(marijuana, hash</i>	nish, etc.),		
narcotics	s (opium, morphine, code	ine, heroin, e	tc.), stimulants (amphetam	nines, spe	ed, crysta	al methampi	hetamine, Ecstacy, ketan	nine, etc.),		
			quilizers, etc.), hallucinoge							
	enting with or otherwise of)? Use of a controlled sub v controlled substance	istance ir	iciudes inj	ecting, snor	ting, innaling, swallowing],		
	-	-	stance while possessing a	security	clearance	: while emp	loved as a law enforceme	ent officer.		
			osition directly and immed					,		
			he illegal possession, purc Ibstance <i>(see question a</i> a					pping,		
as a resu	ult of your use of drugs?	f you answer	ng or treatment or have yo ed "Yes," provide date(s) c ation is needed concerning	of treatme	ent and na					
If you an	swered "Yes" to a - d ab	ove, provide t	he date(s) of use or activity	y, identify	the contr	olled substa	ance(s), and explain the u	use or activity	y.	
Dates	s of Use/Activity	Type of Co	ontrolled Substance(s)	Explai	n (nature d	of use/activi	ty, frequency of activity a	ind number o	of times i	used)
	ear To Month/Year						.,,,			,
#1										
#2	I									
	I									
			60 h 17						VEO	NO
	ALCOHOL Respond for				nrofession	al or perso	nal relationships, your fin	ances or	YES	NU
a Has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? (If "Yes," explain.)										
b Have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?										
 c Have you received counseling or treatment as a result of your use of alcohol? 										
If you answered "Yes" to question b or c above, provide the date(s) of treatment and the name(s) and address(es) of the counselor(s) or do below. Do not repeat information reported in response to Question 21. You will be asked to sign an additional release if information is neede concerning any treatment.										
Month/Year To Month/Year Name/Address of Counselor or Doctor State								ZIP Co	ode	
#1										
	I									
#2										

