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Form Completion Instructions

Instructions for Completing Form SF86

OMB No. 3206-0005
Form: SF86[Public Burden Information](#)

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

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

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

Purpose of this Form

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

Giving us this information is voluntary. However, if you do not provide us each item of requested information, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position. Any information that you provide is evaluated regarding its recency, seriousness, relevance to the position and duties, and in light of -- and in relationship to -- all other information about you.

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

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

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

Authority to Request this Information

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

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

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

The Investigative Process

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

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

Your Personal Interview

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

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

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

Special Instructions for Completing this Form

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

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

Instructions for Completing this Form

1. Follow the instructions given to you by the office that gave you this form and any other clarifying instructions furnished by that office to assist you in completion of this form. You should retain a copy of the completed form for your records.
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box.
3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country list feature.

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

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

4. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided this form will assist you in completing the ZIP codes.
5. For telephone numbers in the United States, be sure to include the area code.
6. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use the pull down lists to select the month and day. The year should be entered as all four numbers, i.e., 1978 or 2001. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by checking the "Est." box.

Final Determination on Your Eligibility

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

Penalties for Inaccurate or False Statements

The United States Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to 5 years of imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on this form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

PRIVACY ACT ROUTINE USES

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

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

and clearance process in connection with private relief legislation as set forth in OMB Circular No. A-19.

- To disclose information to contractors, grantees, experts, consultants or volunteers performing or working on a contract, service, or job for the Federal Government.
- For Judicial/Administrative Proceedings--To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.
- For National Archives and Records Administration--To disclose information to the National Archives and Records Administration for use in records management inspections.
- Within OPM for Statistical/Analytical Studies--By OPM in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. While published studies do not contain individual identifiers, in some instances the selection of elements of data included in the study may be structured in such a way as to make the data individually identifiable by inference.
- For Litigation--To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when
 - (1) OPM, or any component thereof; or
 - (2) Any employee of OPM in his or her official capacity; or
 - (3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
 - (4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation provided, however, that the disclosure is compatible with the purpose for which records were collected.
- For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.
- For the Equal Employment Opportunity Commission--To disclose information to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, compliance by Federal agencies with the Uniform Guidelines on Employee Selection Procedures or other functions vested in the Commission and to otherwise ensure compliance with the provisions of 5 U.S.C. 7201.
- For the Federal Labor Relations Authority--To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information averages 120 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street NW, Washington, DC 20415. Do not send your completed form to this address, send it to the office that

provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

I certify that I have carefully read the foregoing instructions to complete this form.

I Certify

Version 2.00.00

Public Burden Information

OMB No. 3206-0005

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

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Navigation: SF86 Sections 1-7: Your Identifying Information

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Sections 1-7: Your Identifying Information

Comprehensive Details

OMB No. 3206-0005
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Provide the following information about your identity.

Section 1: Full Name

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," etc., enter this under Suffix.

Full Name

	Name	IO/NFN/NMN
Last:	<input type="text"/>	<input type="text"/>
First:	<input type="text"/>	<input type="text" value="▼"/>
Middle:	<input type="text"/>	<input type="text" value="▼"/>
Suffix:	<input type="text"/>	<input type="text"/>

Section 2: Date of Birth

Date of Birth

Month/Day/Year	Est.
<input type="text" value="▼"/> / <input type="text" value="▼"/> / <input type="text"/>	<input type="checkbox"/>

Section 3: Place of Birth

Place of Birth

City:	<input type="text"/>	County:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State.			
State:	<input type="text" value="▼"/>		
Country: (List)	<input type="text"/>		

Section 5: Other Names Used

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

the other name is your maiden name, check the "nee" box.

Other Names Used

Not Applicable

#	Name	nee	Dates Used																													
1.	<table border="1"> <thead> <tr> <th colspan="2">Name</th> <th>IO/NFN/NMN</th> </tr> </thead> <tbody> <tr> <td>Last:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>First:</td> <td><input type="text"/></td> <td><input type="text" value="v"/></td> </tr> <tr> <td>Middle:</td> <td><input type="text"/></td> <td><input type="text" value="v"/></td> </tr> <tr> <td>Suffix:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Name		IO/NFN/NMN	Last:	<input type="text"/>	<input type="text"/>	First:	<input type="text"/>	<input type="text" value="v"/>	Middle:	<input type="text"/>	<input type="text" value="v"/>	Suffix:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> nee	<table border="1"> <thead> <tr> <th colspan="3">Dates Used</th> </tr> <tr> <th>Date</th> <th>Month/Year</th> <th>Est./Pres.</th> </tr> </thead> <tbody> <tr> <td>From:</td> <td><input type="text" value="v"/> / <input type="text" value="v"/></td> <td><input type="text" value="v"/></td> </tr> <tr> <td>To:</td> <td><input type="text" value="v"/> / <input type="text" value="v"/></td> <td><input type="text" value="v"/></td> </tr> </tbody> </table>		Dates Used			Date	Month/Year	Est./Pres.	From:	<input type="text" value="v"/> / <input type="text" value="v"/>	<input type="text" value="v"/>	To:	<input type="text" value="v"/> / <input type="text" value="v"/>	<input type="text" value="v"/>
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Date	Month/Year	Est./Pres.																														
From:	<input type="text" value="v"/> / <input type="text" value="v"/>	<input type="text" value="v"/>																														
To:	<input type="text" value="v"/> / <input type="text" value="v"/>	<input type="text" value="v"/>																														
<input type="button" value="Add A Blank Entry"/>																																

