INVESTIGATIVE REQUEST FOR PERSONAL INFORMATION

U.S. GOVERNMENT USE ONLY

U.S. Department of the Treasury Bureau of the Public Debt

- 200 Third Street, Avery 4D
 M Parkersburg WV 26106
 - Parkersburg, WV 26106

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INSTRUCTIONS: YOUR NAME HAS BEEN PROVIDED BY THE PERSON IDENTIFIED BELOW TO ASSIST IN COMPLETING A BACKGROUND INVESTIGATION TO HELP US DETERMINE THIS PERSON'S SUITABILITY FOR EMPLOYMENT OR SECURITY CLEARANCE. TO HELP US MAKE THIS DETERMINATION, WE ASK THAT YOU COMPLETE ALL ITEMS ON THE BACK OF THIS FORM AND RETURN THE FORM IN THE ENCLOSED ENVELOPE. YOU WERE LISTED AS:

NOTICE UNDER THE PRIVACY ACT: Title 5, Section 301 and Title 31, Section 321, of the U.S. Code authorizes collection of this information. The purpose for collecting this information is to enable the Bureau of the Public Debt (Public Debt) to make a determination about an individual's suitablility for employment or a security clearance. The information you provide may be disclosed to the person being investigated and to other federal agencies. Furnishing the information on this form is voluntary, but without this information, Public Debt may be unable to make a determination about the individual's suitablility for employment or a security clearance.

CERTIFICATION: THE PERSON WE ARE INVESTIGATING HAS GIVEN WRITTEN CONSENT FOR THIS INVESTIGATIVE INQUIRY. WE KEEP THAT CONSENT ON FILE. IF A COPY IS REQUIRED IN ORDER TO COM-PLETE THIS FORM, OR YOU WOULD LIKE TO KEEP YOUR IDENTITY CONFIDENTIAL, PLEASE INDICATE THIS REQUIREMENT IN WRITING ON THE REVERSE.

COMPLETION OF THIS INVESTIGATION AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY PERFORM THEIR DUTIES IN A MORE TIMELY AND EFFICIENT MANNER.

FULL NAME (LAST, FIRST, MIDDLE):

OTHER NAMES USED:

POSITION FOR WHICH INVESTIGATED:

THIS PERSON CLAIMED THE FOLLOWING:

We estimate it will take you about 5 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to this address. Return the form in the enclosed envelope.

PLEASE COMPLETE THE ITEMS SHOWN BELOW

HOW LONG HAVE YOU KNOWN THIS PERSON? aYEARSMONTHS b _ I DON'T KNOW THIS PERSON (don't complete other items)
MY ASSOCIATION WITH THIS PERSON IS/WAS AS A: a COWORKER c FRIEND e FORMER SPOUSE g RELATIVE b NEIGHBOR d SPOUSE f INSTRUCTOR h OTHER
ON THE AVERAGE, I ASSOCIATE(D) WITH THIS PERSON: a DAILY c MONTHLY e ONCE EVERY YEAR OR 2 b WEEKLY d TWICE A YEAR f ONCE IN 3 OR MORE YEARS
I LAST ASSOCIATED WITH THIS PERSON: a 0 TO 3 MONTHS AGO c 1 TO 3 YEARS AGO e MORE THAN 5 YEARS AGO b 3 TO 12 MONTHS AGO d 3 TO 5 YEARS AGO e MORE THAN 5 YEARS AGO
DOES THE INFORMATION ON THE FRONT OF THIS FORM CONCERNING THIS PERSON APPEAR TO BE CORRECT? a OYES b ONO — IT APPEARS TO BE INCORRECT OR INCOMPLETE (SHOW CORRECT OR ADDITIONAL DATA IN ITEM 8)
DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?aNOcI DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPONDbYESdI WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE
DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING: YES NO YES NO a O VIOLATIONS OF THE LAW C O ABUSE OF ALCOHOL AND/OR DRUGS e O GENERAL BEHAVIOR OR CONDUCT b O FINANCIAL INTEGRITY MENTAL OR EMOTIONAL STABILITY f O OTHER MATTERS
○ IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK. ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.
DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT? a O YES c O I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION b O NO
PRINT NAME: YOUR TITLE:
PLEASE SIGN THIS FORM HERE: DATE:
DAYTIME TELEPHONE NUMBER: