SUPPLEMENTAL INSTRUCTIONS FOR THE ACCESS AUTHORIZATIONS PACKET

U.S. DEPARTMENT OF ENERGY, ALBUQUERQUE OPERATIONS

It is important that you read each form carefully and follow the instructions.	
Return Completed	***AL F 5631.2C: Clearance Request/Recertification/SuitabilityForm Supervisor and/or Clearance Sponsor is required to complete this form)*** ❖ Complete entire form with the exception of sections which indicate DOE USE ONLY. ❖ Certification must be signed and dated by a DOE Official, Contracting Officer Representative (COR) or M&O Security Representative. ❖ **Contractor must certify to DOE the verification of proof of U.S. citizenship in accordance with DOE 472.1B by indicating on the Citizenship line.**
Return Completed	***DOE Letter: To all Clearance Applicants or Clearance Holders*** ❖ Signature and date required on page 2 ❖ The attachment is to be completed by those who are completing paperwork for a reinvestigation and wish to be informed when their clearance has been continued.
Return Completed	***DOE F 5631.18: Security Acknowledgement*** ❖ Signature and date required for both sides ❖ Place (City/State) at which Security Acknowledgement is Signed refers to the Site Location.
Return Completed	***DOE F 472.1: Fair Credit Reporting Act*** ❖ Page four must be signed and dated. (2 Required)
Return Completed	***SF86: Questionnaire for National Security Positions (QNSP) and any continuations pertaining to the questionnaire Applicants for "Q" Access Authorization:*** ❖ Information must be provided for the most recent ten (10) years for questions 9, 10 (list all College/University degrees regardless of time frame), 11, 12, 17d, 21, 22, 23e & f, 24a & c, 25, 27a, b, c & d, 28a & 29. All other questions should be answered according to the specified time period.

Applicants for "L" Access Authorization:

- Information must be provided for the most recent seven (7) years for questions 9, 10 (list all College/University degrees regardless of time frame), 11, 12, 17d, 21, 22, 23e & f, 24a & c, 25, 27a, b, c & d, 28a & 29. All other questions should be answered according to the specified time period.

Reinvestigation for Current "Q" Access Authorization:

- Information must be provided for the most recent seven (7) years for questions 9, 10 (all College/University degrees should be listed regardless of time frame), 11, 12, 17d, 21, 22, 23e & f, 24a & c, 25, 27a, b, c & d, 28a & 29. All other questions should be answered according to the specified time period.

Reinvestigation for Current "L" Access Authorization:

- Information must be provided for the most recent ten (10) years for questions 9, 10 (all College/University degrees should be listed regardless of the time frame), 11, 12, 17d, 21, 22, 23e & f, 24a & c, 25, 27a, b, c & d, 28a & 29. All other question should be answered according to the specified time period.

General Instructions:

- **FBI requires typed QNSP, signed in black ink. (for positions in PSAP, PAP, SCI, and SAP)**
- OPM requires typed or printed in or black ink (QNSP completed with colored ink or illegible will not be accepted).
- A response to all questions is required. Questions not applicable to you should be answered accordingly by using "N/A" with the exception of questions in which a "Yes" or "No" reply is required as a response. Do not leave any questions unanswered.
- Your social security number is required on the bottom right hand corner of each page with the exception of page one (1).
- Any changes made to QNSP must be initialed. This includes any white out, strikeovers, scratch outs, etc.
- Question 14, code 19 (adults currently living with you), Place of Birth and Social Security number is required.

Part 2 of QNSP

- Questions 19-30 are considered sensitive questions and must be answered with a "Yes" or "No" response as well as providing an explanation.
- Question 23, item f, should read "(leave out traffic fines of less than $250 unless the violation was alcohol or drug related)
- Question 27a, should be answered although the answer box appears to be missing (there should be a total of four questions answered for questions 27).
- Page 11 is required to be signed, dated and completed only if question 21 (Your Medical Record) is answered "Yes". Selective Service telephone numbers are (847) 688-6888 or (847) 688/2576 (if applicable for Question 20).

If Applicable Return Completed ***Not Automated***	***Fingerprint Cards (FPC)*** ❖ Two FPC's are required for all initial access authorization and reinstatements of access authorization.
If Applicable Return Completed ***Not Automated***	***Cases Involving Foreign Residence or Citizenship (DOE M 472.1-1A, II, 11a)*** ❖ Required if you are a naturalized citizen, or if you have resided in a foreign country to include military service during the investigation period. ❖ Answer each question thoroughly. If additional paper is used, include your name, social security number, and signature on each additional page.
If Applicable Return Completed ***Not Automated***	***Representative of Foreign Interest Statement*** ❖ Any individual who holds a position with a foreign-owned company is required to complete this form.
Retain ***Not Automated***	***List of DOE Sensitive Countries***
	Additional Information on Clearances Completion:
Data Report Spouse/Cohabitant	***To be completed by individuals who are cohabitating in a spouse-like relationship.***
Suitability	***(Contractor Only) Have this form signed and completed by your Contractor Administrator.***
Fingerprint Cards (Out of State)	**If you are out-of-state, please have these done at your local police department or other fingerprinting facility. Important: Please make sure that your signature and that of the individual taking the fingerprints are on the cards.**

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, **732. and 736**

Form approved:
O.M.B. No 3206 0007
NSN 7540-00 634-4036
86-111

Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. If you *have any questions,* call the office that **gave you the form.**

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or security clearance prospects .