Enter your Social Security Number before going to the next page -

Form approved: OMB No. 3206 0005 NSN 7540-00 634-4036 86-111

#2 Image: Constraint of the second of t	25	INVESTIGA	TIONS AND C	CLEARANCE RECORD		YES	NO			
Investigating Agency Codes Streasury Department	a	"Yes," use t the security	the codes that the clearance reco	follow to provide the requested information belov eived, enter the code for "Unknown." If your resp	v. If "Yes," but you can't recall the investigating agency and/or					
1 Deformso Department 3 0 5. Treasury Department Management 3 0 0. Not Required 3 5. On the of Resonance 3 0 0. Not Required 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0. Not Required 3 0					Security Clearance Codes					
2. Since Cepariment Management 3. Office of Personnel 7. Foreign government (Specify county) 8. Unknown 9. Other (Explain below) 1. Confidential 2. Senter 3. To pisceret 3. To pisceret 3. Senter 3. S		•			-	Explain	below)			
3. Office of Personnel Margament 7 - Foreign opcomment () - Unknown 9 - Other (Explain below) 2 - Secret 3 - To Secret 4 - Secret 5 - Unknown 9 - Other (Explain below) 0 - Secret 4 - Secret 5 - Unknown 9 - Unknown 9 - Other (Explain below) 0 - Secret 4 - Secret 5 - Unknown 5			•				501010)			
A margament of mean and a margament of margament of mean and a margament of margament of mean and a margament of margamen		3 - Office o	f Personnel		2 - Secret 7 - Issued by foreign					
* Protect adjoined 9 - Other (Explain below) - Sensitive Compartmented or Other Agency Clease and the sensitive Compartment or Other Agency VES NO #4 Could in the clease and the sensitive Compartment or Provided (or Adonts), date() of adonts), agency(tes), and clearment or Provided (or Adonts), date() of adonts), agency(tes), and clearment or Provided (or Adonts), date() of adonts), agency(tes), and clearment or Provided (or Adonts), date() of adonts), agency(tes), and clearment or Provided (or Adonts), date() of adonts), agency(tes), and clearment or Provided (or Adonts), adae() or Provided (or Provided (o		•			3 - Top Secret country (specify					
Month/Year Agency Code Forsign Covernment or Other Agency (If necessary) Clearating Code #1 Image: Code Image: Code Image: Code #2 Image: Code Image: Code Image: Code #3 Image: Code Image: Code Image: Code #4 Image: Code Image: Code Image: Code #4 Image: Code Image: Code Image: Code Month/Year Department or Agency Taking Action Circumstances Image: Code Month/Year Department or Agency Taking Action Circumstances Image: Code #1 Image: Code Image: Code Image: Code Image: Code #2 Image: Code Image: Code Image: Code Image: Code Image: Code #1 Image: Code Image: Code <td< td=""><td></td><td></td><td></td><td></td><td>4 - Sensitive Compartmented</td><td></td><td></td></td<>					4 - Sensitive Compartmented					
#1 Image: Control of the section of the sectin section of the sectin section of the section of the section of	M	Month/Year Agency Foreign Government or Other Agency C								
#3 Image: set of the set of th	#1		0000		(
#3 Image: set of the set of th										
#4 Image: set in the	#2									
#4 Image: set in the										
YES NO b To your knowledge, have you EVER had a clearance or access authorization dened, suspended, or revoked: on administrative domination of a security clearance is not a revocation. Image: Cliccumstances is not not a security cliccumstances is not	#3									
YES NO b To your knowledge, have you EVER had a clearance or access authorization dened, suspended, or revoked: on administrative domination of a security clearance is not a revocation. Image: Cliccumstances is not not a security cliccumstances is not										
YES NO b To your knowledge, have you EVER had a clearance or access authorization dened, suspended, or revoked: on administrative domination of a security clearance is not a revocation. Image: Cliccumstances is not not a security cliccumstances is not	#4									
b To your knowledge, have you EVER had a clearance or access authorization denied, suspended, or revoked; or been debarred from government employment? If Yes; "give the action(s), agency(tes), and circumstances. Note: An administrative downgrade of termination of a security clearance is not a revocation. Image: Circumstances is not a revocation. Month/Year Department or Agency Taking Action Circumstances. Note: An administrative #1 Image: Circumstances is not a revocation. VES NO #2 Image: Circumstances is not a revocation. VES NO FinANCIAL RECORD For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor. on the following page. VES NO a Have you field a petition under any chapter of the bankruptcy code? If "Yes," indicate type. Image: Circumstance? Image: Circumstance? <t< td=""><td>#4</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	#4									
b To your knowledge, have you EVER had a clearance or access authorization denied, suspended, or revoked; or been debarred from government employment? If Yes; "give the action(s), agency(tes), and circumstances. Note: An administrative downgrade of termination of a security clearance is not a revocation. Image: Circumstances is not a revocation. Month/Year Department or Agency Taking Action Circumstances. Note: An administrative #1 Image: Circumstances is not a revocation. VES NO #2 Image: Circumstances is not a revocation. VES NO FinANCIAL RECORD For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor. on the following page. VES NO a Have you field a petition under any chapter of the bankruptcy code? If "Yes," indicate type. Image: Circumstance? Image: Circumstance? <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>										
government employment? If Yes, "give the action(s), agency(ies), and circumstances. Note: An administrative downgrade or termination of a security cleance is not a revocation. Circumstances Month/Year Department or Agency Taking Action Circumstances #1 Circumstances Implication (Sinter Constances) Vession (Sinter Constances) #2 Implication (Sinter Constances) Vession (Sinter Constances) Implication (Sinter						YES	NO			
#1 #2 26 FiNANCIAL RECORD For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor, on the following page. YES NO a Have you field a petition under any chapter of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the type of the bankrupt or type of the bankrupt or type of the type of type of type of the type of type of type of the type of type o		government	employment?	If "Yes," give the action(s), date(s) of action(s), a						
#1 #2 26 FiNANCIAL RECORD For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor, on the following page. YES NO a Have you field a petition under any chapter of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the type of the bankrupt or type of the bankrupt or type of the type of type of type of the type of type of type of the type of type o	м	onth/Year	D	epartment or Agency Taking Action	Circumstances					
#2 Provide the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor, on the following page. YES NO a Have you filed a petition under any chapter of the bankruptcy code? If "Yes," Indicate type. Image: Comparison of the gamma set of										
26 FINANCIAL RECORD For the following answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor, on the following page. NO a Have you filed a petition under any chapter of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the type of the bankruptcy code? If "Yes," indicate type. Image: Comparison of type of type of the type of the type of the type of the type of the type of typ	"									
26 FINANCIAL RECORD For the following answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor, on the following page. NO a Have you filed a petition under any chapter of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the type of the bankruptcy code? If "Yes," indicate type. Image: Comparison of type of type of the type of the type of the type of the type of the type of typ	#2									
For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including YES NO a Have you filed a petition under any chapter of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? If "Yes," indicate type. Image: Comparison of the bankruptcy code? Image: Comparison of the bankruptcy comparison of the bankruptcy code? Image: Comparison of the bankruptcy code? Image: Comparison of the bankruptcy comparison of the bankruptcy comparison of the bank you been evicted for non-payment of financial obligations? Image: Comparison of the bankruptcy comparison of the bankruptcy comparison of the bank you been evicted for non-payment of financial obligations? Image: Comparison of the bankruptcy comparison of the										
b Have you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? Image: Constraint of the state of the st	-	For the follow	ving, answer fo		the question. Disclose all financial obligations, including	YES	NO			
c Have you failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance? Image: Constraint of the state of t	a	Have you f	filed a petition (under any chapter of the bankruptcy code? If "Y	es," indicate type.					
c Have you failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance? Image: Constraint of the state of t	b	Have vou	had any posse	ssions or property voluntarily or involuntarily repo	ossessed or foreclosed?					
d Have you had a lien placed against your property for failing to pay taxes or other debts? Image: Constraint of the placed against you? e Have you had a judgment entered against you? Image: Constraint of the placed against you placed against you placed against you placed against you? Image: Constraint of the placed against you placed against you? Image: Constraint of the placed against you placed againguent on any debt(s)? Image: Constraint										
 e Have you had a judgment entered against you? f Have you defaulted on any type of loan? g Have you had bills or debts turned over to a collection agency? h Have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? i Have you been evicted for non-payment of financial obligations? j Have you been delinquent on court-imposed alimony or child support payments? k Have you been counseled, warned, or disciplined for violating terms of agreement for a travel or credit card provided by your employer? m Have you been over 180 days delinquent on any debt(s)? o Have you EVER experienced financial problems due to gambling? p Are you currently delinquent on any Federal debt? 		· · ·								
f Have you defaulted on any type of loan? Image: Comparison of the type of loan? Image: Comparison of type of loan?	<u> </u>									
g Have you had bills or debts turned over to a collection agency? Image: Collection agency? Imagencion agency? <td< td=""><td>e</td><td>-</td><td></td><td></td><td></td><td></td><td></td></td<>	e	-								
h Have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? Image: Carcella Content of Carcella	f	Have you	defaulted on ar	ny type of loan?						
i Have you been evicted for non-payment of financial obligations? Image: state of the	g	Have you	had bills or deb	ots turned over to a collection agency?						
j Have you been delinquent on court-imposed alimony or child support payments? Image: specific transmission of transmissindetermissindetermission of transmission of transmissio	h	Have you	had any accou	nt or credit card suspended, charged off, or cano	celled for failing to pay as agreed?					
k Have you had your wages, benefits, or assets garnished or attached for any reason? Image: Comparison of the com	i	Have you l	been evicted fo	or non-payment of financial obligations?						
I Have you been counseled, warned, or disciplined for violating terms of agreement for a travel or credit card provided by your employer? Image: Constraint of the start of the st	j	Have you l	been delinquer	nt on court-imposed alimony or child support pay	ments?					
m Have you been over 180 days delinquent on any debt(s)? Image: Constraint of the second	k	Have you l	nad your wage	s, benefits, or assets garnished or attached for a	ny reason?					
n Are you currently over 90 days delinquent on any debt(s)? Image: Constraint of the second sec	I	Have you I	been counsele	d, warned, or disciplined for violating terms of ag	reement for a travel or credit card provided by your employer?					
o Have you EVER experienced financial problems due to gambling? p Are you currently delinquent on any Federal debt? Enter your Social Security Number before going to the next page	m	Have you I	been over 180	days delinquent on any debt(s)?						
p Are you currently delinquent on any Federal debt? Enter your Social Security Number before going to the next page	n	Are you cu	Irrently over 90	days delinquent on any debt(s)?						
p Are you currently delinquent on any Federal debt? Enter your Social Security Number before going to the next page	0									
Enter your Social Security Number before going to the next page	p		-							
		-		-	\					
	Page	-		Trainber before going to the next page						