Section 6: Mother's Birth Name

Mother's Birth Name

	Name	IO/NFN/NMN
Last:	<input type="text"/>	<input type="text"/>
First:	<input type="text"/>	<input type="text" value="v"/>
Middle:	<input type="text"/>	<input type="text" value="v"/>

Section 7: Your Identifying Information

Height

Feet: Inches:

Weight (Pounds)

Hair Color

Eye Color

Sex

- Female
- Male

Additional Comments

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

Save

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Navigation: SF86 Section 8: Contact Information

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Section 8: Contact Information

Comprehensive Details

OMB No. 3206-0005
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Provide your telephone numbers and the time of the day that you are most likely available at these numbers. Include the Area Code and extension, where applicable.

Work Telephone

Number	Time
<input type="text"/>	<input type="text"/>

Home Telephone

Number	Time
<input type="text"/>	<input type="text"/>

Mobile Telephone

Number	Time
<input type="text"/>	<input type="text"/>

Additional Comments

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

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Section 9: Citizenship

Comprehensive Details

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Mark the box that reflects your current citizenship status and follow its instructions.

Current Citizenship Status

- I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.
- I am a U.S. citizen by birth, born outside the U.S. (Answer item 9A)
- I am a naturalized U.S. citizen. (Answer item 9B)
- I am not a U.S. citizen. (Answer item 9C)

U.S. Passport

Report information from your current or most recent U.S. Passport, if applicable.

This information is not applicable to me.

Passport Number

Date Issued

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Expired?

- Yes
- No

Item 9A

Report information from Form 240, if applicable.

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

This information is not applicable to me.

Date Form Was Completed

Month/Day/Year

Est.

<input type="text"/>	▼	/	<input type="text"/>	▼	/	<input type="text"/>	<input type="checkbox"/>
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Explanation

	<input type="button" value="▲"/> <input type="button" value="▼"/>
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Item 9B

Citizenship Certificate

Certificate Number

Date Issued

Month/Day/Year

Est.

<input type="text"/>	▼	/	<input type="text"/>	▼	/	<input type="text"/>	<input type="checkbox"/>
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Expired?

- Yes
 No

Where was this certificate issued?

Court

Location

City:	<input type="text"/>
State:	<input type="text"/> ▼

Naturalization Certificate

Certificate Number

Date Issued

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Expired?

Yes
 No

Where was this certificate issued?

Court

Location

City:	<input type="text"/>
State:	<input type="text"/>

Item 9C

Immigration Status	
Place of Entry	
City:	<input type="text"/>
State:	<input type="text"/>
Date of Entry	
Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>
Type of Document	
<input type="text"/>	
Document Number	
<input type="text"/>	
Date Issued	
Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Country(ies) of Citizenship

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Additional Comments

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

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Section 10: Citizenship Information

Comprehensive Details

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Answer the following question.

Question	Yes	No
Do you now hold or have you ever held multiple citizenships?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes," provide responses for the following questions.

Item 10A

Provide the name(s) of the country(ies).

Country(ies) of Citizenship

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Item 10B

During what periods of time did you hold multiple citizenships?

Time Periods

Item 10C

How were multiple citizenships obtained?

How Obtained

Item 10D

Why have you held multiple citizenships?

Multiple Citizenships Explanation

Item 10E

Have you renounced or attempted to renounce your foreign citizenship?

Renounced/Attempted to Renounce

- Yes
- No

Additional Comments

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

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Section 11: Where You Have Lived

Section Summary

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List the places where you have lived, beginning with your present residence and working back 10 years (if not an SSBI go back 7 years). All periods must be accounted for without breaks. You may omit temporary military duty locations under 90 days (list your permanent address instead). Do not list residences before your 18th birthday unless to provide a minimum of 2 years of residence history.

Summary of Where You Have Lived

#	Time Period	Street	City	Actions
1	From (~)/(~) To (~)/(~)	(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>				

Additional Comments

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

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Section 11: Where You Have Lived

Entry Details

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Provide the requested information about this place where you have lived.

