Navigation: Select Investigation Request -



OMB No. 3206-0005 Form: SF86

Form Completion Instructions **Instructions for Completing Form SF86**

Public Burden Information

At the end of these instructions, you must certify that you have carefully read the instructions before you will be allowed to begin this form.

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

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 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. However, if you do not provide us each item of requested information, 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 regarding its recency, seriousness, relevance to the position and duties, and in light of -- and in relationship to -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. Therefore, it is imperative that the information provided be true and accurate to the best of your knowledge.

You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you.

Authority to Request this Information

Depending upon the purpose of your investigation, the United States Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, 12356, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code; sections 2165 and 2201 of title 42, United States Code; chapter 23 of title 50, United States Code; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations.

Your Social Security Number (SSN) is needed to keep records accurate because other people may

have the same name and birth date. Disclosure of your SSN will be used to help identify you in agency records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. We may verify your SSN with the Social Security Administration. The authority for soliciting and verifying your SSN is Executive Order 9397.

The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. 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 a person's 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 further 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 other matters requiring specific attention. These matters include alien registration or naturalization documentation; delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations; agreements involving child custody or support, alimony, or property settlements; arrests, convictions, probation, and/or parole; or other matters described in court records.

Special Instructions for Completing this Form

Some questions on this form specify a time frame of seven (7) years or ten (10) years, depending on what type of investigation is required. When a Single-Scope Background Investigation (SSBI) is required, some of the items on this form will require a 10 year time frame.

The instructions for these questions specify a 10-year time frame when an SSBI is required. If you have any questions about 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 should retain a copy of the completed form for your records.
- 2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box.
- 3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country list feature.

To use the country list feature, click on the "List" link beside the "Country" title to open a listing of country names in a separate window. Find the desired country name and use your web browser's "Copy" and "Paste" features to copy the country name into the "Country" text field. If the country name is not in the list, manually enter the country name into the "Country" text field.

When entering a United States address or location, select the state or territory from the "States" pull-down list. Selecting a state/territory implies "United States" as the country, so you do not need to enter it into the "Country" text field. For locations outside of the United States and its territories, enter the name of the country into the "Country" text field and leave the "State" field blank.

- 4. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided this form will assist you in completing the ZIP codes.
- 5. For telephone numbers in the United States, be sure to include the area code.
- 6. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use the pull down lists to select the month and day. The year should be entered as all four numbers, i.e., 1978 or 2001. 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 checking the "Est." box.

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 may 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 United States 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 disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility. 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 us on this form and to make your comments part of the record.

Disclosure of Information

The information you give 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

OPM has published routine uses for disclosing background information in OPM's systems of investigative records. OPM conducts the majority of background investigations and serves as the lead agency for the SF 86. OPM's routine uses follow:

- To designated officers and employees of agencies, offices, and other establishments in the
 executive, legislative, and judicial branches of the Federal Government, having a need to
 evaluate qualifications, suitability, and loyalty to the United States Government and/or a
 security clearance access or determination.
- To designated officers and employees of agencies, offices, and other establishments in the
 executive, legislative, and judicial branches of the Federal Government, when such agency,
 office, or establishment conducts an investigation of the individual for purposes of granting a
 security clearance, or for the purpose of making a determination of qualifications, suitability, or
 loyalty to the United States Government, or access to classified information or restricted areas.
- To designated officers and employees of agencies, offices, and other establishments in the
 executive, judicial, or legislative branches of the Federal Government, having the responsibility
 to grant clearances to make a determination regarding access to classified information or
 restricted areas, or to evaluate qualifications, suitability, or loyalty to the United States
 Government, in connection with performance of a service to the Federal Government under a
 contract or other agreement.
- To the intelligence agencies of the Department of Defense, the National Security Agency, the Central Intelligence Agency, and the Federal Bureau of Investigation for use in intelligence activities.
- To any source from which information is requested in the course of an investigation, 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.
- To the appropriate Federal, State, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the conducting of a security or suitability investigation of an individual, the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
- To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- To the Office of Management and Budget (OMB) at any stage in the legislative coordination

- and clearance process in connection with private relief legislation as set forth in OMB Circular No. A-19.
- To disclose information to contractors, grantees, experts, consultants or volunteers performing or working on a contract, service, or job for the Federal Government.
- For Judicial/Administrative Proceedings--To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- For National Archives and Records Administration--To disclose information to the National Archives and Records Administration for use in records management inspections.
- Within OPM for Statistical/Analytical Studies--By OPM in the production of summary
 descriptive statistics and analytical studies in support of the function for which the records are
 collected and maintained, or for related workforce studies. While published studies do not
 contain individual identifiers, in some instances the selection of elements of data included in
 the study may be structured in such a way as to make the data individually identifiable by
 inference.
- For Litigation--To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when
 - (1) OPM, or any component thereof; or
 - (2) Any employee of OPM in his or her official capacity; or
 - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation provided, however, that the disclosure is compatible with the purpose for which records were collected.
- For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law
- For the Equal Employment Opportunity Commission--To disclose information to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, compliance by Federal agencies with the Uniform Guidelines on Employee Selection Procedures or other functions vested in the Commission and to otherwise ensure compliance with the provisions of 5 U.S.C. 7201.
- For the Federal Labor Relations Authority--To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information averages 120 minutes, 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 NW, 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, 3206-000 collect this information, and you are not required to respond, u	unless this number is displayed.
☐ I certify that I have carefully read the foregoing instructions	s to complete this form.
I Certify	
	Version 2.00.0

Public Burden Information

OMB No. 3206-0005

Public burden reporting for this collection of information averages 120 minutes, 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 NW, 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.

Help · Display · Logout	Navigation: SF86	Sections 1-7: Your Identifying Information	Go
Sections 1-7: Yo Comprehensive Deta		ng Information	OMB No. 3206-0005 Form: SF86
Provide the following in	formation about	your identity.	
Section 1: Full Name			
(NMN), as appropriate.	f you have only i	e, select No First Name (NFN) or nitials in your name, enter the ir are a "Jr.," "Sr.," etc., enter this	nitial(s) (without the
_Full Name		<u></u>	
Name	IO/NFN/NMN		
Last:			
First:	<u> </u>		
Middle:		<u> </u>	
Suffix:			
Section 2: Date of Bir	th		
_Date of Birth			
Month/Day/Year	Est.		
I			
Section 3: Place of B	rth		
_Place of Birth			
City:		County:	
Provide Country if outsice	le the United State	es; otherwise, provide State.	
State:		▼	
Country: (List)			

Section 5: Other Names Used

Give other names you used and the period of time you used them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)]. If

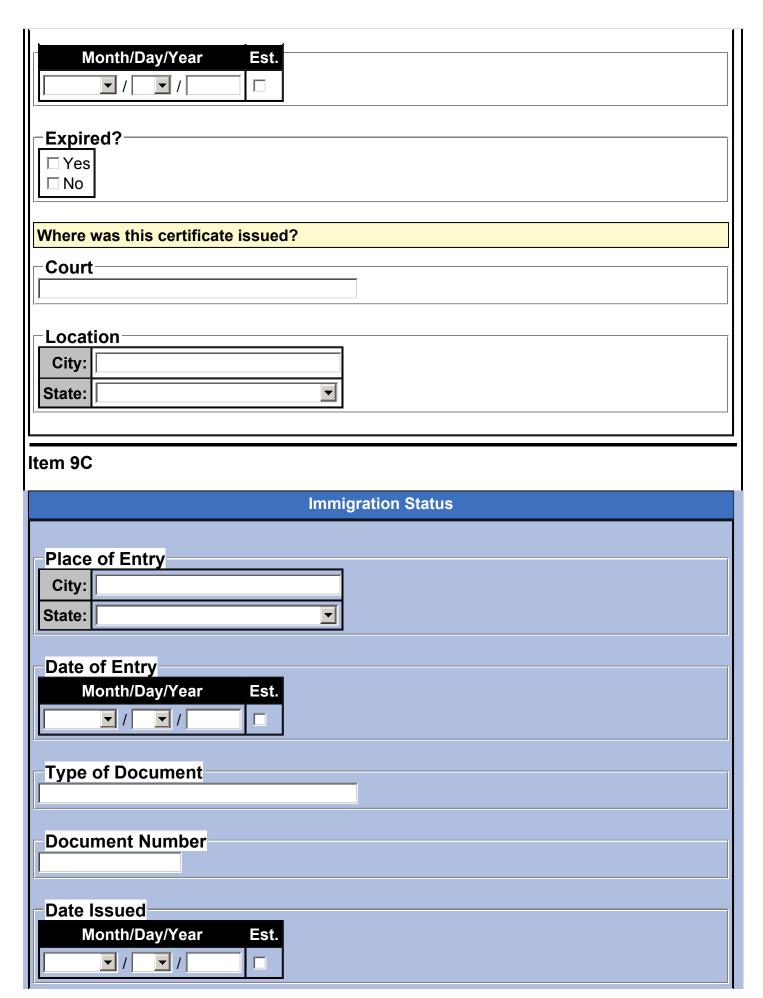
the other name is your maiden name, check the "nee" box.					
Other Names Used Not Applicable					
# Name nee D	ates Used				
1. First: nee From: nee Suffix:	ath/Year Est./Pres.				
Add A Blank Entry					
Section 6: Mother's Birth Name	<u> </u>				
Mother's Birth Name Name					
Section 7: Your Identifying Information Height Feet: Inches:					
Weight (Pounds)					
Hair Color					
Eye Color					
Sex					

□ Female □ Male	
Additional Comments	
Additional Comments Note: If you need to provide any additional comments about this information, enter them below.	
Save Reset this Screen	
Version 2.0	0.00

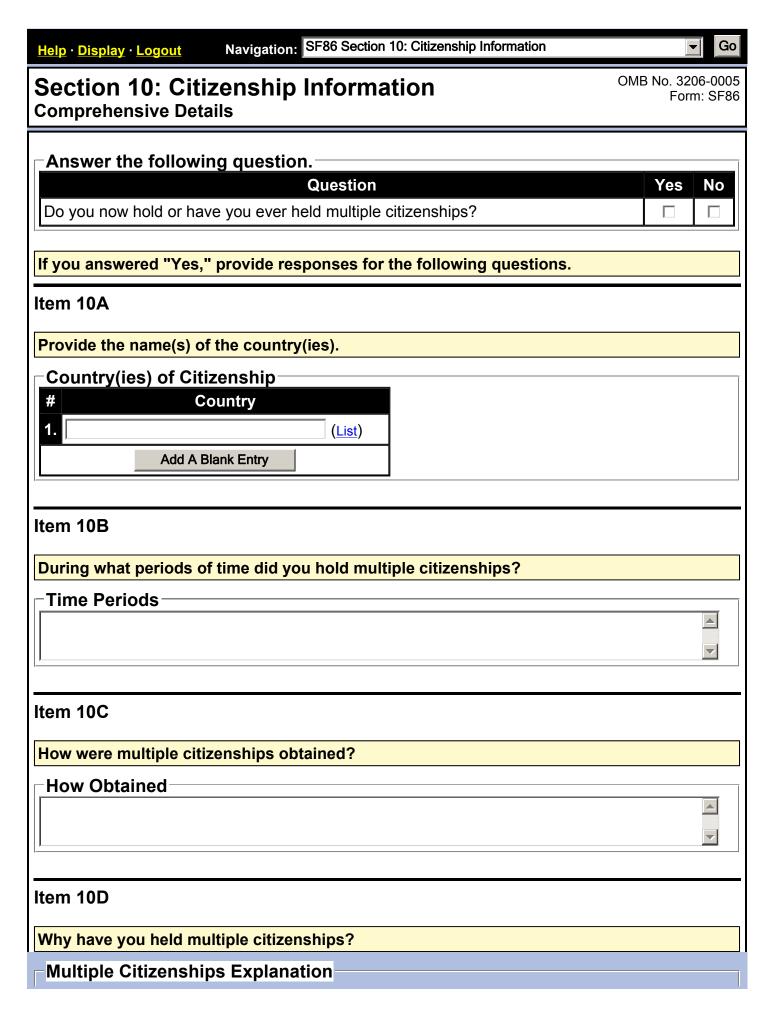
Help · Display · Logout Navigation: SF86 Section 8: Contact Information	Go
Section 8: Contact Information Comprehensive Details	OMB No. 3206-0005 Form: SF86
Work E-mail Address	
Home E-mail Address	
Provide your telephone numbers and the time of the day that you are most at these numbers. Include the Area Code and extension, where applicable.	likely available
Work Telephone Number Time	
Home Telephone Number Time	
Mobile Telephone Number Time	
Additional Comments Note: If you need to provide any additional comments about this information, ent	er them below.
Save Reset this Screen	Varaian 2 00 00

<u>-</u>
Help · Display · Logout Navigation: SF86 Section 9: Citizenship
Section 9: Citizenship Comprehensive Details OMB No. 3206-000 Form: SF8
Mark the box that reflects your current citizenship status and follow its instructions.
Current Citizenship Status
□ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth. □ I am a U.S. citizen by birth, born outside the U.S. (Answer item 9A) □ I am a naturalized U.S. citizen. (Answer item 9B) □ I am not a U.S. citizen. (Answer item 9C)
U.S. Passport
Report information from your current or most recent U.S. Passport, if applicable.
☐ This information is not applicable to me.
Passport Number Date Issued Month/Day/Year Est.
Expired? Yes No
Item 9A
Report information from Form 240, if applicable.
State Department Form 240 (Report of Birth Abroad of a Citizen of the United States) This information is not applicable to me. Date Form Was Completed