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 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

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 is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

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.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. 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.

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

Organization of this Form

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black 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 black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None' or "N/A"). 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 marking "APPROX." or "EST."

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 the form consistent with your intent.

5. You must use the State 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. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1 -12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.

9. 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 United States.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper.
Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for access to classified **Information 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 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 of up to $10,000, and/or 5 years imprisonment, or both. 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 for a security clearance. 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 the 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 which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

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 compatlble wlth the purpose for which the agency collected the records.

3. Except as noted In question 24, 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 appropnate 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 whlch 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 USC 2904 and 2906.

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

STATE CODES (ABBREVIATIONS)

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
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	Dist. of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	Vi						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 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 Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room GHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

Part 1

Investigating Agency Use Only	Codes	Case Number

Agency Use Only (Complete items A through P using instructions provided by the investigating agency).

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action (Month / Day / Year)

G Geographic Location	H Position Code	I Position Title

J SON	K Location of Official Personnel Folder	Other Address	ZIP code
	☐ None ☐ NPRC ☐ At SON		

L SOI	M Location of Security Folder	Other Address	ZIP code
	☐ None ☐ At SOI ☐ NPI		

N OPAC-ALC Number	O Accounting Data and/or Agency Case Number

P Requesting Official	Name and Title	Signature	Telephone Number	Date
			( )	

Persons completing this form should begin with the questions below.

1 FULL NAME
- If you have only initials in your name, use them and state (IO).
- If you have no middle name, enter **"NMN."**
- If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name

Last Name	First Name	Middle Name	Jr., II, etc.

2 DATE OF BIRTH

Month	Day	Year

3 PLACE OF BIRTH
- Use the two letter code for the State.

City	County	State	Country *(if not in the United States)*

4 SOCIAL SECURITY NUMBER

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**, put **"nee"** in front of it.

Name	Month/Year Month/Year	Name	Month/Year Month/Year
#1	To	#3	To
#2	To	#4	To

6 OTHER IDENTIFYING INFORMATION

Height *(feet and inches)*	Weight *(pounds)*	Hair Color	Eye Color	Sex *(mark one box)*
				☐ Female ☐ Male

7 TELEPHONE NUMBERS

Work *(include Area Code and extension)*	Home *(include Area Code)*
( ) **Day**	( ) **Day**
( ) **Night**	( ) **Night**

8 CITIZENSHIP

a Mark the box at the right that reflects your current citizenship status, and follow its instructions.

- ☐ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. → Answer Items **b and d**
- ☐ I am a U.S. citizen, but I was NOT born in the U.S. → Answer Items **b, c, and d**
- ☐ I am not a U.S. citizen. → Answer Items **b and e**

b Your Mother's Maiden Name

c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate *(Where were you naturalized?)*

Court	City	State	Certificate Number	Month/Day/Year Issued

Citizenship Certificate *(Where was the certificate issued?)*

City	State	Certificate Number	Month/Day/Year Issued

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation

U.S. Passport

This may be either a current or previous U.S. Passport.	Passport Number	Month/Day/Year Issued

d DUAL CITIZENSHIP If you are *(or were)* a dual citizen of the United States and another country, provide the name of that country in the space to the right.

Country

e ALIEN

Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship

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9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, 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. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for address in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1		To Present					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#2		To					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#3		To					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#4		To					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#5		To					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years.** List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
  1 - High School 2 - College/University/Military College 3 - Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#1		To				

Street Address and City (Country) of School	State	Zip Code

Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State	Zip Code	Telephone Number

	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#2		To				

Street Address and City (country) of School	State	Zip Code

Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State	Zip Code	Telephone Number

	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#3		To				

Street Address and City (country) of School	State	Zip Code

Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State	Zip Code	Telephone Number

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

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11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 – Active military duty stations
2 – National Guard/Reserve
3 – U.S.P.H.S. commissioned Corps
4 – Other Federal Employment
5 – State Government (Non-Federal employment)
6 – Self-employment (include business name and/or name of person who can verify)
7 – Unemployment (Include name of person who can verify)
8 – Federal contractor (List Contractor, not Federal agency)
9 - Other

- **Employer/Verified Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. 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 first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
#1	To Present			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
#2	To			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
#3	To			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		

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

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YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year Month/Year To	Position title	Supervisor
	Month/Year Month/Year To	Position title	Supervisor
	Month/Year Month/Year To	Position title	Supervisor

#5	Month/Year Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year Month/Year To	Position title	Supervisor
	Month/Year Month/Year To	Position title	Supervisor
	Month/Year Month/Year To	Position title	Supervisor

#6	Month/Year Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year Month/Year To	Position title	Supervisor
	Month/Year Month/Year To	Position title	Supervisor
	Month/Year Month/Year To	Position title	Supervisor

12 PEOPLE WHO KNOW YOU WELL

List **three people** who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Dates Known Month/Year Month/Year To	Telephone Number ( ) Day ( ) Night

Home or Work Address	City (Country)	State	Zip Code

#2	Name	Dates Known Month/Year Month/Year To	Telephone Number ( ) Day ( ) Night

Home or Work Address	City (Country)	State	Zip Code

#1	Name	Dates Known Month/Year Month/Year To	Telephone Number ( ) Day ( ) Night

Home or Work Address	City (Country)	State	Zip Code

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

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13 YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a, and/or b.

☐ 1 - Never married ☐ 3 - Separated ☐ 5 - Divorced
☐ 2 - Married ☐ 4 - Legally Separated ☐ 6 - Widowed

a **Current Spouse** Complete the following about your current spouse only.

Full 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 name)*			Country(ies of Citizenship
Date Married	Place Married *(include country if outside the U.S.)*		State
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City *(Country)*		State
Address of Current Spouse, if different than your current address *(Street, city, and country if outside the U.S.)*		State	Zip Code

b **Former Spouse(s)** Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth *(Include country if outside the U.S.)*	State
Country(ies) of Citizenship	Date Married	Place Married *(Include country if outside the U.S.)*	State
Check One, Then Give Date ☐ Divorced ☐ Widowed	Month/Day/Year	if Divorced, Where is the Record Located? City *(Country)*	State
Address of Former Spouse *(Street, city, and country if outside the U.S.)*	State	ZIP Code	Telephone Number

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

1 - Mother *(first)*
2 - Father *(second)*
3 - Stepmother
4 - Stepfather
5 - Foster parent
6 - Child
7 - Stepchild
8 - Brother
9 - Sister
10 - Stepbrother
11 - Stepsister
12 - Half-brother
13 - Half-sister
14 - Father-in-law
15 - Mother-in-law
16 - Guardian
17 - Other Relative*
18 - Associate*
19 - Adult Currently Living With You

*Code 17 (Other Relative)-include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (if deceased, check box on the left before entering name)	**Code**	**Date of Birth Month/Day/Year**	**Country of Birth**	**Country(ies) of Citizenship**	**Current Street Address and City *(country)* of Living Relatives**	**State**
☐	1					
☐	2					
☐						
☐						
☐						
☐						
☐						
☐						
☐						
☐						
☐						
☐						

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

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15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (*this information is needed to pair it accurately with information in items 13 and 14).*

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

1. **Naturalization Certificate:** Provide the date issued and the location where the person was naturalized (Court, City and State).
2. **Citizenship Certificate**: Provide the date and location issued (City and State).
3. **Alien Registration:** Provide the date and place where the person entered the U.S. (City and State).
4. **Other:** Provide an explanation in the "Additional Information" block.

Association #1	Name		Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information	
Association #2	Name		Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information	

16 YOUR MILITARY HISTORY

	Yes	No
(a) Have you served in the United States military?		
(b) Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- **Code.** Use one of the codes listed below to identify your branch of service:

  1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard
- **O/E.** Mark "O" block for Officer or "E" block for Enlisted.
- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.
- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year Month/Year	Code	Serve/Certificate#	O	E	Status: Active	Status: Active Reserve	Status: Inactive Reserve	Status: National Guard (State)	Country
To									
To									

17 YOUR FOREIGN ACTIVITIES

	Yes	No
(a) Do you have any foreign property, business connections, or financial interests?		
(b) Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?		
(c) Have you ever had any contact with a foreign government, its establishments (embassies or consultates), or its representatives, whether inside or outside the U.S. other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)		
(d) In the last 7 years, have you had an active passport that was issued by a foreign government?		

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year Month/Year	Firm and/or Government	Explanation
To		
To		

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

Month/Year Month/Year	Code	Country	Month/Year Month/Year	Code	Country
#1 To			#3 To		
#2 To			#4 To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right.

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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NSN 7540-00-634-4036
86-111

Part 2

OFFICIAL USE ONLY

19 YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Yes	No

Month/Year	Type of Discharge

20 YOUR SELECTIVE SERVICE RECORD

	Yes	No
(a) Are you a male born after December 31, 1959? If **"No,"** go to **21**. If **"Yes"** go to **b.**		
(b) Have you registered with the Selective Service System? If **"Yes"** provide your registration number. If **"No"** show the reason for your legal exemption below		

Registration Number	Legal Exemption Explanation

21 YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

Yes	No

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	Zip Code
	To			
	To			

22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you **in the last 7 years?** If **"Yes,"** begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Yes	No

Use the following codes and explain the reason your employment was ended:

1 - Fired from a job
2 - Quit a job after being told you'd be fired
3 - Left a job by mutual agreement following allegations of misconduct
4 - Left a job by mutual agreement following allegtions of unsatisfactory performance
5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

23 YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

	Yes	No
(a) Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Militry Justice)		
(b) Have you ever been charged with or convicted of a firearms or explosives offense?		
(c) Are there currently any charges pending against you for any criminal offense?		
(d) Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?		
(e) In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)		
(f) In the last 7 years, have you been arrested for, charged with or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than $150 unless the violation was alcohol or drug related.)		

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court *(Include City and county/country if outside U.S.)*	State	Zip Code

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

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24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

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, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

		Yes	No
a	Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?		
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 purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?		

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	To		
	To		

25 YOUR USE OF ALCOHOL

	Yes	No
In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?		

If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	Zip Code
	To			
	To			

26 YOUR INVESTIGATION RECORD

		Yes	No
a	Has the United States Government ever investigated your background and/or granted you a security clearance? If **"Yes"** use the codes that follow to provide the requested information below. If **"Yes,"** but you can't recall the investigating agency and/or the security clearance received, enter **"Other"** agency code or clearance code, as appropriate, and **"Don't Know"** or **"Don't Recall"** under the **"Other Agency"** heading, below. If your response is **"No,"** or you don't know or can't recall if you were investigated and cleared, check the **"No"** box.		