Indicate the actual physical location of your residence. Do not use a Post Office Box as an address, and do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port.

Your actual physical address in addition to your APO/FPO address is required for overseas assignments.

For addresses in the last 5 years, if the address is "General Delivery," a Rural or State Route, or may be difficult to locate, provide directions for locating the residence under Additional Comments below.

Include apartment numbers if applicable.

Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Status

- Own
 Rent
 Military Housing
 Other

Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

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

APO/FPO Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Point of Contact for this Period of Residence

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 spouse, or other relatives.

Name of Person Who Knows You (Last, First)

Relationship

- Neighbor
- Friend
- Landlord
- Business Associate
- Other

Current Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Provide APO/FPO address if currently applicable.

APO/FPO Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>

Country: (List)	<input type="text"/>
---	----------------------

Telephone Number

Number
<input type="text"/>

Alternate Contact Number

Number
<input type="text"/>

Additional Comments

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

<input type="text"/>

<input type="button" value="Save"/>	<input type="button" value="Cancel"/>	<input type="button" value="Reset this Screen"/>
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Navigation: SF86 Section 12: Where You Went To School

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Section 12: Where You Went To School

Section Summary

OMB No. 3206-0005
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Item 12A. School Information

List the schools you have attended, beginning with the most recent and working back 10 years (if not an SSBI go back 7 years). If all of your education occurred more than 10 years ago, list your most recent Degree/Diploma including high school, no matter when that education occurred.

Summary of Where You Went To School

 Not Applicable

#	Time Period	School Name	Actions
1	From (~)/(~) To (~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Item 12B. Suspension or Expulsion

Answer the following question.

Question	Yes	No
Were you suspended or expelled from any of the institutions above?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes," explain. Do not include academic probations.

Suspension/Expulsion Explanation

Additional Comments

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

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Section 12: Where You Went To School

Entry Details

OMB No. 3206-0005
Form: SF86

Provide the requested information about this school you attended. List college or university degrees and the dates they were received. For Correspondence/Distance/Extension/Online schools, provide the address where the records are maintained.

Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Select the most appropriate type that describes your school.

School Type

- High School
 College/University/Military College
 Vocational/Technical/Trade School
 Correspondence/Distance/Extension/Online School

School Name

Street Address of School

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Provide an entry for each degree, diploma, etc. you received from this school.

Degree/Diploma/Other

- Not Applicable

#	Dates Awarded	Degree/Diploma/Other
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.	Date Awarded				
	<table border="1"> <tr> <td>Month/Year</td> <td>Est.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> </table>	Month/Year	Est.	<input type="text"/>	<input type="checkbox"/>
Month/Year	Est.				
<input type="text"/>	<input type="checkbox"/>				
<input type="button" value="Add A Blank Entry"/>					

Person Who Knew You

For schools you attended in the past 10 years, list a person who knew you at school (instructor, student, etc.). Do not list people for education completely outside this 10-year period.

Name (Last, First)

Current Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Telephone Number

Number
<input type="text"/>

Additional Comments

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

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Section 13A/B: Employment Activities

Section Summary

OMB No. 3206-0005
Form: SF86

Item 13A. Employment Information

List your employment activities, beginning with the present and working back 10 years (if not an SSBI go back 7 years). You should list all full-time and part-time work, paid or unpaid, consulting/contracting work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire period must be accounted for without breaks. **EXCEPTION:** Do not list employments before your 18th birthday unless to provide a minimum of 2 years of employment history.

Summary of Your Employment Activities

#	Time Period	Type of Employment	Actions
1	From (~)/(~) To (~)/(~)	(None Selected)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Item 13B. Former Federal Service

List any former Federal service, excluding Military service, if not indicated previously.

Summary of Your Former Federal Service

 Not Applicable

#	Dates of Federal Service	Agency	Position Title	Actions
1	From (~)/(~) To (~)/(~)	(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>				

Additional Comments

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

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Section 13A/B: Employment Activities

Select Employment Type

OMB No. 3206-0005
Form: SF86

Check the appropriate box to identify the type of employment.

Type of Employment

- Federal
- Military
- Military/Federal Contractor
- State Government
- Unemployment
- Self-employment
- Other

Save

Cancel

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Section 13A/B: Employment Activities

Employment Activity Details

OMB No. 3206-0005
Form: SF86

Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Type of Employment

 Other

Work Hours

- Full-time
 Part-time

Position Title

List the business name of your employer.