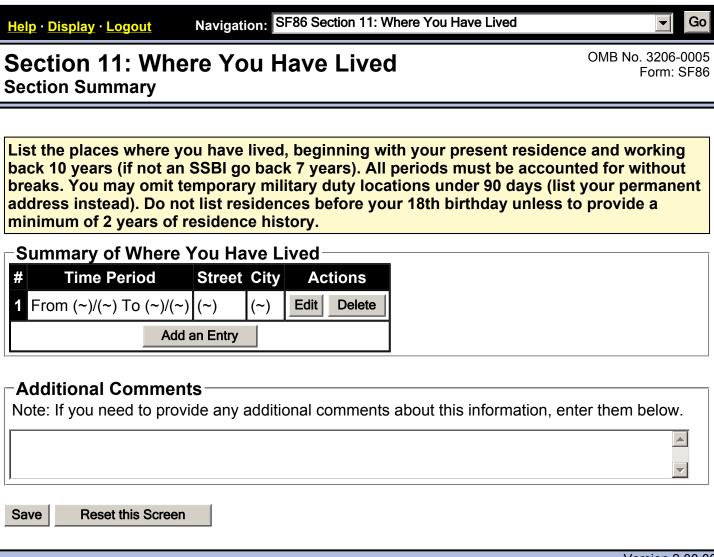
Month/Day/Year Est.
Explanation
Item 9B
Citizenship Certificate
Certificate Number
Date Issued Month/Day/Year Est.
Expired? Yes No
Where was this certificate issued? Court
City: State:
Naturalization Certificate
Certificate Number
Date Issued







Item 10E	
Have you renounced or attempted to renounce your foreign citizenshi	ip?
Renounced/Attempted to Renounce	
Additional Comments Note: If you need to provide any additional comments about this information	on, enter them below.
Save Reset this Screen	
	Version 2.00.0



Navigation: SF86 Section 11: Where You Have Lived Go Help · Display · Logout OMB No. 3206-0005 Section 11: Where You Have Lived Form: SF86 **Entry Details** Provide the requested information about this place where you have lived. Indicate the actual physical location of your residence. Do not use a Post Office Box as an address, and do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. Your actual physical address in addition to your APO/FPO address is required for overseas assignments. For addresses in the last 5 years, if the address is "General Delivery," a Rural or State Route, or may be difficult to locate, provide directions for locating the residence under Additional Comments below. Include apartment numbers if applicable. Dates of Activity Month/Year **Date** Est./Pres. From: **▼**| / | To: ▼ / Status □ Own □ Rent ☐ Military Housing □ Other Street Address Street: City: Provide Country if outside the United States; otherwise, provide State and Zip Code. State: Zip Code:

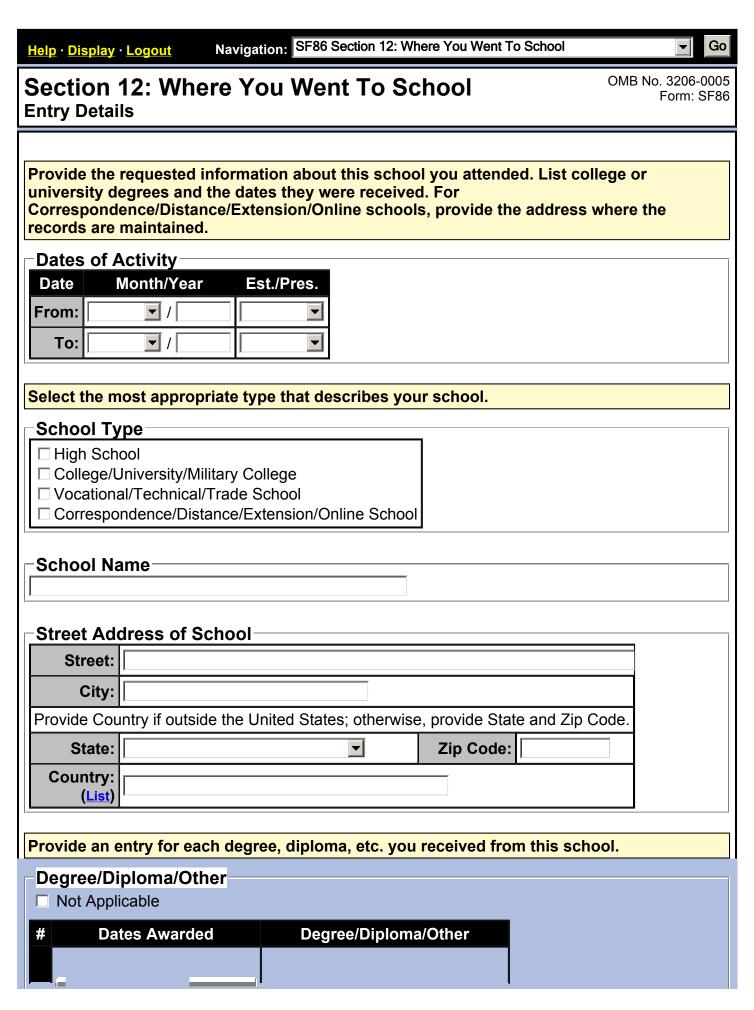
If an overseas military assignment, provide APO/FPO address.

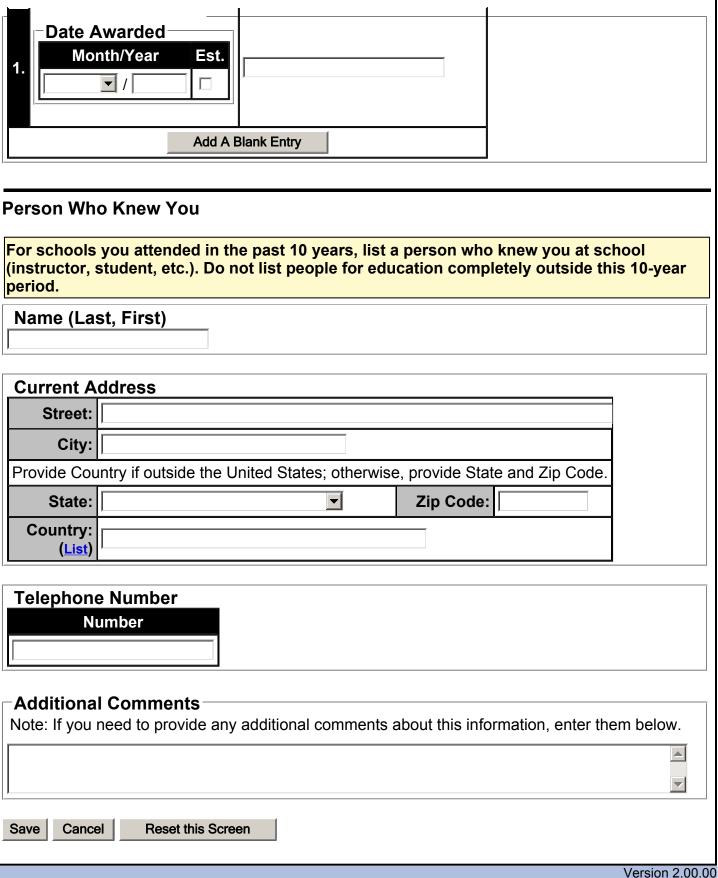
Country: (List)

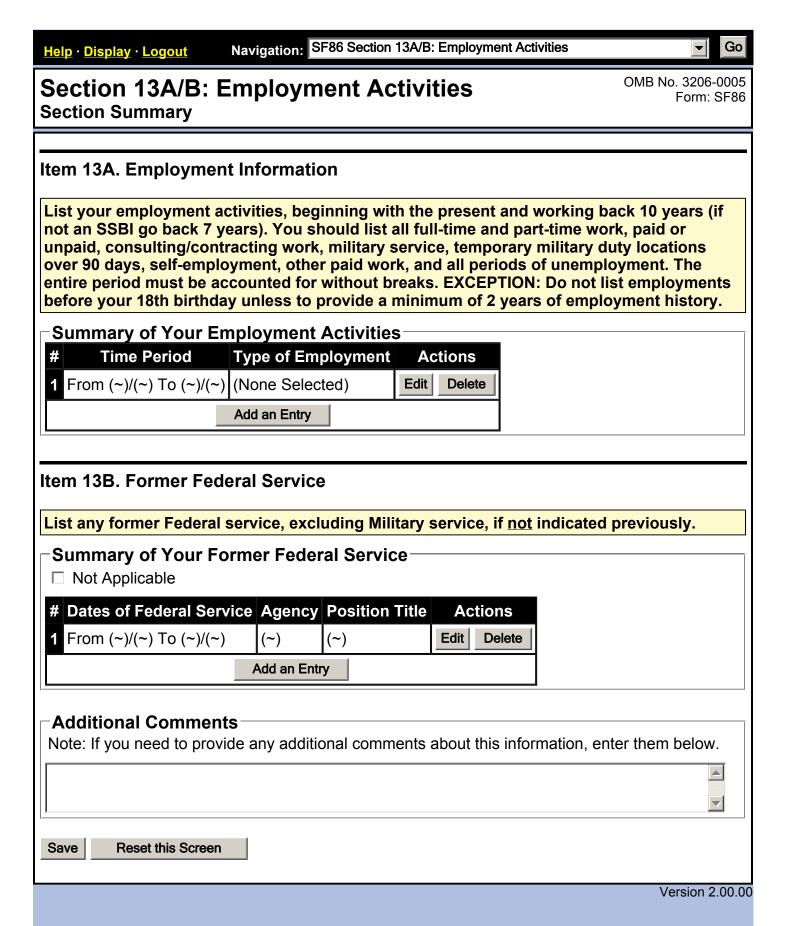
APO/FPO A	Address						,
Street:							
City:							
Provide Coun	ntry if outs	de the Un	ited States	; otherwise	e, provide Stat	e and Zip Code.	
State:				•	Zip Code:		
Country: (List)							
(LIST)							
Point of Con	ntact for	this Peri	od of Res	sidence			
	II lives in	that area	. Do not lis	st people f	or residence	at that address, s completely ou r relatives.	
Name of Pe	erson W	no Know	rs You (L	ast, First)		
Relationshi							
Current Ad	Idress						
Street:							
City:							
Provide Coun	ntry if outs	de the Un	ited States	; otherwise	e, provide Stat	e and Zip Code.	
State:				•	Zip Code:		
Country: (List)							
Provide APO/FPO address if currently applicable.							
APO/FPO A	Address						
Street:							
City:							
Provide Coun	ntry if outs	de the Un	ited States	; otherwise	e, provide Stat	e and Zip Code.	
State:				•	Zip Code:		

Country: (List)
Telephone Number Number
Alternate Contact Number Number
Additional Comments Note: If you need to provide any additional comments about this information, enter them below.
Save Cancel Reset this Screen

Help · Display · Logout Navigation: SF86 Section 12: Where You Went To School	Go
Section 12: Where You Went To School Section Summary	OMB No. 3206-0005 Form: SF86
Item 12A. School Information	
List the schools you have attended, beginning with the most recent and wo years (if not an SSBI go back 7 years). If all of your education occurred mor ago, list your most recent Degree/Diploma including high school, no matter education occurred.	re than 10 years
Summary of Where You Went To School Not Applicable	
# Time Period School Name Actions 1 From (~)/(~) To (~)/(~) (~) Edit Delete	
Add an Entry	
Item 12B. Suspension or Expulsion	
Answer the following question.	
Question	Yes No
Were you suspended or expelled from any of the institutions above?	
If you answered "Yes," explain. Do not include academic probations.	
Suspension/Expulsion Explanation	
	<u></u>
Additional Comments	
Note: If you need to provide any additional comments about this information, ent	er them below.
	<u> </u>
Save Reset this Screen	







Help · Display · Logout Nav	SF86 Section 13A/B: Employment Activities	Go
Section 13A/B: Em Select Employment Type	oloyment Activities	OMB No. 3206-0005 Form: SF86
Check the appropriate box t	identify the type of employment.	
Type of Employment ☐ Federal ☐ Military ☐ Military/Federal Contractor ☐ State Government ☐ Unemployment ☐ Self-employment ☐ Other		
Save Cancel Reset this S	reen	Version 2.00.00

Help · Display · Logout Navigation: SF86 Section 13A/B: Employment Activities	Go
	3206-0005 Form: SF86
Date Month/Year Est./Pres. From:	
Other	
Work Hours ☐ Full-time ☐ Part-time	
Position Title	
List the business name of your employer.	
Employer Name	
Employer's Street Address	
Street: City: Provide Country if outside the United States; otherwise, provide State and Zip Code. State: Country: (List)	
Employer's Telephone Number Number	
Your Physical Location (if different from employer address)	

Street:		
City:		
Provide Cou	untry if outside the United States; otherwise, provide State and Zip Code.	
State:	Zip Code:	
Country: (List)		
	tion Telephone Number lumber	
Superviso	or's Name (Last, First)	
Superviso	or's Title	
Superviso	or's Street Address	
Street:		
City:		
Provide Cou	untry if outside the United States; otherwise, provide State and Zip Code.	
State:		
Country: (List)		
	or's Telephone Number lumber	

Provide Additional Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location in the additional fields provided below. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below.