Codes for Investigating Agency
1 - Defense Department
2 - State Department
3 - Office of Personnel Management
4 - FBI
5 - Treasury Department
6 - Other (*Specify*)

Codes for Security Clearance Received
0 - Not Required
1 - Confidential
2 - Secret
3 - Top Secret
4 - Sensitive Compartmented Information
5 - Q
6 - L
7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

		Yes	No
b	To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If **"Yes,"** give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.		

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD

		Yes	No
a	In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?		
b	In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?		
c	In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?		
d	In the last 7 years, have you had any judgments against you that have not been paid?		

If you answered **"Yes"** to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	Zip Code

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

28 YOUR FINANCIAL DELINQUENCIES

	Yes	No
(a) In the last 7 years, have you been over 180 days delinquent on any debt(s)?		
(b) Are you currently over 90 days delinquent on any debt(s)?		

If you answered **"Yes"** to a or b, provide the information requested below:

Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligee	State	Zip Code

29 PUBLIC RECORD CIVIL COURT ACTIONS

	Yes	No
In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?		

If you answered "Yes," provide the information about the public record civil court action requested below.

Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court *(include City and county/country if outside U.S.)*	State	Zip Code

30 YOUR ASSOCIATION RECORD

	Yes	No
(a) Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowng that the organization engages in such activities with the specific intent to further such activities?		
(b) Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?		

If you answered "Yes" to a or b, explain in the space below.

Continuation Space

Use the continuation sheet(s) (SF 86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

After completing Parts 1 and 2 of 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 sign and date the release on page 10.

Certification That My Answers Are True

My statements on this form, and 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. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date

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

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

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 security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining sensitive 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 redisclosed by the Government only as authorized law.

Copies of this authorization that show my signature are as valid as the original release signed by me. 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. Read, sign and date the release on the next page if you answered “Yes” to question 21.

Signature *(Sign in ink)*	Full Name *(Type or Print Legibly)*		Date Signed
Other Name Used			Social Security Number
Current Address *(Street, City)*	State	Zip Code	Home Telephone Number *(Include Area Code)*

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731,732, and 736

SAVE PRINT

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Instructions for Completing this Release

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

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. 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:

> Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?
>
> If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.
>
> What is the prognosis?

I understand the information released 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 redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 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 Legibly)*		Date Signed
Other Name Used			Social Security Number
Current Address *(Street, City)*	State	Zip Code	Home Telephone Number *(Include Area Code)*

CONTINUATION SHEET FOR QUESTIONNAIRES
SF86, SF 85P, AND SF 85

Standard Form 86A
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

For use with the SF86, Questionnaire for national Security Positions;
SF85P, Questionnaire for Public Trust Positions;
and SF85, Questionnaire for Non-Sensitive Positions

Form approved:
O.M.B. No. 3206-0007
NSN 7540-01-268-4828
86-203

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived", "Where You Went To School", and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

Your Name	**Your Social Security Number**

WHERE YOU HAVE LIVED (Continued)

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1		To					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#2		To					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#3		To					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#4		To					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#5		To					

Name of Person Who Knows You	Street Address	Apt.#	City (country)	State	ZIP Code	Telephone Number

WHERE YOU WENT TO SCHOOL (Continued)

	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#1		To				

Street Address and City (Country) of School	State	Zip Code

Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State	Zip Code	Telephone Number

	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#2		To				

Street Address and City (country) of School	State	Zip Code

Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State	Zip Code	Telephone Number

	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#3		To				

Street Address and City (country) of School	State	Zip Code

Name of Person Who Knew You	Street Address	Apt.#	City (Country)	State	Zip Code	Telephone Number

YOUR EMPLOYMENT ACTIVITIES (Continued)

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
	To			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
	To			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
	To			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank
	To			

Employer's/Verifier's Street Address	City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)	City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		
	Month/Year	Month/Year	Position title	Supervisor
		To		

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

Additional Continuation Pages

Your Name	Your Social Security Number

11 YOUR EMPLOYMENT ACTIVITIES

#1 Month/Year To Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year To Month/Year	Position title	Supervisor
	Month/Year To Month/Year	Position title	Supervisor
	Month/Year To Month/Year	Position title	Supervisor

#2 Month/Year To Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year To Month/Year	Position title	Supervisor
	Month/Year To Month/Year	Position title	Supervisor
	Month/Year To Month/Year	Position title	Supervisor

#3 Month/Year To Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address		City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)		City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)		City (Country)	State	ZIP Code	Telephone Number

PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year To Month/Year	Position title	Supervisor
	Month/Year To Month/Year	Position title	Supervisor
	Month/Year To Month/Year	Position title	Supervisor

13 YOUR SPOUSE

b Former Spouse(s)

Full Name	Date of Birth	Place of Birth *(Include country if outside the U.S.)*	State
Country(ies) of Citizenship	Date Married	Place Married *(Include country if outside the U.S.)*	State
Check One, Then Give Date ☐ Divorced ☐ Widowed	Month/Day/Year	if Divorced, Where is the Record Located? City *(Country)*	State
Address of Former Spouse *(Street, city, and country if outside the U.S.)*	State	ZIP Code	Telephone Number

Full Name	Date of Birth	Place of Birth *(Include country if outside the U.S.)*	State
Country(ies) of Citizenship	Date Married	Place Married *(Include country if outside the U.S.)*	State
Check One, Then Give Date ☐ Divorced ☐ Widowed	Month/Day/Year	if Divorced, Where is the Record Located? City *(Country)*	State
Address of Former Spouse *(Street, city, and country if outside the U.S.)*	State	ZIP Code	Telephone Number