Employer Name

Employer's Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		
	(List)		

Employer's Telephone Number

Number

Your Physical Location (if different from employer address)

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Job Location Telephone Number**Number****Supervisor's Name (Last, First)****Supervisor's Title****Supervisor's Street Address**

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Supervisor's Telephone Number**Number**

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

Additional Periods of Activity with this Employer Not Applicable

#	Dates of Activity	Position Title	Supervisor									
1.	Dates of Activity <table border="1"> <thead> <tr> <th>Date</th> <th>Month/Year</th> <th>Est.</th> </tr> </thead> <tbody> <tr> <td>From:</td> <td><input type="text"/> / <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>To:</td> <td><input type="text"/> / <input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Date	Month/Year	Est.	From:	<input type="text"/> / <input type="text"/>	<input type="text"/>	To:	<input type="text"/> / <input type="text"/>	<input type="text"/>		
Date	Month/Year	Est.										
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>										
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>										
<input type="button" value="Add A Blank Entry"/>												

If this is a former employment or if you intend to leave this position, indicate your reason for leaving.

Reason for Leaving

Not Applicable

- Left job under favorable circumstances
- Left job by mutual agreement following charges or allegations of misconduct
- Left job by mutual agreement following notice of unsatisfactory performance
- Quit job after being told you'd be fired
- Fired from job
- Laid off from job by employer
- Other (explain)

Explanation

Additional Comments

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

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Section 13A/B: Employment Activities

Employment Activity Details

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Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Type of Employment

 Military

Work Hours

- Full-time
 Part-time

Include your duty location or home port as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Service Branch

Military Rank

Military Duty Location

Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Telephone Number

Your Physical Location (if different from employer address)

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Job Location Telephone Number

Number
<input type="text"/>

Supervisor's Name (Last, First)**Supervisor's Title****Supervisor's Street Address**

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Supervisor's Telephone Number

Number
<input type="text"/>

Additional Comments

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

Save

Cancel

Delete

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Section 13A/B: Employment Activities

Employment Activity Details

OMB No. 3206-0005
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Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Type of Employment

Work Hours

- Full-time
 Part-time

Position Title

List contract, not federal agency.

Employer Name

Employer's Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Employer's Telephone Number

Number
<input type="text"/>

Your Physical Location (if different from employer address)

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Job Location Telephone Number**Number****Supervisor's Name (Last, First)****Supervisor's Title****Supervisor's Street Address**

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Supervisor's Telephone Number**Number**

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

Additional Periods of Activity with this Employer Not Applicable

#	Dates of Activity	Position Title	Supervisor									
1.	Dates of Activity <table border="1"> <thead> <tr> <th>Date</th> <th>Month/Year</th> <th>Est.</th> </tr> </thead> <tbody> <tr> <td>From:</td> <td><input type="text"/> / <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>To:</td> <td><input type="text"/> / <input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Date	Month/Year	Est.	From:	<input type="text"/> / <input type="text"/>	<input type="text"/>	To:	<input type="text"/> / <input type="text"/>	<input type="text"/>		
Date	Month/Year	Est.										
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>										
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>										
<input type="button" value="Add A Blank Entry"/>												

If this is a former employment or if you intend to leave this position, indicate your reason for leaving.

Reason for Leaving

Not Applicable

- Left job under favorable circumstances
- Left job by mutual agreement following charges or allegations of misconduct
- Left job by mutual agreement following notice of unsatisfactory performance
- Quit job after being told you'd be fired
- Fired from job
- Laid off from job by employer
- Other (explain)

Explanation

Additional Comments

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

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Section 13A/B: Employment Activities

Employment Activity Details

OMB No. 3206-0005
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Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Type of Employment

Work Hours

- Full-time
 Part-time

Occupation

Business Name

Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Telephone Number

Number
<input type="text"/>

List the name of the person who can verify your self-employment.

Verifier Name

Verifier's Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Verifier's Telephone Number

Number
<input type="text"/>

Additional Comments

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

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Section 13A/B: Employment Activities

Employment Activity Details

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Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Type of Employment

List the name of the person who can verify your unemployment.

Verifier Name

Verifier's Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		
	(List)		

Verifier's Telephone Number

Number
<input type="text"/>

Additional Comments

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

Save

Cancel

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Section 13A/B: Employment Activities

Former Federal Service Details

OMB No. 3206-0005
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Dates of Federal Service

Date	Month/Year	Est.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Your Position Title

Agency Name

Location

City:	<input type="text"/>	
Provide Country if outside the United States; otherwise, provide State and Zip Code.		
State:	<input type="text"/>	Zip Code: <input type="text"/>
Country: (List)	<input type="text"/>	

Additional Comments

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

Save

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Navigation: SF86 Section 13C: Employment Activities (Continued)

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Section 13C: Employment Activities (Continued)

Section Summary

OMB No. 3206-0005
Form: SF86

Answer the following questions.

#	Question	Yes	No
1.	In the last 7 years, have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
2.	In the last 7 years, have you received a written warning, been officially reprimanded, suspended, or disciplined for violating a security rule or policy?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to either question, provide an entry for each incident.