Additional	Periods	of A	Activi	ty '	with	this	Emp	loyer

■ Not Applicable

# Dates of Activity	Position Title Supervisor
Dates of Activity Date Month/Year Est. From:	
Add A Bla	ank Entry
If this is a former employment or if you intend for leaving.	d to leave this position, indicate your reason
Reason for Leaving ☐ Not Applicable	
☐ Left job under favorable circumstances ☐ Left job by mutual agreement following charg ☐ Left job by mutual agreement following notice ☐ Quit job after being told you'd be fired ☐ Fired from job ☐ Laid off from job by employer ☐ Other (explain)	-
⊢Explanation —	
Additional Comments Note: If you need to provide any additional comments	ments about this information, enter them below.
Save Cancel Delete Reset this Screen	

Help · Display · Logout	Navigation: SF86 Section	on 13A/B: Emp	loyment Activities	Go
Section 13A/B: Employment Activity	- -	ctivities	5	OMB No. 3206-0005 Form: SF86
Dates of Activity Date Month/Year From: // To: //	Est./Pres.			
Type of Employmen	t			
Work Hours ☐ Full-time ☐ Part-time				
Include your duty locati provide separate listing				
Service Branch				
Military Rank				
Military Duty Location	on			
Street Address Street: City: Provide Country if outsid State: Country:	e the United States; of ▼	· 1	ovide State and Zip (Code.
(List)				
Telephone Number Number				

 		
Your Phys	sical Location (if different from employer address)	
Street:		
City:		
	untry if outside the United States; otherwise, provide State and Zip Code.	
State:	▼ Zip Code:	
Country:		
(<u>List</u>)		
Job Locat	tion Telephone Number	
	umber	
Superviso	or's Name (Last, First)	
<u></u>		
Superviso	or's Title	
Superviso	or's Street Address	
Street:		
City:		
Provide Cou	untry if outside the United States; otherwise, provide State and Zip Code.	
State:	▼ Zip Code:	
Country:		
(<u>List</u>)		
Superviso	or's Telephone Number	
	umber	
A 1 1142		
	I Comments need to provide any additional comments about this information, enter then	n below.
110101 11 700	The state of the s	

Save	Cancel De	lete Res	et this Screen			
					\	/ersion 2.00.00

Help · Display · Logout Navigation: SF86 Section 13A/B: Employment Activities	Go
Section 13A/B: Employment Activities Employment Activity Details	OMB No. 3206-0005 Form: SF86
Dates of Activity Date Month/Year Est./Pres. From:	
Type of Employment Military/Federal Contractor	
Work Hours Full-time Part-time	
Position Title	
List contract, not federal agency.	
Employer Name	
Street: City: Provide Country if outside the United States; otherwise, provide State and Zip C State: Country: (List)	ode.
Employer's Telephone Number Number	
Your Physical Location (if different from employer address)	

Street:		
City:		
Provide Cou	untry if outside the United States; otherwise, provide State and Zip Code.	
State:	Zip Code:	
Country: (List)		
	tion Telephone Number lumber	
Superviso	or's Name (Last, First)	
Superviso	or's Title	
Superviso	or's Street Address	
Street:		
City:		
Provide Cou	untry if outside the United States; otherwise, provide State and Zip Code.	
State:		
Country: (List)		
	or's Telephone Number lumber	

Provide Additional Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location in the additional fields provided below. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below.

Additional	Periods	of A	Activi	ty '	with	this	Emp	loyer

■ Not Applicable

# Dates of Activity	Position Title Supervisor
Dates of Activity Date Month/Year Est. From:	
Add A Bla	ank Entry
If this is a former employment or if you intend for leaving.	d to leave this position, indicate your reason
Reason for Leaving ☐ Not Applicable	
☐ Left job under favorable circumstances ☐ Left job by mutual agreement following charg ☐ Left job by mutual agreement following notice ☐ Quit job after being told you'd be fired ☐ Fired from job ☐ Laid off from job by employer ☐ Other (explain)	-
⊢Explanation —	
Additional Comments Note: If you need to provide any additional comments	ments about this information, enter them below.
Save Cancel Delete Reset this Screen	

Help · Display · Logout Navigation: SF86 Section 13A/B: Employment Activities	Go
Section 13A/B: Employment Activities Employment Activity Details	OMB No. 3206-0005 Form: SF86
Date Month/Year Est./Pres. From:	
Type of Employment Self-employment	
Work Hours Full-time Part-time	
Occupation	
Business Name	
Street Address Street: City: Provide Country if outside the United States; otherwise, provide State and Zip C	Code.
State: Zip Code: Country: (List)	
Telephone Number Number	
List the name of the person who can verify your self-employment.	
Verifier Name	

Verifier's Street Address	
Street:	
City:	
Provide Country if outside the United States; otherwise, provide State and Zip Code.	
State: Zip Code:	
Country: (List)	
Verifier's Telephone Number Number Additional Comments	
Note: If you need to provide any additional comments about this information, enter them below	/ .
Save Cancel Delete Reset this Screen	

Help · Display · Logout	Navigation: SF86 Section 13A/I	3: Employment Ac	tivities	Go
Section 13A/B: I Employment Activity	Employment Activ	ities	ОМЕ	3 No. 3206-0005 Form: SF86
Dates of Activity Date Month/Year From:	Est./Pres.			
Unemployment	t			
List the name of the per	rson who can verify your u	nemployment.		
Verifier Name				
Verifier's Street Add	Iress			
City:				
,	le the United States; otherwis	se, provide Stat	e and Zip Code.	
State:	V	Zip Code:		
Country: (List)				
Verifier's Telephone Number	Number			
Additional Commen	ts ride any additional comments	about this info	rmation, enter the	em below.
	,		, , , , , , , , , , , , , , , , , , , ,	△
Save Cancel Delete	Reset this Screen			

Help · Display · Logout Navigation: SF86 Section 13A/B: Employment Activities	Go
Section 13A/B: Employment Activities Former Federal Service Details	B No. 3206-0005 Form: SF86
Dates of Federal Service Date Month/Year Est. From:	
Your Position Title	
Agency Name	
City: Provide Country if outside the United States; otherwise, provide State and Zip Code. State: Country: (List)	
Additional Comments Note: If you need to provide any additional comments about this information, enter the	em below.
Save Cancel Reset this Screen	Version 2.00.00

Help · Display · Logout	Navigation: SF86 S	Section 13C: Emplo	oyment Activities (Continu	req)		Go
Section 13C: En Section Summary	nployment A	Activities ((Continued)	OMB No	. 3206 Form:	
Answer the followin	g questions.				ĭ	
#1. In the last 7 years, has suspended, or discipled	ave you received a			manded,	Yes	No
2. In the last 7 years, has suspended, or discipled				manded,		
If you answered "Yes" t	•	<mark>, provide an er</mark>	ntry for each incider	nt.		
# Date of Incident Name		Actions				
1 (~)/(~)/(~) (~)		Edit Delete				
	Add an Entry]			
-Additional Commen						
Note: If you need to prov	ride any additional	comments abou	ut this information, er	nter them I	below	/.
Save Reset this Screen						
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Help · Display · Logout	Navigation: SF86 Section 13C:	Employment Activities (Contin	nued) 🔻 Go
Section 13C: Em Entry Details	ployment Activition	es (Continued)	OMB No. 3206-0005 Form: SF86
Date of Incident Month/Day/Year	Est.		
Date of Official Action Month/Year Es			
Name of Employer(s)		
Current Location or Facility	of Incident		
Street: City:			
- ,	e the United States; otherwis	e, provide State and Zip	Code.
State:	▼	Zip Code:	
Country: (List)			
─Nature of Violation ── ── ── ── ── ── ── ── ──			
Nature of Violation			A V
Additional Commen	ts ide any additional comments	about this information, e	enter them below.
			<u> </u>
Save Cancel Reset	this Screen		
			Version 2.00.00

Help · Display · Logout	Navigation: SF86 Section 14: Selective Service Reco	ord Go
Section 14: Sele Comprehensive Deta	ective Service Record	OMB No. 3206-0005 Form: SF86
_Answer the followin	g question.	
#a. Are you a male bor	Question n after December 31, 1959?	Yes No
☐If you answered "Ye	es" to question a, answer the following	question.
#b. Have you registered	Question d with the Selective Service System?	Yes No
	to question b, provide your registration num	phor. If "No " explain the
reason for not registeri	ng.	iber. II No, explain the
Registration Number	er	
Explanation		
Additional Comment Note: If you need to prov	its vide any additional comments about this information	ation, enter them below.
Save Reset this Screen	1	_
		Version 2.00.00

Help · Display · Logout Navigation: SF86 Section 15: Military History		Go
Section 15: Military History Section Summary	. 3206 Form:	
Account for all of your military service through the questions below.		
# Question a. Have you EVER served in the United States Military, the United States Merchant Marine, or the commissioned corps of the United States Public Health Service (PHS) or National Oceanic and Atmospheric Administration (NOAA)? b. Have you EVER served in the military, security forces, merchant marine, militia, or other defense forces of any foreign country?	Yes	
If you answered "Yes" to question a or b, list all details of your military service below you had a break in service, each separate time of service should be listed.	w. If	
Summary of Your Military Service □ Not Applicable # Time Period Branch of Service Actions 1 From (~)/(~) To (~)/(~) (None Selected) Edit Delete Add an Entry		
# Question Y c. Have you EVER received other than an honorable discharge?	es	No
If you answered "Yes" to question c, explain.		
Explanation		
# Question # Uniform Code of Military Justice? Answer the following question. Question Question Output Question Question Question Question Question Question Answer the following question.	Yes	No
If you answered "Yes" to question d, provide an entry for each charge.		

Date Charged Actions 1 From (~)/(~) To (~)/(~) Edit Delete Add an Entry Additional Comments Note: If you need to provide any additional comments about this information, enter them below.
Add an Entry Additional Comments
Additional Comments
Save Reset this Screen

Help · Display · Logout Navigation: SF86 Section 15: Military History	Go
Section 15: Military History Select Branch of Service	OMB No. 3206-0005 Form: SF86
Use one of the codes listed below to identify your branch of service:	
Branch of Service Air Force Army Navy Marine Corps Coast Guard Merchant Marine National Guard United States Public Health Service (PHS) National Oceanic and Atmospheric Administration (NOAA) Foreign military, defense, militia, security forces	
Save Cancel Reset this Screen	Varior 0.00 0

Help · Display · Logout Navigation: SF86 Section 15: Military History	Go
Section 15: Military History Service Details	OMB No. 3206-0005 Form: SF86
Branch of Service Air Force	
Date Month/Year Est./Pres. From:	
Service/Certificate Number	
Mark Officer or Enlisted, if applicable.	
Officer or Enlisted Not Applicable Officer Enlisted	
Indicate the status of your service during the time that you served.	
Status Active Duty Active Reserve Inactive Reserve	
Type of Discharge Not Applicable Honorable Dishonorable Hardship Medical Other	
If you selected "Other" for "Type of Discharge," explain.	
Explanation	

Addition	al Comme	nts					
		ovide any addit	ional comme	ents about th	is informatior	n, enter ther	m below.
ave Can	cel Delete	Reset this S	Screen				
							Version 2.00

Help · Display · Logout Navigation: SF86 Section 15: Military Hist	ory Go
Section 15: Military History Service Details	OMB No. 3206-0005 Form: SF86
Ranch of Service National Guard	
Dates of Activity Date Month/Year Est./Pres. From:	
Service/Certificate Number	
Mark Officer or Enlisted, if applicable.	
Officer or Enlisted Not Applicable Officer Enlisted	
State of Service State:	
Type of Discharge □ Not Applicable □ Honorable □ Dishonorable □ Hardship □ Medical □ Other	
If you selected "Other" for "Type of Discharge," explain.	
Explanation	

ote: If you need to provide any additional comments	A Second and a morniadori, criter them below.
ave Cancel Delete Reset this Screen	
	Version 2.00

Help · Display · Logout Navigation: SF86 Section 15: Military History	Go
Section 15: Military History Service Details	OMB No. 3206-0005 Form: SF86
Foreign military, defense, militia, security forces	
Date Month/Year Est./Pres. From:	
Service/Certificate Number	
Mark Officer or Enlisted, if applicable.	
Officer or Enlisted Not Applicable Officer Enlisted	
Indicate the status of your service during the time that you served.	
Status Active Duty Active Reserve Inactive Reserve	
Identify the country for which you served.	
Country	
Country: (List)	
Type of Discharge □ Not Applicable □ Honorable □ Dishonorable	

☐ Hardship ☐ Medical ☐ Other
If you selected "Other" for "Type of Discharge," explain.
Explanation
Additional Comments Note: If you need to provide any additional comments about this information, enter them below.
Save Cancel Delete Reset this Screen

Help · Display · Logout	Navigation: SF86 Se	ection 16: People Wh	o Know You Well	Go
Section 16: Peop Section Summary	le Who Kno	w You We	II	OMB No. 3206-0005 Form: SF86
List three people who kn should be friends, peers, your activities outside of association with you cov spouse(s), other relatives	colleagues, colle the workplace, s ers at least the la	ege roommates, chool, or neighl est 7 years. Do n	associates, etc., woorhoods and whose ot list your spouse	tho are aware of se combined
1 From (~)/(~) To (~)/(~)	Reference Name			
Additional Comments Note: If you need to provid Save Reset this Screen		omments about t	his information, ente	er them below.