Full Name	Date of Birth	Place of Birth *(Include country if outside the U.S.)*	State
Country(ies) of Citizenship	Date Married	Place Married *(Include country if outside the U.S.)*	State
Check One, Then Give Date ☐ Divorced ☐ Widowed	Month/Day/Year	if Divorced, Where is the Record Located? City *(Country)*	State
Address of Former Spouse *(Street, city, and country if outside the U.S.)*	State	ZIP Code	Telephone Number

14 YOUR RELATIVES AND ASSOCIATES

Full Name (if deceased, check box on the left before entering name)	**Code**	**Date of Birth Month/Day/Year**	**Country of Birth**	**Country(ies) of Citizenship**	**Current Street Address and City *(country)* of Living Relatives**	**State**
☐						
☐						
☐						
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☐						
☐						
☐						

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

18 FOREIGN COUNTRIES YOU HAVE VISITED

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#5	To			**#7**	To		
#6	To			**#8**	To		

22 YOUR EMPLOYMENT RECORD

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

23 YOUR POLICE RECORD

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court *(Include City and county/country if outside U.S.)*	State	Zip Code

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	To		
	To		

25 YOUR USE OF ALCOHOL

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	Zip Code
	To			
	To			

27 YOUR FINANCIAL RECORD

a

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	Zip Code

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

All Other Editions Are Obsolete

U.S. DEPARTMENT OF ENERGY

OMB BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight Records Management Division, HR-422 – GTN, Paperwork Reduction Project (1910-1800), U.S. Department of Energy, 1000 Independence Avenue, S.W. Washington, DC 20585 and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington D.C. 20503.

SECURITY ACKNOWLEDGEMENT

I, _____, make the following statements with the understanding and intent that my statements will be used by the U.S. Department of Energy (DOE) in meeting its obligation to determine my eligibility for access to Restricted Data, other classified information, and special nuclear material.

1. I understand that it is the policy of the DOE to control access to and dissemination of Restricted Data, other classified information, and special nuclear material.

2. I understand that, in carrying out the aforesaid policy, the DOE has issued and will issue and revise, as circumstances require, certain instructions and regulations pertaining to the access to, and control and dissemination of Restricted Data, other classified information, or special nuclear material.

3. I shall not reveal to any person any Restricted Data or other classified information, of which I gain knowledge as a result of my employment, assignment, or duties, except in accordance with official instructions and regulations of the DOE or except as may be hereafter authorized by officials empowered to grant such authority.

4. I understand that the provisions of the Atomic Energy Act of 1954 prescribe penalties for the disclosure of Restricted Data to unauthorized persons, and the provisions of U.S. Code, Title 18, “Crimes and Criminal Procedures,” prescribe penalties for compromise of such information through gross negligence.

5. I understand that willful or gross carelessness in revealing or disclosing to any unauthorized person Restricted Data or other classified matter pertaining to the DOE or any other Government agency may constitute sufficient cause for termination of my association with classified programs.

6. I understand that I am to report to the DOE any proposed travel to a sensitive country. Procedures for reporting such travel are contained in DOE 1500.3, “Foreign Travel Authorization.”

7. I understand that my use of alcohol habitually to excess, and/or my involvement with any illegal drug, could result in the loss of my DOE access authorization.

8. I understand that I am to provide to the DOE; within 5 working days, information concerning any legal action to effect a change in my name; and with 45 calendar days, a DOE F 5631.34, “Data Report on Spouse,” in accordance with the provisions of Chapter V. DOE 5631.2C, “Personnel Security Program.”

9. I understand that I am to notify the DOE directly within 5 working days of all arrests, charges (including charges that are dismissed), or detentions by Federal, State, or other law enforcement authorities, for any violation of any Federal Law, State law, county or municipal law, regulation or ordinance, other than traffic violations for which a fine of $250 or less was imposed, occurring during any period in which I may hold DOE access authorization and which occurred subsequent to the completion of the security forms which I executed on:

   _____

_____	_____
Date	Signature
_____	_____
(Place at which Security Acknowledgement is Signed)	(Name of Employer)

Privacy Act Statement and Clearance Criteria on Reverse

BOTH SIDES OF THIS FORM MUST BE READ AND SIGNED

All Other Editions Are Obsolete

PRIVACY ACT STATEMENT

Collection of information requested is authorized by the Atomic Energy Act of 1954, as amended. Executive Orders 10450, 10865, and 12356, and U.S. Department of Energy (DOE) 5631.2C. The name of the individual is used as an identifying factor to establish and maintain records of DOE personnel security actions in DOE System Records DOE-42, "Central Personnel Index." This form will become part of the individual's DOE Personnel Security File (PSF), DOE System of Records DOE-43, "Personnel Security Clearance Files." Access to the PSF within the DOE and by other individuals is permitted as stipulated in DOE5631.2C, "Personnel Security Program," and as listed as Routine Users in Appendix B to DOE System of Records DOE-43. Disclosure of the information requested on this form is voluntary; however, if the information is not provided, the request for your DOE access authorization (security clearance) may not be processed. If you possess a DOE access authorization and elect not to complete this form as required for reinvestigation purposes, your DOE access authorization may be administratively terminated. A copy of this form will be provided to you upon verbal or written request.

CLEARANCE CRITERIA STATEMENT

I understand that an initial investigation or reinvestigation will be conducted of me at the request of the DOE, the results of which will be used by the DOE to determine my initial or continuing eligibility for DOE access authorization (security clearance). Further, I understand that the following types of information as listed under Title 10, Code of Federal Regulations, Part 710 (specifically Section 710.8), "Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material," may raise a doubt as to my eligibility for DOE access authorization.