Summary of Incidents

#	Date of Incident	Name of Employer(s)	Actions	
1	(~)/(~)/(~)	(~)	Edit	Delete
Add an Entry				

Additional Comments

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

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Section 13C: Employment Activities (Continued)

OMB No. 3206-0005

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Entry Details**Date of Incident**

Month/Day/Year			Est.
<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>

Date of Official Action

Month/Year		Est.
<input type="text"/>	/	<input type="checkbox"/>

Name of Employer(s)

Location or Facility of Incident

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Nature of Violation

Additional Comments

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

Save

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Section 14: Selective Service Record

Comprehensive Details

OMB No. 3206-0005
Form: SF86

Answer the following question.

#	Question	Yes	No
a.	Are you a male born after December 31, 1959?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question a, answer the following question.

#	Question	Yes	No
b.	Have you registered with the Selective Service System?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question b, provide your registration number. If "No," explain the reason for not registering.

Registration Number

Explanation

Additional Comments

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

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Section 15: Military History

Section Summary

OMB No. 3206-0005
Form: SF86

Account for all of your military service through the questions below.

Answer the following questions.

#	Question	Yes	No
a.	Have you EVER served in the United States Military, the United States Merchant Marine, or the commissioned corps of the United States Public Health Service (PHS) or National Oceanic and Atmospheric Administration (NOAA)?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Have you EVER served in the military, security forces, merchant marine, militia, or other defense forces of any foreign country?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question a or b, list all details of your military service below. If you had a break in service, each separate time of service should be listed.

Summary of Your Military Service

Not Applicable

#	Time Period	Branch of Service	Actions
1	From (~)/(~) To (~)/(~)	(None Selected)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Answer the following question.

#	Question	Yes	No
c.	Have you EVER received other than an honorable discharge?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question c, explain.

Explanation

Answer the following question.

#	Question	Yes	No
d.	Have you EVER been subject to an Article 15 or been charged with any violation of the Uniform Code of Military Justice?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question d, provide an entry for each charge.

Summary of Your Military Charges

#	Date Charged	Actions
1	From (~)/(~) To (~)/(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>		

Additional Comments

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

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Section 15: Military History

Select Branch of Service

OMB No. 3206-0005
Form: SF86

Use one of the codes listed below to identify your branch of service:

Branch of Service

- Air Force
- Army
- Navy
- Marine Corps
- Coast Guard
- Merchant Marine
- National Guard
- United States Public Health Service (PHS)
- National Oceanic and Atmospheric Administration (NOAA)
- Foreign military, defense, militia, security forces

Save

Cancel

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Section 15: Military History

Service Details

OMB No. 3206-0005
Form: SF86

Branch of Service

Air Force

Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Service/Certificate Number

Mark Officer or Enlisted, if applicable.

Officer or Enlisted

 Not Applicable Officer Enlisted

Indicate the status of your service during the time that you served.

Status

 Active Duty Active Reserve Inactive Reserve

Type of Discharge

 Not Applicable Honorable Dishonorable Hardship Medical Other

If you selected "Other" for "Type of Discharge," explain.

Explanation

Additional Comments

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



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Section 15: Military History

Service Details

OMB No. 3206-0005
Form: SF86**Branch of Service****Dates of Activity**

Date	Month/Year	Est./Pres.
From:	<input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/>
To:	<input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/>

Service/Certificate Number**Mark Officer or Enlisted, if applicable.****Officer or Enlisted** Not Applicable Officer Enlisted**State of Service**State: **Type of Discharge** Not Applicable Honorable Dishonorable Hardship Medical Other**If you selected "Other" for "Type of Discharge," explain.****Explanation**

Additional Comments

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

Save

Cancel

Delete

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Section 15: Military History

Service Details

OMB No. 3206-0005
Form: SF86

Branch of Service

Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/>
To:	<input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/>

Service/Certificate Number

Mark Officer or Enlisted, if applicable.

Officer or Enlisted

 Not Applicable Officer Enlisted

Indicate the status of your service during the time that you served.

Status

 Active Duty Active Reserve Inactive Reserve

Identify the country for which you served.

Country

Country: [\(List\)](#)

Type of Discharge

 Not Applicable Honorable Dishonorable

- Hardship
- Medical
- Other

If you selected "Other" for "Type of Discharge," explain.

Explanation

Additional Comments

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

Save

Cancel

Delete

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Navigation: SF86 Section 16: People Who Know You Well

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Section 16: People Who Know You Well

Section Summary

OMB No. 3206-0005
Form: SF86

List three people who know you well and preferably who live in the United States. They should be friends, peers, colleagues, college roommates, associates, etc., who are aware of your activities outside of the workplace, school, or neighborhoods and whose combined association with you covers at least the last 7 years. Do not list your spouse, former spouse(s), other relatives, or anyone listed elsewhere on this form.