Help · Display · Logout Navigation: SF86 Section 16: People Who Know You Well	Go
Section 16: People Who Know You Well Entry Details	OMB No. 3206-0005 Form: SF86
Date Month/Year Est./Pres. From: To: T	
Reference Name (Last, First)	
Relationship to You Neighbor Friend Work Associate Schoolmate Other Include apartment number, if applicable.	
Home or Work Address Street: City: Provide Country if outside the United States; otherwise, provide State and Zip Code: State: Zip Code:	ode.
Country: (List)	
Telephone Number Number Time	
Alternate Telephone Number Number Time	

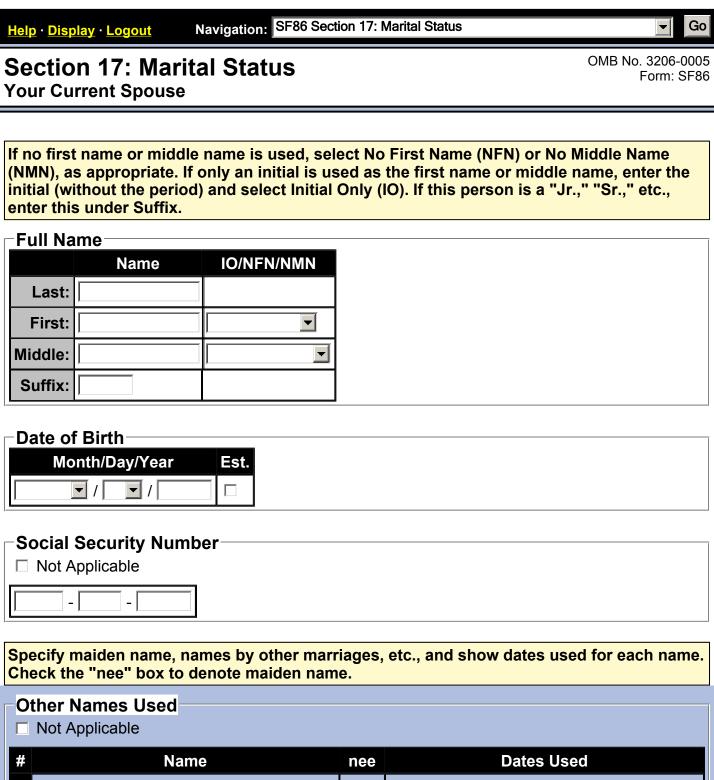
Additional Comments	
Note: If you need to provide any additional comments about this information, e	nter them below.
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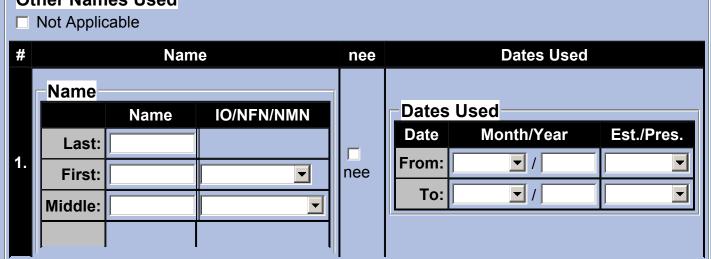
Help · Display · Logout Navigation: SF86 Section 17: Marital Status	Go
Section 17: Marital Status Section Summary	OMB No. 3206-0005 Form: SF86
Mark one box to show your current marital status.	
Marital Status	
☐ Never Married ☐ Married (including Common Law)	
Separated	
☐ Divorced ☐ Annulled	
□ Widowed	
Item 17A. Current Spouse	
Complete the following about your current spouse only.	
Current Spouse	
□ Not Applicable	
Full Name Date Married Actions	
(~), (~) (~)/(~)/(~) <u>Edit</u> <u>Delete</u>	
Item 17B. Former Spouse(s)	
Complete the following about your former spouse(s).	
Former Spouse(s) □ Not Applicable	
# Full Name Date Married Actions	
1 (~), (~) (~) (~)/(~) Edit Delete	
Add an Entry	

Item 17C. Cohabitant

Complete the following about your cohabitant. (A cohabitant is a person with whom you live in a spouse-like relationship and share bonds of affection, obligation or other commitments.)





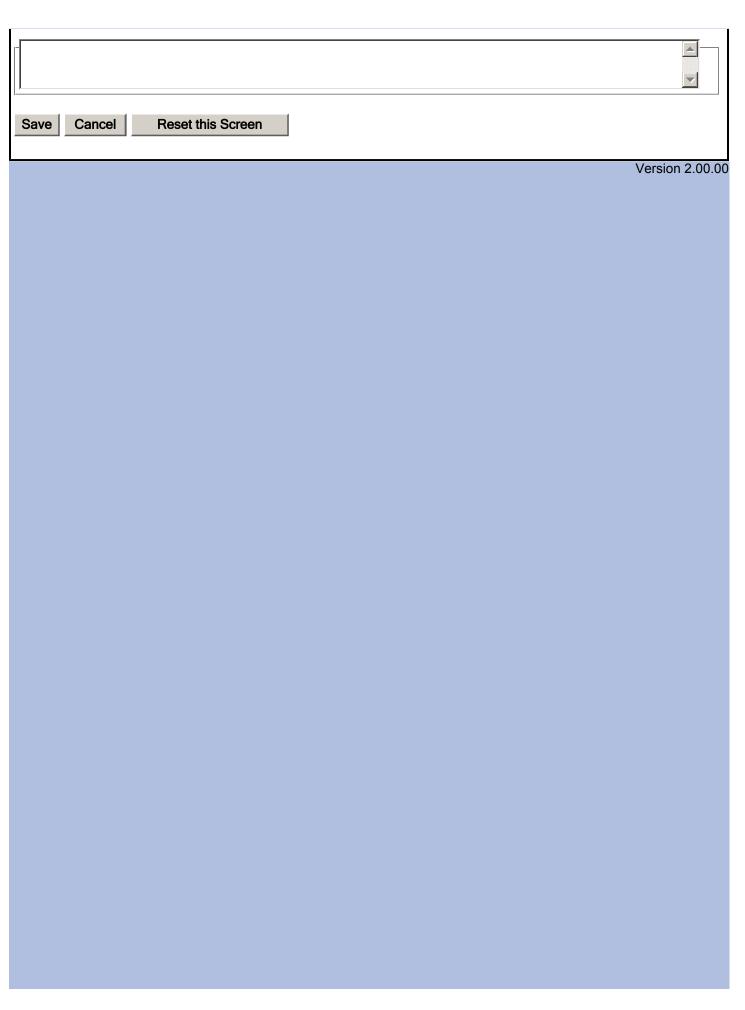


Suffix:		
Add A Blank Entry		
Provide current address and telephone number only if different than your current address; otherwise, check the "Use My Current Address" box.		
Current Address ☐ Use My Current Address		
Street:		
City:		
Provide Country if outside the United States; otherwise, provide State and Zip Code.		
State: Zip Code: Country:		
(List)		
Telephone Number		
Number		
Date Married Month/Day/Year Est.		
Place Married		
City:		
Provide Country if outside the United States; otherwise, provide State and Zip Code.		
State: Zip Code: Country:		
(List)		
If separated, provide date of separation.		
Date of Separation		
Month/Day/Year Est.		

If legally separated, where is the record located?			
Location of Separation Record			
City:			
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State: Zip Code:			
Country:			
(List)			
Citizenship Information	ī		
Place of Birth			
City:			
Provide Country if outside the United States; otherwise, provide State.			
State:			
Country: (List)			
Country(ies) of Citizenship			
# Country			
1. (<u>List</u>)			
Add A Blank Entry			
If this person was born outside the U.S., check the appropriate box and provide documen number.	ıt		
Type of Document			
□ Not Applicable			
□ Naturalization Certificate			
☐ Citizenship Certificate			
☐ State Department Form 240 ☐ U.S. Passport (current or most recent)			
☐ Alien Registration			
□ Other			
Decument Number			
Document Number			

Additional Comments

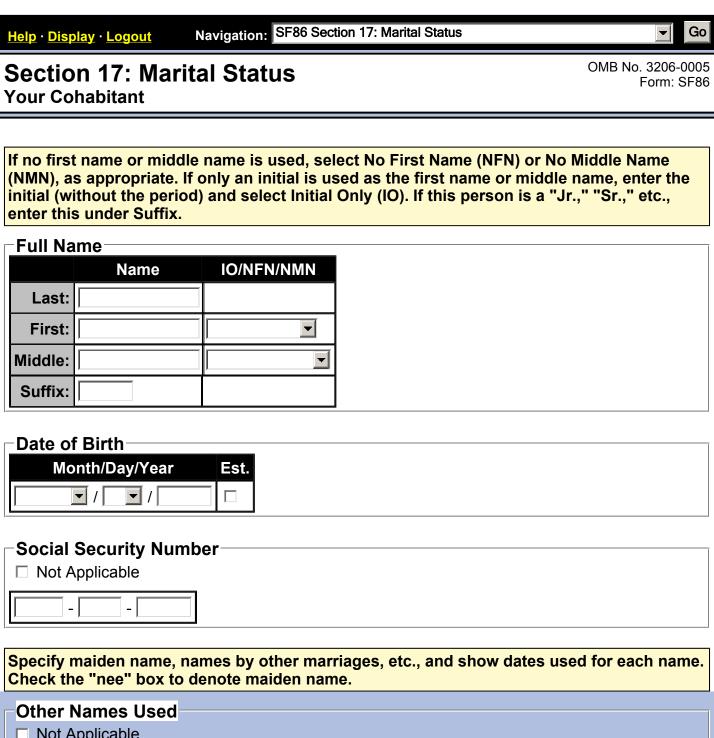
Note: If you need to provide any additional comments about this information, enter them below.

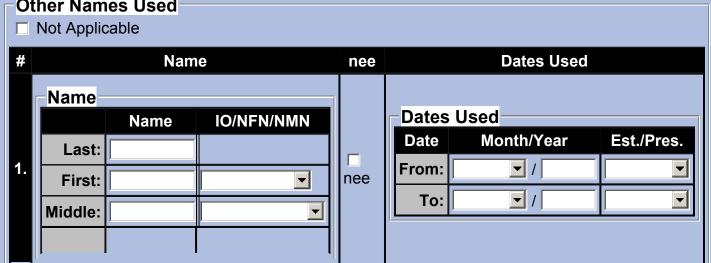


Help · Display · Logout Navigation: SF86 Section 17: Marital Status Go
Section 17: Marital Status Your Former Spouse OMB No. 3206-0005 Form: SF86
Status of Former Marriage Divorced Widowed Annulled
If not widowed, is this person deceased?
-Deceased □ Yes □ No
If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If this person has only initials in the name, enter the initial(s) (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," etc., enter this under Suffix.
Full Name Name IO/NFN/NMN Last: First: Middle: Suffix:
Date of Birth Month/Day/Year Est.
Place of Birth City: Provide Country if outside the United States; otherwise, provide State. State: Country: (List)

Countries of Citizenship
Country
1. (<u>List</u>)
Add A Blank Entry
Date Married
Month/Day/Year Est.
Dia a Mauria d
Place Married
Provide Country if outside the United States; otherwise, provide State and Zip Code.
State: Zip Code:
Country: (List)
Date Divorced/Widowed/Annulled
Month/Year Est.
If divorced/annulled, provide the following information.
Location of Divorce/Annulment Record
City:
Provide Country if outside the United States; otherwise, provide State and Zip Code.
State: Zip Code:
Country: (List)
(LISL)
Last Known Address of Former Spouse
Street:
City:
Provide Country if outside the United States; otherwise, provide State and Zip Code.
State: Zip Code:
Country:
(List)
(List)

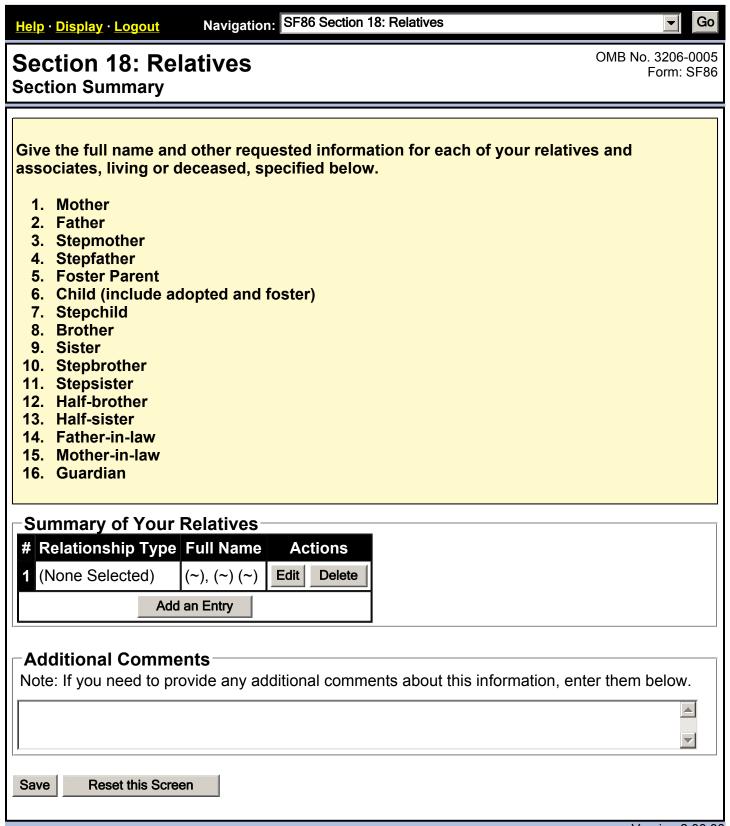
Telephone Number Number	
Additional Comments Note: If you need to provide any additional comments about this information	ation, enter them below.
Save Cancel Reset this Screen	
	Version 2.00.00