Derogatory information shall include, but is not limited to, information that the individual has:

(a) Committed, prepared, or attempted to commit, or aided, abetted, or conspired with another to commit any act of sabotage, esp ionage, treason, terrorism, or sedition.

(b) Knowingly established or continued a sympathetic association with a saboteur, spy, traitor, terrorist, seditionist, anarchist, or revolutionist, espionage agent, or representative of a foreign nation whose interests are inimical to the interests of the United States or any state or subdivision thereof by unconstitutional means.

(c) Knowingly held membership in or had a knowing affiliation with, or has knowingly taken action which evidences a sympathetic association with the intent of furthering the aims of, or adhering to, and actively participating in, any foreign or domestic organization, association, movement, group, or combination of persons which advocates or practices the commission of acts of force or violence to prevent others from exercising their rights under the Constitution or Laws of the United States or any state or subdivision thereof by unlawful means.

(d) Publicly or privately advocated, or participated in the activities of a group organization, which has as its goal, revolution by force or violence to overthrow the Government of the United States by unconstitutional means with the knowledge that will further those goals.

(e) Parent(s), brother(s), sister(s), spouse, or offspring residing in a nation whose interests may be inimical to the interests of the United States.

(f) Deliberately misrepresented, falsified, or omitted significant information from a Personal Security Questionnaire, a Questionnaire for Sensitive Positions, a personnel qualifications statement, a personnel security interview, written or oral statements made in response to official inquiry on a matter that is relevant to a determination regarding eligibility for DOE access authorization, or proceedings conducted pursuant to the DOE administrative review process under the provisions of Title 10, Code of Federal Regulations, part 710.

(g) Failed to protect classified matter, or safeguard special nuclear material; or violated or disregarded security or safeguards regulations to a degree which would be inconsistent with the national security; or disclosed classified information to a person unauthorized to receive such information.

(h) An illness or mental condition of a nature which, in the opinion of a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist, causes, or may cause, a significant defect in judgment or reliability.

(i) Refused to testify before a Congressional Committee, Federal or state court, or Federal administrative body, regarding charges relevant to eligibility for DOE, or another Federal agency's access authorization.

(j) Been, or is, a user of alcohol habitually to excess, or has been diagnosed by a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist as alcohol dependent or as suffering from alcohol abuse.

(k) Trafficked in, sold, transferred, possessed, used, or experimented with a drug or other substance listed in the Schedule of Controlled Substances established pursuant to Section 202 of the Controlled Substances act of 1970 (such as marijuana, cocaine, amphetamines, barbiturates, narcotics, etc.) except as prescribed or administered by a physician licensed to dispense drugs in the practice of medicine or as otherwise authorized by law.

(l) Engaged in any unusual conduct or is subject to any circumstances which tend to show that the individual is not honest, reliable or trustworthy; or which furnishes reason to believe that the individual may be subject to pressure, coercion, exploitation, or duress which may cause the individual to act contrary to the best interests of the national security. Such conduct or circumstances include but are not limited to, criminal behavior, a pattern of financial irresponsibility, or violation of any commitment or promise upon which DOE previously relied to favorably resolve an issue of access authorization eligibility.

I herewith certify that I have read and understand the above.

_____ (Signature)

_____ (Date)

BOTH SIDES OF THIS FORM MUST BE READ AND SIGNED

Department Of Energy
Albuquerque Operations Office
P.O. Box 5400
Albuquerque New Mexico 87115

TO ALL CLEARANCE APPLICANTS OR CLEARANCE HOLDERS:

Please read carefully, sign on the line provided, and return this form with your completed Questionnaire for Sensitive Positions (QAP) package.

The QAP you are asked to complete is used by the Department of Energy (DOE) and other federal agencies to conduct the necessary background investigation in order to make a fair determination regarding your eligibility for a security clearance. The following information is provided to assist you in the accurate completion of the QSP packet:

-- It is extremely important that you read each question and answer each item completely and truthfully. If you are in doubt as to how to respond to a specific question, it is best to respond in the affirmative and provide a detailed explanation. Questions not applicable to you should be answered accordingly by using "N/A." Omissions can cause unnecessary processing time and investigating efforts.

-- All substance abuse treatment must be listed. Any use of an illegal drug, including one-time experimental use, within the reporting period must be listed. Past illegal drug and/or excessive alcohol use or treatment is not automatically disqualifying.

-- Counseling and/or treatment for any emotional or mental condition should be listed with an explanation of the reason for treatment. Treatment for an emotional or mental condition is not automatically disqualifying.

-- All arrests subsequent to your 16th birthday must be listed, even if the charges were dismissed.

-- Strict attention should be given to the certification you provide by signing the QSP. It is a violation of criminal laws to falsify information provided on a government document. In addition to criminal sanctions, DOE may take action to deny a request for or revoke an existing security clearance for such a violation.

DOE adjudicates each case based on the facts of that case. Decisions cannot be made on partial or inaccurate information; therefore, you are asked to be totally truthful when completing your QSP packet. There are no automatic disqualifications regarding whether or not an individual obtains or retains a DOE security clearance; however, if you are not honest in completing these forms, you are cautioned that falsification alone may be adequate grounds to seek denial or revocation of a security clearance.