Summary of People Who Know You Well

#	Dates Known	Reference Name	Actions
1	From (~)/(~) To (~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Additional Comments

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

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Section 16: People Who Know You Well

Entry Details

OMB No. 3206-0005
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Dates Known

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Reference Name (Last, First)

Relationship to You

- Neighbor
 Friend
 Work Associate
 Schoolmate
 Other

Include apartment number, if applicable.

Home or Work Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Telephone Number

Number	Time
<input type="text"/>	<input type="text"/>

Alternate Telephone Number

Number	Time
<input type="text"/>	<input type="text"/>

Additional Comments

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

Save

Cancel

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Section 17: Marital Status

Section Summary

OMB No. 3206-0005
Form: SF86

Mark one box to show your current marital status.

Marital Status

- Never Married
 Married (including Common Law)
 Separated
 Divorced
 Annulled
 Widowed

Item 17A. Current Spouse

Complete the following about your current spouse only.

Current Spouse

- Not Applicable

Full Name	Date Married	Actions
(~), (~) (~)	(~)/(~)/(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Item 17B. Former Spouse(s)

Complete the following about your former spouse(s).

Former Spouse(s)

- Not Applicable

#	Full Name	Date Married	Actions
1	(~), (~) (~)	(~)/(~)/(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Item 17C. Cohabitant

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

Cohabitant

Not Applicable

#	Full Name	Actions
1	(~), (~) (~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>		

Additional Comments

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

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Navigation: SF86 Section 17: Marital Status

Go

Section 17: Marital Status

Your Current Spouse

OMB No. 3206-0005
Form: SF86

If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If only an initial is used as the first name or middle name, enter the initial (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," etc., enter this under Suffix.

Full Name

	Name	IO/NFN/NMN
Last:	<input type="text"/>	<input type="text"/>
First:	<input type="text"/>	<input type="text"/>
Middle:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	<input type="text"/>

Date of Birth

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Social Security Number

 Not Applicable

 - -

Specify maiden name, names by other marriages, etc., and show dates used for each name. Check the "nee" box to denote maiden name.

Other Names Used

 Not Applicable

#	Name	nee	Dates Used																						
1.	Name <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>IO/NFN/NMN</th> </tr> </thead> <tbody> <tr> <td>Last:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>First:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Middle:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>			Name	IO/NFN/NMN	Last:	<input type="text"/>	<input type="text"/>	First:	<input type="text"/>	<input type="text"/>	Middle:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> nee	Dates Used <table border="1"> <thead> <tr> <th>Date</th> <th>Month/Year</th> <th>Est./Pres.</th> </tr> </thead> <tbody> <tr> <td>From:</td> <td><input type="text"/> / <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>To:</td> <td><input type="text"/> / <input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Date	Month/Year	Est./Pres.	From:	<input type="text"/> / <input type="text"/>	<input type="text"/>	To:	<input type="text"/> / <input type="text"/>	<input type="text"/>
		Name	IO/NFN/NMN																						
	Last:	<input type="text"/>	<input type="text"/>																						
	First:	<input type="text"/>	<input type="text"/>																						
Middle:	<input type="text"/>	<input type="text"/>																							
Date	Month/Year	Est./Pres.																							
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>																							
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>																							

Suffix:

--	--

Add A Blank Entry

Provide current address and telephone number only if different than your current address; otherwise, check the "Use My Current Address" box.

Current Address
 Use My Current Address

Street:

City:

Provide Country if outside the United States; otherwise, provide State and Zip Code.

State:

Zip Code:

Country:

[\(List\)](#)

Telephone Number

Number

Date Married

Month/Day/Year

Est.

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
----------------------	---	----------------------	---	----------------------	--------------------------

Place Married

City:

Provide Country if outside the United States; otherwise, provide State and Zip Code.

State:

Zip Code:

Country:

[\(List\)](#)

If separated, provide date of separation.

Date of Separation

Month/Day/Year

Est.

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
----------------------	---	----------------------	---	----------------------	--------------------------

If legally separated, where is the record located?**Location of Separation Record**

City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Citizenship Information**Place of Birth**

City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State.	
State:	<input type="text"/>
Country: (List)	<input type="text"/>

Country(ies) of Citizenship

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

If this person was born outside the U.S., check the appropriate box and provide document number.

Type of Document

Not Applicable

- Naturalization Certificate

Citizenship Certificate

State Department Form 240

U.S. Passport (current or most recent)

Alien Registration

Other

Document Number

Additional Comments

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

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Section 17: Marital Status

Your Former Spouse

OMB No. 3206-0005
Form: SF86

Status of Former Marriage

- Divorced
 Widowed
 Annulled

If not widowed, is this person deceased?

Deceased

- Yes
 No

If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If this person has only initials in the name, enter the initial(s) (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," etc., enter this under Suffix.