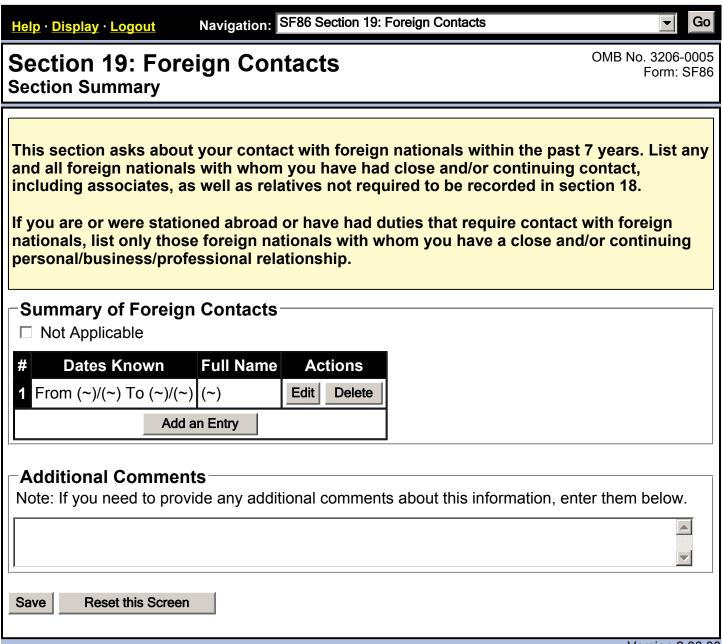
Suffix:
Add A Blank Entry
Date Cohabitation Began Month/Day/Year Est.
Citizenship Information
Place of Birth
City:
Provide Country if outside the United States; otherwise, provide State.
State:
Country: (List)
Country(ies) of Citizenship # Country 1. (List) Add A Blank Entry
If this person was born outside the U.S., check the appropriate box and provide document number.
Type of Document ☐ Not Applicable
□ Naturalization Certificate □ Citizenship Certificate □ State Department Form 240 □ U.S. Passport (current or most recent) □ Alien Registration □ Other
Document Number

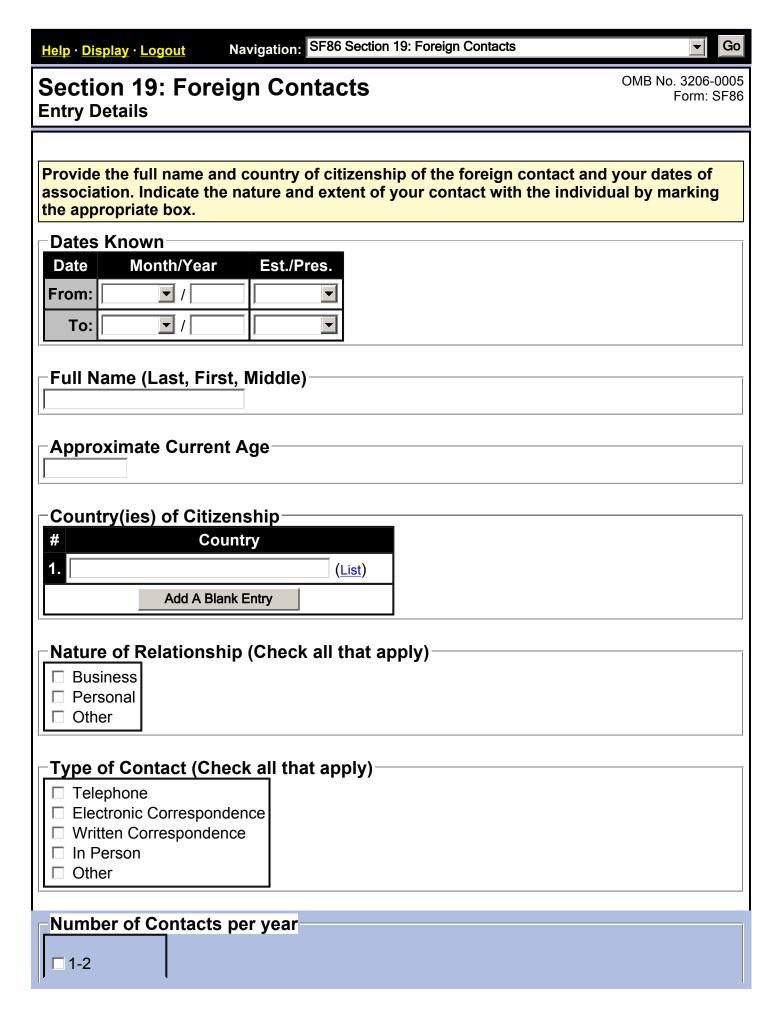
Additional Comments Note: If you need to provide any additional comments about this information, enter them below.						
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Save Cancel Reset this Screen						
	Version 2.00.00					



Help · Display · Logout	Navigation:	SF86 Sect	ion 18: Rel	atives		Go
Section 18: Rela Entry Details	atives				ON	/IB No. 3206-000 Form: SF8
Relationship Type	V					
If no first name or mide (NMN), as appropriate. initial (without the periodenter this under Suffix.	If only an ir od) and sele	nitial is us	sed as the	e first name	or middle nam	e, enter the
Full Name			 			
Name	IO/NFI	N/NMN				
Last:		—				
Middle:						
Suffix:						
Peceased ☐ Yes ☐ No						
Date of Birth──						
Month/Day/Year	Est.					
Provide the current add	dress of livi	ng relativ	AS.			
Current Address		13.00	00.			
Street:						
City:						7
Provide Country if outside	de the Unite	d States; α	otherwise	, provide Stat	e and Zip Code	<u></u>
State:		•		Zip Code:		_
Country: (List)						
						<u></u>
Citizenship Informati	ion					

Country of Birth Country: (List)				
Country(ies) of Citizenship # Country 1. (List) Add A Blank Entry				
Citizenship Status □ a) U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth □ b) U.S. citizen by birth, born outside the U.S. □ c) Naturalized U.S. citizen □ d) Not a U.S. citizen □ e) Other				
If you selected Citizenship Status code b, c, d, or e, provide the following citizenship information about this person.				
Type of Document □ Not Applicable □ Naturalization Certificate □ Citizenship Certificate □ State Department Form 240 □ U.S. Passport (current or most recent) □ Alien Registration □ Other				
Document Number				
Additional Comments Note: If you need to provide any additional comments about this information, enter them below.				
Save Cancel Reset this Screen				





□ 3-7 □ 8-15 □ More than 15	_				
Additional Co Note: If you need	mments to provide any addit	ional comments	about this infor	rmation, enter th	nem below.
Save Cancel	Reset this Screen				
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Help · Display · Logout Navigation: SF86 Section 20A: Foreign Financial Interests Go
Section 20A: Foreign Financial Interests Section Summary OMB No. 3206-0005 Form: SF86
For the following questions, please respond for the timeframe of the past 7 years.
Answer the following question.
Question Yes No 1. Do you have or have you had any foreign financial interests of which you have direct control or direct ownership?
If you answered "Yes" to question 1, provide the purpose and amount of funds for each interest.
Direct Foreign Financial Interests
Purpose Amount of Funds in U.S. Dollars
Add A Blank Entry
Answer the following question. # Question Yes No
2. Do you have or have you had any foreign financial interests that someone controls on your behalf?
If you answered "Yes" to question 2, provide the purpose and amount of funds for each
interest.
Indirect Foreign Financial Interests
Purpose Amount of Funds in U.S. Dollars 1.
Add A Blank Entry
— A newer the following guestion
Answer the following question. # Question Yes No
3. Do you own or have you owned real estate in a foreign country? □ □

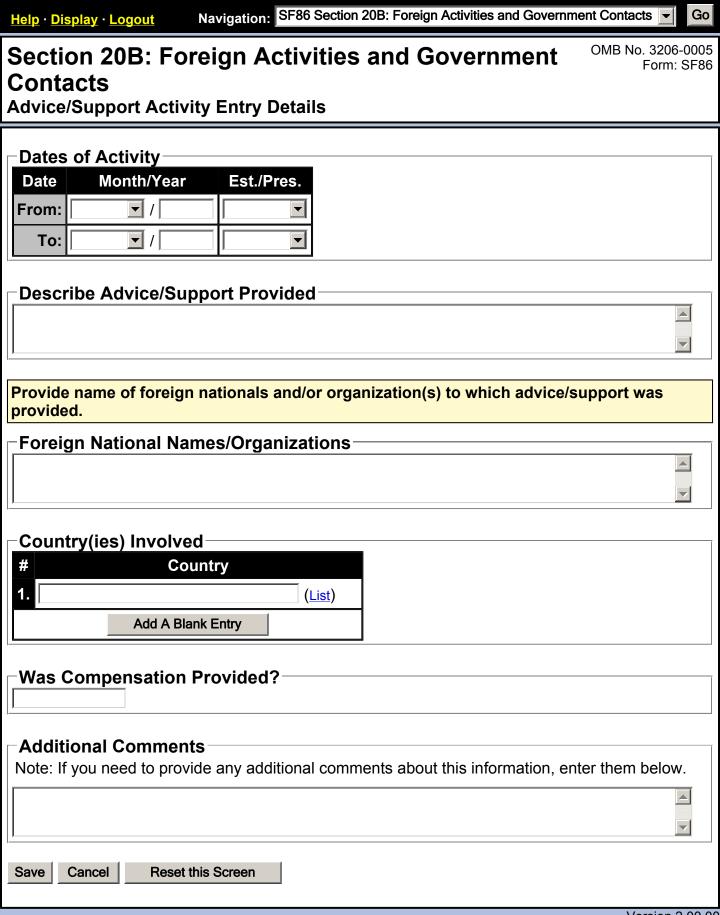
If you answered "Yes" to question 3, provide an entry for each foreign real estate holding.				
Summary of Foreign Real Estate Holdings				
# Location of Property Estimated \	/alue of Property in U.S. Dollars Actions			
1 (~)	Edit Delete			
	Add an Entry			
Additional Comments Note: If you need to provide any additional comments about this information, enter them below.				
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Save Reset this Screen	Version 2 00 0			

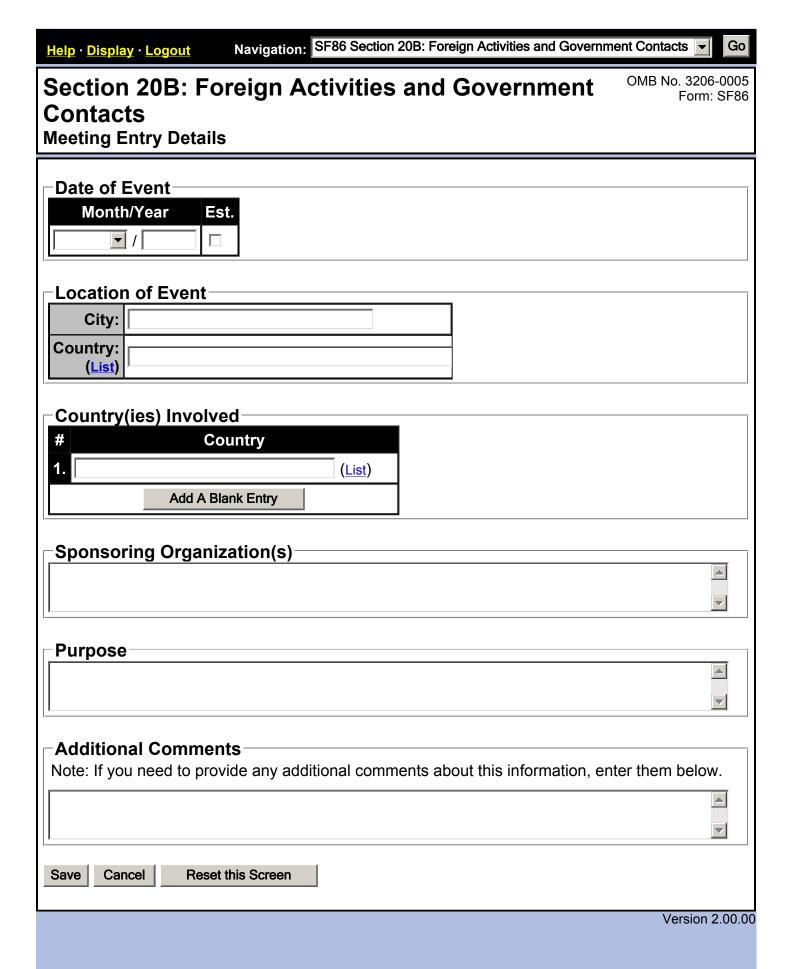
Help · Display · Logout Navigation: SF86 Section 20A: Foreign Financial Interest	ds Go
Section 20A: Foreign Financial Interests Foreign Real Estate Holding Entry Details	OMB No. 3206-0005 Form: SF86
Type of Property	
City: Country: (List)	
Estimated Value of Property in U.S. Dollars	
Additional Comments Note: If you need to provide any additional comments about this informatio Save Cancel Reset this Screen	n, enter them below.
	Version 2.00.00