If you are a clearance holder, you will be notified when your clearance has been continued. Please provide your name and office mail stop on the attached form to ensure you receive the notification. If you are a clearance applicant, you may contact your clearance sponsor for status information. Please keep in mind the investigative process may take at least 120 days.

Sincerely,

David M. Fredrickson
Director, Personnel
Security Division

Attachment

I have read and understand the contents of this letter of instruction, and I understand the ramifications associated with falsification of the QSP.

_____ _____

Signature Date

Current Mailing Address

Name
Social Security Number
Street or P.O. Box
City, State
Zip Code

DOE F 472.1
(4/98)

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (http://www.ftc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every 12 months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to $8.00.

- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRAs investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinstated the item. The notice must include the name, address, and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone—such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than 7 years old; 10 years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business**.**

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or perspective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending your unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for 2 years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- **You may seek damages from violators.** If a CRA, a user of (in some cases) a provider of CRA data, violates the FCRA, you may sue them in State or Federal court.

The FCRA gives several different Federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	**PLEASE CONTACT:**
CRAS, creditors, and others not listed below	**Federal Trade Commission** Consumer Response Center-FCRA Washington, DC 20580 202-326-3761
National banks, Federal branches/ agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	**Office of the Comptroller of the Currency Compliance Management** Mail Stop 6-6, Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except National banks and Federal branches/agencies of foreign banks)	**Federal Reserve Board** Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and Federal chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	**Office of Thrift Supervision** Consumer Programs Washington, DC 20552
Federal credit unions (words "Federal Credit Union" appear in institutions name)	**National Credit Union Administration** 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	**Federal Deposit Insurance Corporation** Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	**Department of Transportation** Office of Financial Management Washington, DC 20590 202-366-2306
Activities subject to the Packers and Stockyards Act. 1921	**Department of Agriculture** Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

DOE F 472.1
(4/98)

U.S. Department of Energy

RELEASE

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Information, Records, and Resource Management, HR-41– GTN, Paperwork Reduction Project (1910-1800) U.S. Department of Energy, Washington, DC 20874-1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

Fair Credit Reporting Act of 1970, as amended

PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C. 1681, ET SEQ. SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED EITHER IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING THE AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE DECISION OF THE DEPARTMENT OF ENERGY TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government and/or (3) security clearance or access authorization eligibility. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the Department of Energy to obtain such report(s) from any consumer/credit-reporting agency.

_____

(Print Name) (SSN)

_____

(Signature) (Date)

Collection of the information requested is authorized under Executive Order 12968, “Access to Classified Information”. Completion of this form is voluntary; however, your decision not to complete this form may result in the discontinuation of processing your case for access authorization (security clearance) or the termination of your current access authorization. This form will be made a permanent part of your DOE Personnel Security File (PSF). Access to your PSF within the DOE and by other individuals is permitted as stipulated in DOE-472.1 and as listed as Routine Uses in Appendix B to System of Records, DOE-43, “Personnel Security Clearance Files. ” A copy of this signed form will be provided to you at your verbal or written request. You must designate the address to which a copy of the form is to be sent.

DOE F 472.1
(4/98)

U.S. Department of Energy

RELEASE

OMB Burden Disclosure Statement

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Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government and/or (3) security clearance or access authorization eligibility. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the Department of Energy to obtain such report(s) from any consumer/credit-reporting agency.

_____

(Print Name) (SSN)

_____

(Signature) (Date)

Collection of the information requested is authorized under Executive Order 12968, “Access to Classified Information”. Completion of this form is voluntary; however, your decision not to complete this form may result in the discontinuation of processing your case for access authorization (security clearance) or the termination of your current access authorization. This form will be made a permanent part of your DOE Personnel Security File (PSF). Access to your PSF within the DOE and by other individuals is permitted as stipulated in DOE-472.1 and as listed as Routine Uses in Appendix B to System of Records, DOE-43, “Personnel Security Clearance Files. ” A copy of this signed form will be provided to you at your verbal or written request. You must designate the address to which a copy of the form is to be sent.

ATTACHMENT II-1

Additional Information for Cases Involving Foreign Residence or Citizenship

Use Additional Paper as Necessary

1. VERIFICATION OF RESIDENCE/EMPLOYMENT IN FOREIGN COUNTRIES: List individuals currently living in the U.S. who can verify your residence/employment in a foreign country.

Full Name
Address
Nature of Relationship

2. ADDRESSES: List any nonrelatives with whom you have resided while living in a foreign country.

Full Name
Address
Occupation

3. RELATIVES: List all relatives (not already provided on your SF-86) residing in any foreign country.

Full Name
Address
Occupation
Foreign Government Employee ☐ YES ☐ NO If yes, describe job duties.

4. CORRESPONDENCE: List individuals (other than relatives covered in item 3 above) residing in any foreign country with whom you correspond.

Full Name
Address
Occupation
Nature and Frequency of Contact

5. ORGANIZATIONS: List membership in ALL foreign organizations including the location and dates of membership and offices held. Describe nature and purpose of the organization and explain your reason for joining.

6. FOREIGN INTERESTS: If any of the following conditions apply, list the relevant country(ies) and provide the specific information required.

Do you have voting privileges in any country other than the U.S.? ☐ YES ☐ NO

If yes, list country (ies)

If yes, do you exercise your voting privileges? ☐ YES ☐ NO

Do you have any documents that can be used as proof of citizenship in a foreign country (i.e. birth certificate, passport, drivers license, medical card, etc.)? ☐ YES ☐ NO

If yes, describe.