Full Name

	Name	IO/NFN/NMN
Last:	<input type="text"/>	<input type="text"/>
First:	<input type="text"/>	<input type="text"/>
Middle:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	<input type="text"/>

Date of Birth

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Place of Birth

City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State.	
State:	<input type="text"/>
Country: (List)	<input type="text"/>

Countries of Citizenship

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Date Married

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Place Married

City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/> <input type="button" value="v"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/> (List)		

Date Divorced/Widowed/Annulled

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

If divorced/annulled, provide the following information.

Location of Divorce/Annulment Record

City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/> <input type="button" value="v"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/> (List)		

Last Known Address of Former Spouse

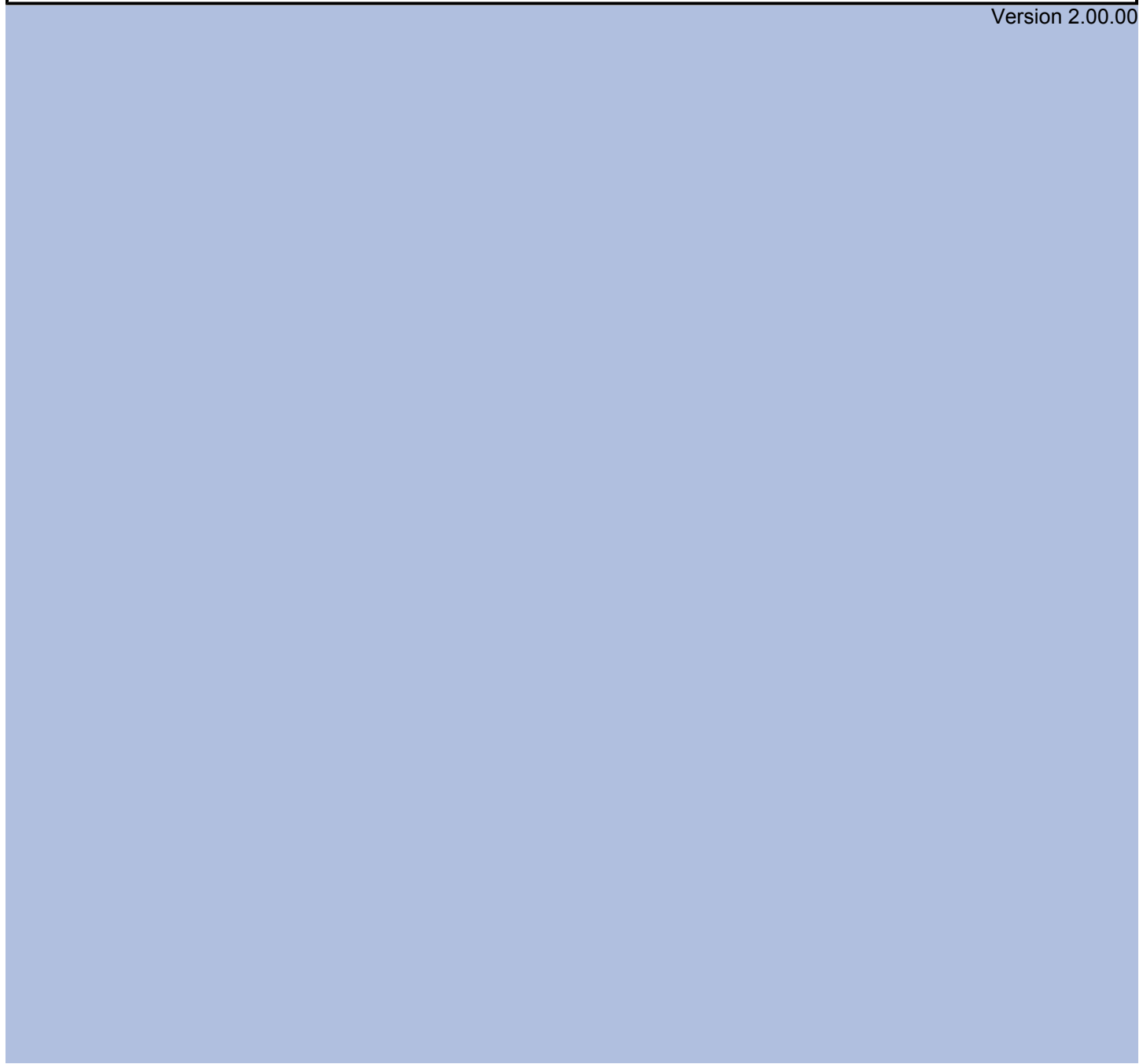
Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/> <input type="button" value="v"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/> (List)		

Telephone Number

Number

Additional Comments

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



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Section 17: Marital Status

OMB No. 3206-0005

Form: SF86

Your Cohabitant

If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If only an initial is used as the first name or middle name, enter the initial (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," etc., enter this under Suffix.