Help · Display · Logout Navigation: Section 208: Foreign Activities and Government Contacts Government Contacts
Section 20B: Foreign Activities and Government Contacts Section Summary OMB No. 3206-0005 Form: SF86
Answer the following question.
Question Yes No
1. In the past 7 years, have you provided advice or support regarding any of the
following: management, strategy, financing, or development and/or use of
technology to any foreign national associated with a foreign business or other
foreign organization that you have not previously listed as a former employer?
If you answered "Yes" to question 1 AND the activity was outside of official U.S. Government business, provide entries to describe the advice/support provided.
Summary of Advice/Support Activities
Dates of Activity Organization(s) Actions
1 From (~)/(~) To (~)/(~) (~) Edit Delete
Add an Entry
Answer the following question.
Question Yes No
2. In the past 7 years, have you attended two or more international conferences, trade shows, seminars, or other meetings outside of the U.S.?
onews, serimars, or other meetings outside or the ole.:
If you are word IIV and to avecation 2 AND the nativity was sufaide of official LLC
If you answered "Yes" to question 2 AND the activity was outside of official U.S. Government business, provide an entry for each event.
•
Summary of Meetings
Date of Event Location Actions
1 (~)/(~)
Add an Entry
Add dif Liftly
Answer the following question.
Question Yes No
3. In the past 7 years, have you been asked to provide advice or serve as a consultant, \Box
even informally, by any foreign government official or agency?
If you answered "Yes" to question 3 AND the activity was outside of official U.S.
Government business, provide an entry for for each consultation.

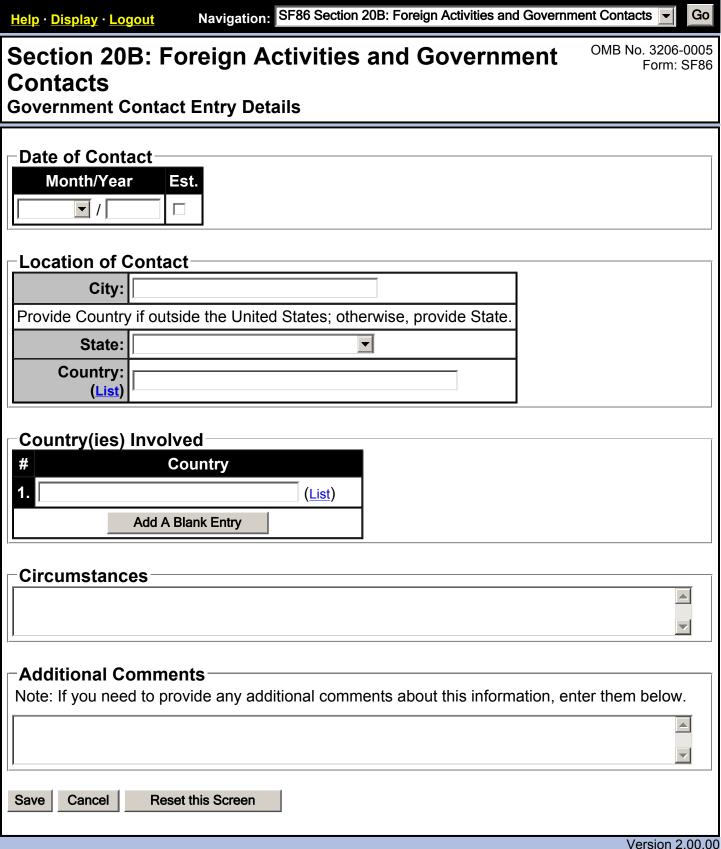
Summary of Consultations
Date of Consultation Location Actions
1 (~)/(~)
Add an Entry
Answer the following question.
Question Yes No
4. In the past 7 years, have you had any contact with a foreign government, its establishment (embassies or consulates), or its representatives, whether inside or
outside the U.S.?
If you answered "Yes" to question 4 AND the activity was outside of official U.S. Government business, provide an entry for each contact.
Summary of Government Contacts
Date of Contact Foreign Country Actions
1 (~)/(~)
Add an Entry
, <u> </u>
Answer the following question.
Question Yes No
In the past 7 years, have you sponsored any foreign citizen to come to the U.S. as a student, for work, or for permanent residence?
If you answered "Yes" to question 5, provide an entry for each foreign citizen you sponsored.
Summary of Sponsored Visits
Dates of Stay Name of Foreign Citizen(s) Actions
1 From (~)/(~) To (~)/(~) (~) Edit Delete
Add an Entry
Answer the following question.
Question Yes No
6. In the past 7 years, have you held or do you hold a passport that was issued by a foreign government?
If you answered "Yes" to question 6, provide an entry for each foreign passport held.
Summary of Foreign Passports

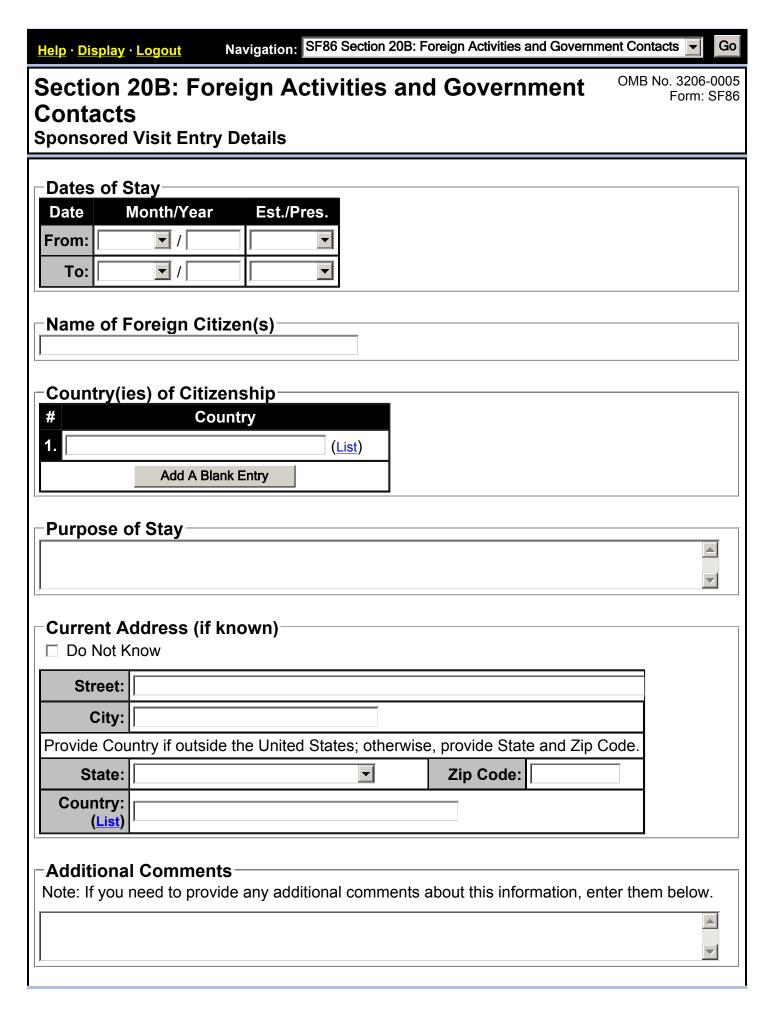
# Issuing Country	Passport Number	Actions		
1 (~)	(~)	Edit Delete		
	Add an Entry			
Additional Comr Note: If you need to Save Reset this So	provide any addition	al comments a	bout this information, e	nter them below.
				Version 2.00.00





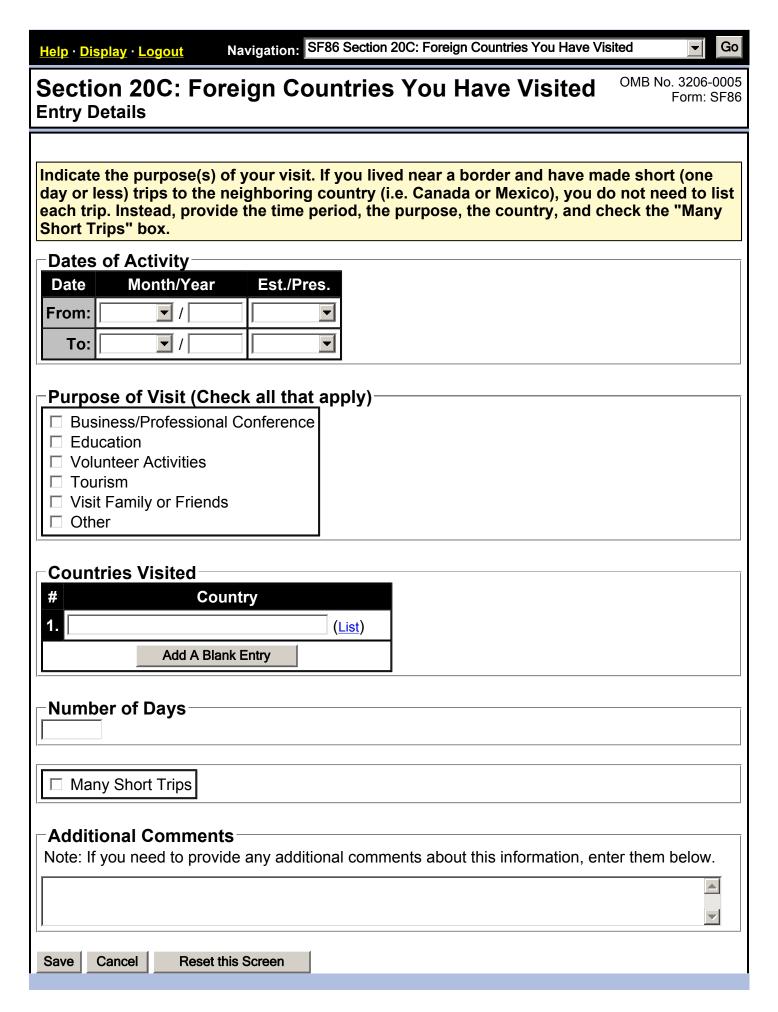






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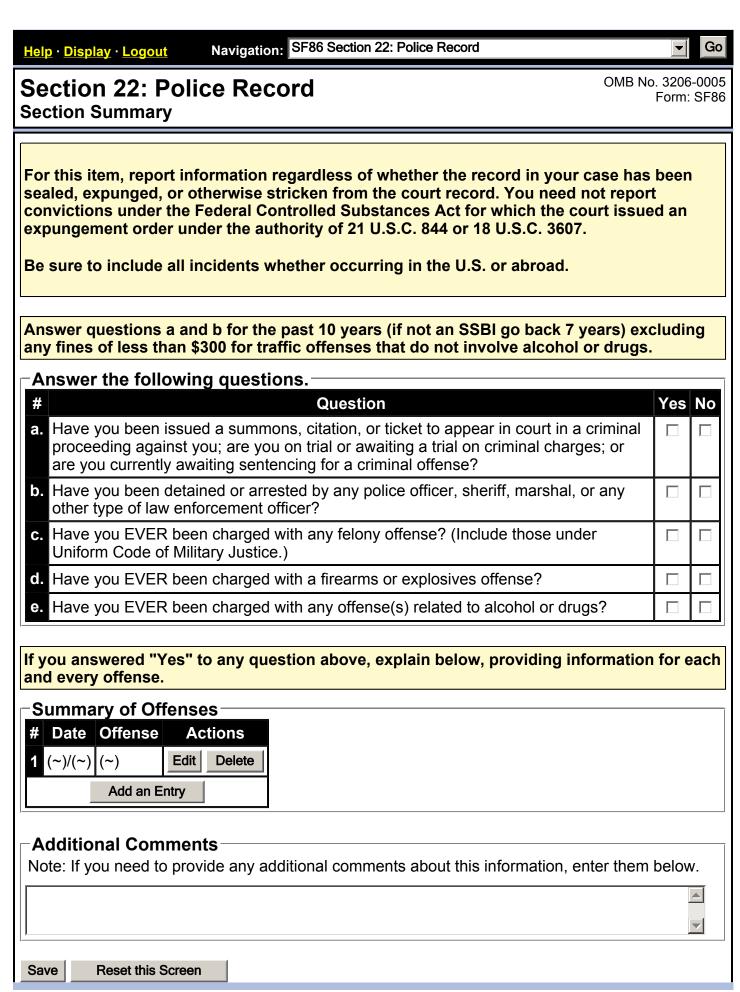