Do you receive any financial support from any other country (income, health benefits, etc.)? ☐ YES ☐ NO

If yes, describe.

Do you pay income and/or property taxes in any foreign country? ☐ YES ☐ NO

If yes, describe.

Signature
Full name (printed)
Date

Representatives of Foreign Interest Statement

An individual who holds a position with a foreign-owned company is required to complete this form.

Name of the foreign firm
Address of the foreign firm
Nature of business of foreign firm
Details of ownership of foreign firm
The specific relationship between the foreign firm and the United States firm
Percentage of time devoted to foreign firm
Summary of duties with the United States firm. Provide detailed information as well as title of position
Have you ever registered as an agent of a foreign government as detailed in 18 U.S.C. 219? If so, please provide details
Communist Affiliation; If none, so state

CERTIFICATION

I recognize my special responsiblity to protect classified information from disclosure to any unauthorized person, foreign or domestic.

Typed or Printed Name	
Full Name Signature	Date
Social Security Number	
DOE Facility	

DOE F 5631.34
(03-98)
All Other Editions Are Obsolete.

General Information

Link to Form

No.
00

Who Should Submit

This form will be completed by persons who marry or cohabitate after the time they submit SF-86, "Questionnaire for National Security Positions," in connection with U.S. Department of Energy (DOE) access authorization (security clearance). The form must be submitted within 45 days of the marriage/cohabitation if the spouse/cohabitant has never held a DOE access authorization. For the purposes of this form, a cohabitant is defined as an individual with whom you live, other than a legal spouse, child or other relative (in-laws, mother, father, brother, sister, etc.), with whom you have a spouse-like relationship or similar bond of affection.

General Instructions

Complete this form in its entirety. Type or print all answers. Enter "none" when applicable. If more space is needed, use the space below. Specific questions may be referred to the local DOE Personnel Security Office that is processing or has processed the request for your DOE access authorization.

Privacy Act Information Statement

Collection of the information requested is authorized by the Atomic Energy Act of 1954, as amended, Section 145b, Executive Orders 10450, 10865, or 12968, and DOE 472.1. The information placed on this form will be used in determining an individual's eligibility for DOE access authorization. Disclosure of the information requested on this form is voluntary; however, if the information is not provided, the request for DOE access authorization will not be processed or DOE access authorization my be administratively terminated. The original and/or copies of this form are maintained in the DOE Personnel Security File (PSF) of the individual processed for DOE access authorization. Access to DOE PSFs is permitted as stipulated in DOE 472.1, "Personnel Security Activities," and as listed in Routine Uses in Appendix B to System of Records, DOE-43, "Personnel Security Clearance Files."

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the 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 this estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information, Records, Management Team, HR-41, U.S. Department of Energy, Washington, D.C. 20874-1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, D C 20503.

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(03-98)
All Other Editions Are Obsolete.

U.S. DEPARTMENT OF ENERGY

Link to Instructions and Information

OMB Control No.
1910-1800
OMB Burden Disclosure
Statement Attached

DATA REPORT ON SPOUSE/COHABITANT

This information is required to determine your access authorization eligibility.
PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS REPORT.

1. Name of Employee or Applicant (Last, First, Middle)	2. Present Name of Spouse or Cohabitant (Last, First, Middle)
3. Other Names Used by Employee or Applicant (Maiden name and/or other names previously used)	4. Other Names Used by Spouse or Cohabitant (Maiden name and/or other names previously used)
5. Social Security Number of Employee or Applicant	6. Social Security Number of Spouse or Cohabitant
7. Present Mailing Address of Spouse or Cohabitant	8. Date of Birth of Spouse/Cohabitant
	9. Place of Birth of Spouse/Cohabitant (City, State, Country)

10. Citizenship of Spouse or Cohabitant (Complete a or b - whichever applies.)

a. ☐ U.S.

- ☐ By birth
- ☐ Derivative (Provide certificate number.)
- ☐ Naturalization (Provide certificate number.)
- ☐ Certificate Number: _____

b. ☐ Alien

Alien Registration Number: _____

List country(ies) where spouse or cohabitant holds citizenship.

_____

_____

11. Does your spouse or cohabitant hold dual citizenship with any country(ies)?

- ☐ No
- ☐ Yes List country(ies) _____

12. Signature of Employee or Applicant _____ Date Signed:	DOE File No. (To be filled in by Security Office) _____

18 U.S.C. SECTION 1001: ACT OF JUNE 25, 1948: 62 STAT. 749; MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR PRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS WITHIN ITS JURISDICTION.

SAVE PRINT CLEAR FORM

Name: _____

Div/Org/Mailstop: _____

Location: _____

FROM: U.S. Department of Energy, Personnel Security Division, Albuquerque Operations Office, Albuquerque, New Mexico

TO: The U. S. Department of Energy (DOE) Security Clearance Holder

DATE: _____

This letter is to inform you that your background investigation has been completed and your DOE security clearance has been continued. If you have any questions, please call me at _____.

_____
DOE Representative

DOE Sensitive Countries List

Algeria	**Libya**
Armenia	**Moldova**
Azerbaizan	**North Korea** (Democratic Peoples Republic of)
Belarus	**Pakistan**
China (Peoples Republic of)	**Russia**
Cuba	**Sudan**
Georgia	**Syria**
India	**Taiwan**
Iran	**Tajikistan**
Iraq	**Turkmenistan**
Israel	**Ukraine**
Kazakhstan	**Uzbekistan**
Kyrgyzstan	