For the fo are a cos	igner or guara sponding letter	èr for tl ntor. If rs.	he last 7 years, unles			uestion. Disclose all financial oblig rovide the information requested be				
Indicate (a-p)	Date Satisfie Month/Yea		Amount of Property Value Involved		n/Account Number/ Bankruptcy Type	Names of Agency/Organization	/Individu	al to Whom Debt is	/was O	wed
#1										
Nar	ne/Address of	Comp	any, Court, or Agenc	v Handli	ng Case	Name Action/Debt is Recorded	Jnder	Status of Actio	n or De	ebt
				State	ZIP Code					
Indicate	Date Satisfi	ed /	Amount of Property	Loan	/Account Number/	Names of Agency/Organization	/Individu	al to Whom Debt is	/was ()	wed
(a-p) #2	Month/Yea		Value Involved	Ba	ankruptcy Type		mainau		was O	weu
Name/Address of Company, Court, or Agency Handling Case Name Action/Debt is Recorded Under Status of Action or . State . ZIP Code									n or De	:bt
				State	ZIF Code					
Indicate (a-p)	Date Satisfi Month/Yea		Amount of Property Value Involved		Account Number/	Names of Agency/Organization	/Individu	al to Whom Debt is	/was O	wed
#3										
Nar	ne/Address of	Comp	any, Court, or Agenc	v Handli	ng Case	Name Action/Debt is Recorded	Jnder	Status of Actio	n or De	ebt
				State	ZIP Code					
Indicate	Date Satisfi		Amount of Property		Account Number/	Names of Agency/Organization	/Individu	al to Whom Deht is	/was ()	wed
(a-p) #4	Month/Yea	ar	Value Involved	Ba	ankruptcy Type					
Na	me/Address o	f Com	pany, Court, or Agend	cy Handl	ing Case ZIP Code	Name Action/Debt is Recorded	Jnder	Status of Actio	n or De	ebt
			CHNOLOGY SYSTE							
hardware, so information. decision or a	oftware, firmwa You are requi	are, an ired to you. N	d data used for the co answer the questions leither your truthful re	ommunic s fully an	cation, transmission, p d truthfully, and your	rmation technology systems includ processing, manipulation, storage, failure to do so could be grounds for red from your responses will be use	or proted or an adv	ction of verse employment	YES	NO
	•			•		to any information technology syst				
b In the I residin	ast 7 years, ha g on an inform	ave yo nation t	u illegally or without a technology system?	authoriza	ition modified, destroy	red, manipulated, or denied others	access	to information		
c In the I system	ast 7 years, ha	ave yo prizatio	ou introduced, remove on, when specifically p	d, or use prohibite	ed hardware, software d by rules, procedures	e, or media in connection with any i s, guidelines, or regulations?	informati	ion technology		
Date of In (Month/∖		Natu	re of Incident/Offense	•	Location	Incident Took Place		Action Taken	l	
#1										
#2										
#3										
#4										
#5										
#6										
#7										