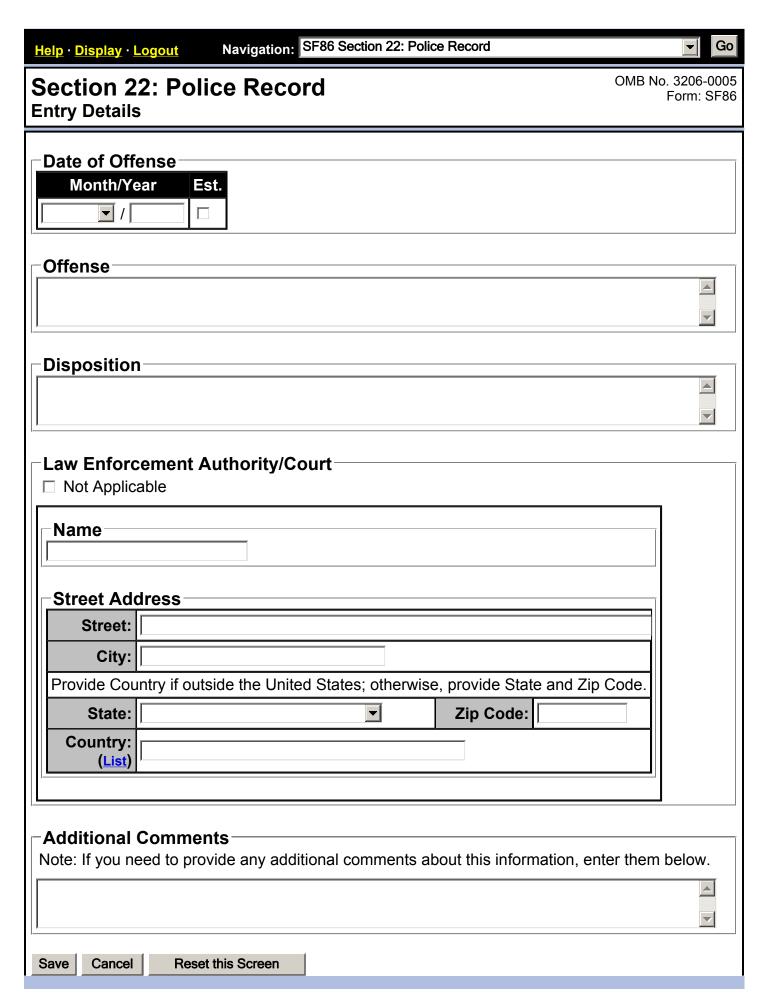


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Help · Display · Logout Navigation: SF86 Section 21: Mental and Emotional Health	Ğo
Section 21: Mental and Emotional Health Section Summary	B No. 3206-0005 Form: SF86
Answer the following question.	
Question	Yes No
In the last 7 years, have you received counseling or treatment from a mental health professional (including a counselor, licensed social worker, psychologist, psychiatrist or other psychotherapist) or any other medical professional regarding an emotional of mental condition? Answer "No" if the counseling was strictly marital, family, or grief counseling and did not involve the prescription of medication or violence by you.	
<u></u>	
If you answered "Yes," provide a record for each treatment to report, and sign to Authorization for Release of Medical Information Pursuant to the Health Insurant Portability and Accountability Act (HIPAA) (provided to you after you complete to	ice
_Summary of Treatments	
# Dates of Treatment Name of Provider Actions	
1 From (~)/(~) To (~)/(~) (~) Edit Delete	
Add an Entry	
- Additional Comments	1
Note: If you need to provide any additional comments about this information, enter the	em below.
Save Reset this Screen	
	Version 2.00.00

Help · Display · Logout	Navigation: SF86 Sec	tion 21: Mental and Er	notional Health	Go
Section 21: Men Entry Details	tal and Emoti	onal Health	ОМВ	No. 3206-0005 Form: SF86
Dates of Treatment Date Month/Year From: / / To: / /	Est./Pres.			
Name of Provider				
Street Address Street: City: Provide Country if outsid State: Country: (List)	e the United States;	otherwise, provide	·	
Explain Circumstan	ces of Treatment			
Additional Commen Note: If you need to prov		mments about this	information, enter the	em below.
Save Cancel Reset	his Screen			Version 2 00 00





Help · Display · Logout Navigation: SF86 Section 23: Use of Illegal Drugs and Drug Activity		Go				
Section 23: Use of Illegal Drugs and Drug Activity Section Summary	. 3206 Form:					
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.						
Answer the following questions.	1					
# Question	Yes	No				
a. In the last 7 years, have you illegally used any controlled substance, for example, cocaine, crack cocaine, THC (marijuana, hashish, etc.), narcotics (opium, morphine, codeine, heroin, etc.), stimulants (amphetamines, speed, crystal methamphetamine, Ecstasy, ketamine, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), steroids, inhalants (toluene, amyl nitrate, etc.) or prescription drugs (including painkillers)? Illegal use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.						
b. Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?						
c. In the last 7 years, have you been involved in the illegal possession, purchase, manufacture, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance (see question a above) including prescription drugs?						
If you answered "Yes" to any question above (a-c), provide the date(s) of use or actidentify the controlled substance(s), and explain the use or activity.	ivity,					
Summary of Substance/Drug Use/Activity						
# Dates of Use/Activity Type of Controlled Substance(s) Actions 1 From (~)/(~) To (~)/(~) (~) Edit Delete						
Add an Entry						
Additional Comments Note: If you need to provide any additional comments about this information, enter them below.						
Save Reset this Screen						

Help · Display · Logout Navigation: SF86 Section 23: Use of Illegal Drugs and Drug Activity	Go
Section 23: Use of Illegal Drugs and Drug Activity Entry Details	/IB No. 3206-0005 Form: SF86
Date Month/Year Est./Pres. From:	
Type of Controlled Substance(s)	
Explain Nature of Use/Activity, Frequency of Activity, and Number of	Times Used
Additional Comments Note: If you need to provide any additional comments about this information, enter the	hem below.
Save Cancel Reset this Screen	
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Help · Display · Logout Navigation: SF86 Section 24: Use of Alcohol	Go
Section 24: Use of Alcohol Section Summary OMB No. 3206-0 Form: S	
# Question Yes N In the last 7 years, has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted	10
in contacts by law enforcement/public safety personnel? If you answered "Yes" to question a, explain.	
Explanation	
# Question Yes N In the last 7 years, have you received counseling or treatment or have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?	10
If you answered "Yes" to question b above, provide an entry for each treatment to report. You will be asked to sign a release if information is needed concerning your treatment. Do not repeat information reported in response to Section 21 (Mental and Emotional Health).	0
Summary of Treatments	
# Dates of Treatment Counselor/Doctor Actions 1 From (~)/(~) To (~)/(~) (~) Edit Delete Add an Entry	
Additional Comments Note: If you need to provide any additional comments about this information, enter them below.	
Save Reset this Screen	

Help · Display · Logout Navigation: SF86 Section 24: Use of Alcohol	Go
Section 24: Use of Alcohol Entry Details	OMB No. 3206-0005 Form: SF86
Provide the dates of treatment and the name and address of the counselor Dates of Treatment Date Month/Year Est./Pres. From:	or doctor.
Name of Counselor/Doctor Street Address	
Street: City: Provide Country if outside the United States; otherwise, provide State and Zip C State: Country: (List)	ode.
Additional Comments Note: If you need to provide any additional comments about this information, en	ter them below.
Save Cancel Reset this Screen	Version 2.00.00

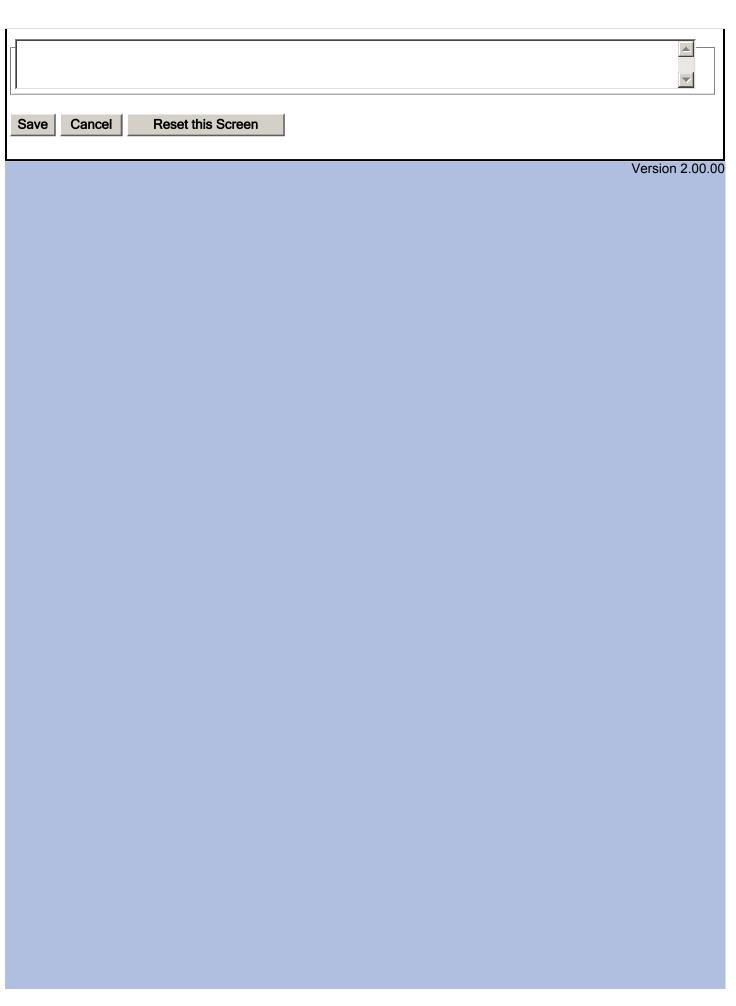
Help · Display · Logout Navigation: SF86 Section 25: Invest	tigations Record Go
Section 25: Investigations Record Section Summary	OMB No. 3206-0005 Form: SF86
# Question # Answer the following question. # Question a. Has the United States Government or a foreign govern background and/or granted you a security clearance? you don't know or can't recall if you were investigated	If your response is "No," or
box.	
If you answered "Yes" to question a, provide the requ	ested information below.
Summary of Your Investigations # Month/Year Agency Code Other Agency Clearance	e Code Actions
1 (~)/(~) (~) (~)	Edit Delete
Add an Entry	
# Question # D. Have you EVER had a clearance or access authorizate revoked; received a Statement of Reasons from an acceptance of the statement	
If you answered "Yes" to question b, provide the requ	ested information below.
# Month/Year Department or Agency Taking Action 1 (~)/(~) (~) Add an Entry	Actions Edit Delete
- A newer the following guestion	
# Question In the last 7 years, have you applied or been nominate security clearance, and later withdrew from the process investigation?	
If you answered "Yes" to question c, provide the requ	ested information below.
Summary of Your Withdrawals	
Cuminary of Four Withdrawais	

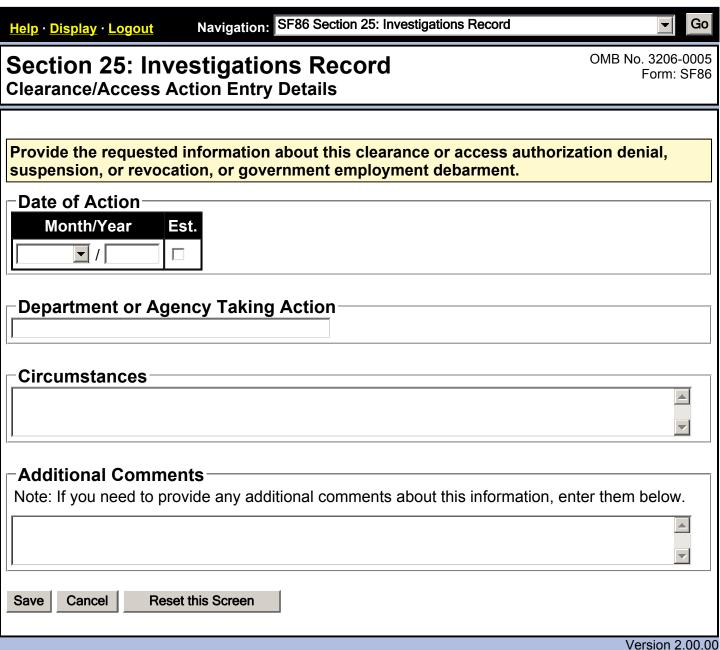
Month/Year Agency	Actions	
(~)/(~) (~)	Edit Delete	
Add an Entr	y	
Additional Commen	ts	
ote: If you need to prov	ride any additior	nal comments about this information, enter them below.
<u> </u>	-	_
		▼
Reset this Screen		
		Version 2.