Enter your Social Security Number before going to the next page

28 INVOLVEN	IENT IN NON-CRIMIN	IAL COURT ACTIONS				Y	'ES	NO	
			n a party to any public record civil court	action(s) not listed elsewhere of	on this form	1?			
If you answered	d "Yes," provide the inf	ormation about each pub	lic record civil court action(s) requested	below.					
Month/Year	Nature of Action	Result of Action	Name of Principal Parties Involved (if more space is needed, use Continuation Space on page 17)	Court Infor	mation				
#1				Court name					
				Street address					
		City State ZIP Co							
				Court name	I I				
#2 Street address									
				City	State		ode		
29 ASSOCIATI									
for an adverse e are dangerous t	employment decision on o human life and appe	r action against you. For ar to be intended to intim	equired to answer the questions fully an the purpose of this question, terrorism idate or coerce a civilian population to it truction, assassination or kidnapping.	is defined as any criminal acts t	that involve	e violer	nce c	or	
a Have you E	VER been an officer o	or a member of, or made a	a contribution to, an organization dedica ization's dedication to that end or with t	ted to terrorism, and which eng he specific intent to further such	laged in ille n illegal	egal Y	ES	NO	
	VER been an officer o	or a member of, or made a	a contribution to, an organization dedica	ted to the use of violence or for	rce to		+		
overthrow to that end	he U.S. Government, a or with the specific inte	and which engaged in illegent to further such illegal a	gal activities to that end, either with an a activities?	awareness of the organization's	dedication	ו ו			
commissior	n of acts of force or vio	or a member of, or made a lence to discourage other uch unlawful activities?	a contribution to, an organization that ur s from exercising their rights under the	nlawfully advocates or practices U.S. Constitution or any state of	the of the U.S.				
d Have you E	VER advocated any a		es designed to overthrow the U.S. Gove	ernment by force with the specif	ic intent to				
e Have you E	VER knowingly engag	ed in any activities design	ned to overthrow the U.S. Government	by force?					
f Have you E this questio	VER knowingly engag	ed in any acts of terrorisn ence against you in any si	n? Neither your truthful response nor ir ubsequent criminal proceeding.	nformation derived from your re-	sponse to				
g Have you E	VER participated in m	ilitias (not including officia	al state government militias) or paramilit	ary groups?					
If you answ	ered "Yes" to any of th	e questions above, expla	in below.			I			
			CONTINUATION SPACE						
provide any info	rmation you would like	A) for additional answers f	or items 11, 12, and 13. Use the space needed than is provided below, use a e item and try to maintain question form	blank sheet(s) of paper. Start e	all other iter	ms an with yo	d to our		

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature	Date (mm/dd/yyyy)
Enter your Social Security Number before going to the next page	

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization that show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)			Full name (Type or print le	gibly)		Date signed (mm/dd/yyyy)
Other names used					Date of birth	Social Security Number
Current street address	Apt. #	City (Cou	untry)	State	ZIP Code	Home telephone number

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)			Full name (Type or print le	gibly)		Date signed (mm/dd/yyyy)
Other names used						Social Security Number
Current street address	Apt. #	City (Cou	untry)	State	ZIP Code	Home telephone number

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

Yes No

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

Signature (Sign in ink)

Practitioner name

Date signed (mm/dd/yyyy)