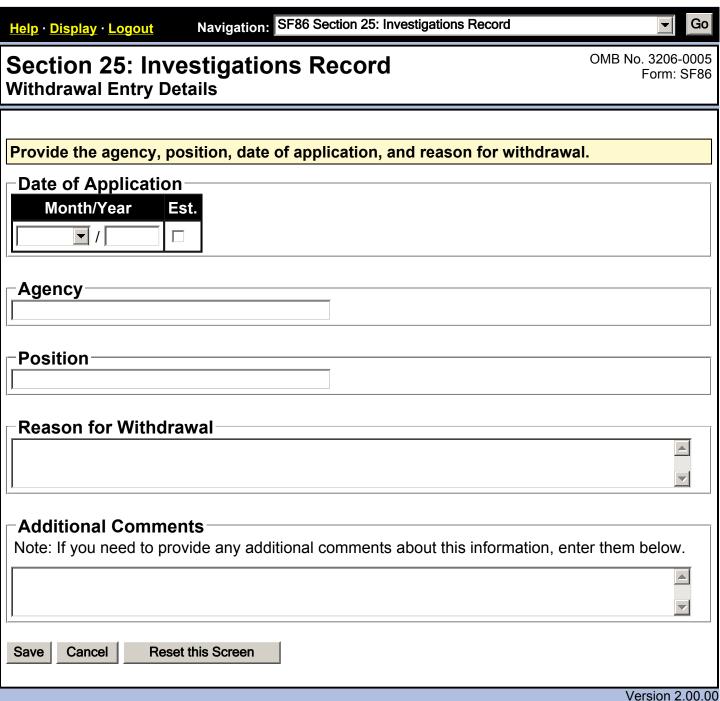
Help · Display · Logout Navigation: SF86 Section 25: Investigations Record Go
Section 25: Investigations Record Investigation Entry Details OMB No. 3206-0008 Form: SF86
Provide the requested information. If you do not know the requested information, check the associated "Do Not Know" box.
□ Do Not Know
Month/Year Est.
Agency Code ☐ Do Not Know
□ Defense Department □ State Department □ Office of Personnel Management □ Federal Bureau of Investigation □ Treasury Department □ Department of Homeland Security □ Other (Specify)
Other Agency
□ Do Not Know
□ Not Required □ Confidential □ Secret □ Top Secret □ Sensitive Compartmented Information □ Q □ L □ Issued by Foreign Country □ Other

Additional Comments

Note: If you need to provide any additional comments about this information, enter them below.







Help · Display · Logout	Navigation: SF86 Section 26: Financial Record	G	0

Section 26: Financial Record Section Summary

OMB No. 3206-0005 Form: SF86

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.

AI	nswer the following questions.		
#	Question	Yes	No
a.	Have you filed a petition under any chapter of the bankruptcy code?		
b.	Have you had any possessions or property voluntarily or involuntarily repossessed or foreclosed?		
C.	Have you failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance?		
d.	Have you had a lien placed against your property for failing to pay taxes or other debts?		
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 had your wages, benefits, or assets garnished or attached for any reason?		
I.	Have you violated the 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)?		
n.	Are you currently over 90 days delinquent on any debt(s)?		

If you answered "Yes" to any question above (a-n), provide the information requested below for each positive response, indicating the corresponding question letter.

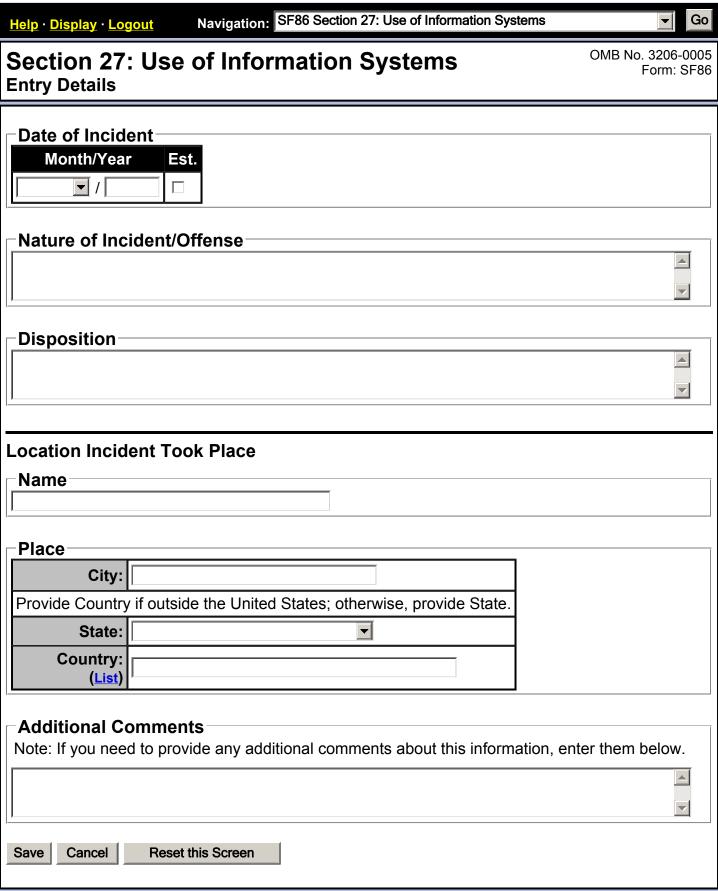
Summary of Occurrences		
# Date of Occurrence	Type of Occurrence	Actions
1 (~)/(~)	(~)	Edit Delete
	Add an Entry	

Additional Comments Note: If you need to provide any additional comments about this information, enter them below.		
Save Reset this Screen		
Ve	ersion 2.00.00	

Help · Display · Logout Navigation: SF86 Section 26: Financial Record	▼ Go
Section 26: Financial Record Entry Details	OMB No. 3206-0005 Form: SF86
Provide the information requested below.	
Date of Occurrence Month/Year Est.	
-Indicate Corresponding Questions (Check all that apply)	
Indicate Corresponding Questions (Check all that apply)	
 a) Filed a petition under any chapter of the bankruptcy code. b) Had possessions or property voluntarily or involuntarily repossessed or fore c) Failed to pay Federal, state, or other taxes, or to file a tax return, when requordinance. d) Had a lien placed against property for failing to pay taxes or other debts. 	
□ e) Had a judgment entered against me.□ f) Defaulted on a loan.	
 g) Had bills or debts turned over to a collection agency. h) Had an account or credit card suspended, charged off, or cancelled for faili agreed. 	ng to pay as
□ i) Evicted for non-payment of financial obligations. □ j) Delinquent on court-imposed alimony or child support payments.	
 k) Had wages, benefits, or assets garnished or attached. I) Violated the terms of agreement for a travel or credit card provided by an entire content. 	nployer.
□ m) Been over 180 days delinquent on a debt.□ n) Currently over 90 days delinquent on a debt.	
Amount or Property Value Involved	
Name of Agency/Organization/Individual to Whom Debt is Owed	
┌Name Action/Debt is Recorded Under	

Status of Action or Debt	
Court or Agency Handling Case Not Applicable Court/Agency Name	
Street Address Street:	
City:	
Provide Country if outside the United States; otherwise, provide State and Zip Code: Country: Country:	<u>e.</u>
(List)	
Additional Comments Note: If you need to provide any additional comments about this information, enter the	nem below.
Save Cancel Reset this Screen	

<u>Hel</u>	o · <u>Display</u> · <u>Logout</u> Navigation: SF86 Section 27: Use of Information Systems		Go			
Section 27: Use of Information Systems Section Summary OMB No. 3206-0005 Form: SF86						
The following questions ask about your use of information technology systems, which include all types of stand-alone computer systems, networked systems, the Internet, and telecommunication devices such as telephones, cell phones, and fax machines.						
<u> </u>	nswer the following questions.					
#	Question	Yes	No			
a.	In the last 7 years, have you illegally or without proper authorization entered into any information technology system?					
b.	In the last 7 years, have you illegally or without proper authorization modified, destroyed, manipulated, or denied others access to information residing on an information technology system?					
C.	In the last 7 years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations?					
If you answered "Yes" to any question above (a-c), provide an entry for each incident.						
# Date of Incident Location Actions 1 (~)/(~) Edit Delete Add an Entry						
Additional Comments Note: If you need to provide any additional comments about this information, enter them below.						
Sav	Reset this Screen					

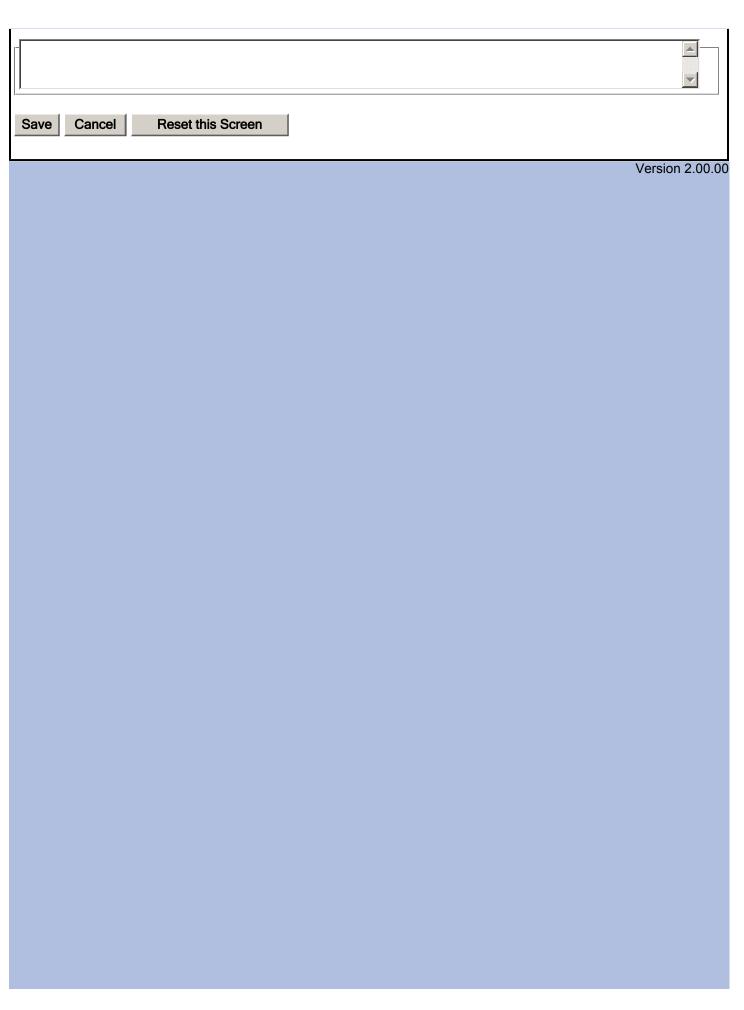


Help · Display · Logout Navigation: SF86 Section 28: Involvement in Non-Criminal Court Actions Go
Section 28: Involvement in Non-Criminal Court Actions Section Summary OMB No. 3206-0005 Form: SF86
Answer the following question. Question In the last 10 years, have you been a party to any public record civil court actions not listed elsewhere on this form?
If you answered "Yes," provide an entry for each public record civil court action.
Summary of Public Record Civil Court Actions # Date of Action Court Actions 1 (~)/(~) Edit Delete Add an Entry Additional Comments Note: If you need to provide any additional comments about this information, enter them below.
Version 2.00.00

Help · Display · Logout	Navigation: SF86 Section 28: Involvement in Non-Criminal Court A	ctions <u> Go</u>
Section 28: Inv Actions Entry Details	olvement in Non-Criminal Court	MB No. 3206-0005 Form: SF86
Provide the informati	on about the public record civil court action requested b	elow.
Date of Action Month/Year	Est.	
┌Nature of Action		
Natare of Action		A
┌Result of Action		
		A
Name of Parties In	nvolved	
<u> </u>		
Court		
Name		
<u></u>		
Street Address		
Street:		
City:		
Provide Country if out	tside the United States; otherwise, provide State and Zip Cod	<u>e.</u>
State:	▼ Zip Code:	_
Country: (List)		

Additional Comments

Note: If you need to provide any additional comments about this information, enter them below.



Help · Display · Logout Navigation: SF86 Section 29: Association Record		Go
Section 29: Association Record Comprehensive Details	lo. 3206 Form:	5-0005 SF86
Answer the following questions.		
# Question	Yes	No
a. Have you EVER been an officer or a member or made a contribution to an organization dedicated to terrorism or the violent overthrow of the United States Government and which engaged in illegal activities to that end, knowing that the organization engaged in such activities with the specific intent to further such activities?		
b. Have you EVER advocated or engaged in any acts of terrorism or any acts or activities designed to overthrow the United States Government by force?		
c. Have you EVER participated in militias (not including official state government militias) or paramilitary groups?		
If you answered "Yes" to any of the questions above, explain.		
Explanation		
	0000000	
Additional Comments	- h a l a	
Note: If you need to provide any additional comments about this information, enter then	1 belov	/.
Save Reset this Screen		
	ersion 2	2.00.00

Help · Display · Logout	Navigation: SF86 Additional Comments	Go			
Additional Com Any Additional Inform	ments nation You Would Like to Add	OMB No. 3206-0005 Form: SF86			
	continue answers to all other items and t Before each answer, identify the number o				
_Additional Commer	nts				
Note: If you do not have any additional comments to provide, click "Save" to continue.					
Save Reset this Screen	า				
		Version 2.00.00			

Help · Display · Logout Navigation: SF86 Certification	Go			
Certification Certification Statement Preview	OMB No. 3206-0005 Form: SF86			
The following is a preview of the certification document you will sign this investigation request.	when you complete			
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 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 will 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 (Sign in ink)	Date			
(Do not sign at this time.)				
Continue				