Full Name

	Name	IO/NFN/NMN
Last:	<input type="text"/>	<input type="text"/>
First:	<input type="text"/>	<input type="text" value="IO"/>
Middle:	<input type="text"/>	<input type="text" value="IO"/>
Suffix:	<input type="text"/>	<input type="text"/>

Date of Birth

Month/Day/Year	Est.
<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	<input type="checkbox"/>

Social Security Number

Not Applicable

<input type="text" value=""/>	-	<input type="text" value=""/>	-	<input type="text" value=""/>
-------------------------------	---	-------------------------------	---	-------------------------------

Specify maiden name, names by other marriages, etc., and show dates used for each name. Check the "nee" box to denote maiden name.

Other Names Used

Not Applicable

#	Name	nee	Dates Used																												
1.	<table border="1"> <thead> <tr> <th colspan="3">Name</th> </tr> <tr> <th></th> <th>Name</th> <th>IO/NFN/NMN</th> </tr> </thead> <tbody> <tr> <td>Last:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>First:</td> <td><input type="text"/></td> <td><input type="text" value="IO"/></td> </tr> <tr> <td>Middle:</td> <td><input type="text"/></td> <td><input type="text" value="IO"/></td> </tr> </tbody> </table>		Name				Name	IO/NFN/NMN	Last:	<input type="text"/>	<input type="text"/>	First:	<input type="text"/>	<input type="text" value="IO"/>	Middle:	<input type="text"/>	<input type="text" value="IO"/>	<input type="checkbox"/> nee	<table border="1"> <thead> <tr> <th colspan="3">Dates Used</th> </tr> <tr> <th>Date</th> <th>Month/Year</th> <th>Est./Pres.</th> </tr> </thead> <tbody> <tr> <td>From:</td> <td><input type="text" value=""/> / <input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td>To:</td> <td><input type="text" value=""/> / <input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> </tbody> </table>	Dates Used			Date	Month/Year	Est./Pres.	From:	<input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/>	To:	<input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/>
	Name																														
		Name	IO/NFN/NMN																												
	Last:	<input type="text"/>	<input type="text"/>																												
First:	<input type="text"/>	<input type="text" value="IO"/>																													
Middle:	<input type="text"/>	<input type="text" value="IO"/>																													
Dates Used																															
Date	Month/Year	Est./Pres.																													
From:	<input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/>																													
To:	<input type="text" value=""/> / <input type="text" value=""/>	<input type="text" value=""/>																													

Suffix:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Add A Blank Entry

Date Cohabitation Began

Month/Day/Year

Est.

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
----------------------	---	----------------------	---	----------------------	--------------------------

Citizenship Information**Place of Birth**

City:

Provide Country if outside the United States; otherwise, provide State.

State:

Country:

[\(List\)](#)**Country(ies) of Citizenship**

#

Country

1.

[\(List\)](#)

Add A Blank Entry

If this person was born outside the U.S., check the appropriate box and provide document number.

Type of Document Not Applicable

- Naturalization Certificate
- Citizenship Certificate
- State Department Form 240
- U.S. Passport (current or most recent)
- Alien Registration
- Other

Document Number

Additional Comments

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

Save

Cancel

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Section 18: Relatives

Section Summary

OMB No. 3206-0005
Form: SF86

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

1. Mother
2. Father
3. Stepmother
4. Stepfather
5. Foster Parent
6. Child (include adopted and foster)
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

Summary of Your Relatives

#	Relationship Type	Full Name	Actions	
1	(None Selected)	(~), (~) (~)	Edit	Delete
<input type="button" value="Add an Entry"/>				

Additional Comments

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

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Section 18: Relatives

Entry Details

OMB No. 3206-0005
Form: SF86

Relationship Type

If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If only an initial is used as the first name or middle name, enter the initial (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," etc., enter this under Suffix.

Full Name

	Name	IO/NFN/NMN
Last:	<input type="text"/>	<input type="text"/>
First:	<input type="text"/>	<input type="text"/>
Middle:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	<input type="text"/>

Deceased

 Yes
 No

Date of Birth

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Provide the current address of living relatives.

Current Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Citizenship Information

Country of Birth

Country:

[\(List\)](#)**Country(ies) of Citizenship**

#	Country
1.	<input type="text"/> (List)

Citizenship Status

- a) U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth
 b) U.S. citizen by birth, born outside the U.S.
 c) Naturalized U.S. citizen
 d) Not a U.S. citizen
 e) Other

If you selected Citizenship Status code b, c, d, or e, provide the following citizenship information about this person.

Type of Document
 Not Applicable

- Naturalization Certificate
 Citizenship Certificate
 State Department Form 240
 U.S. Passport (current or most recent)
 Alien Registration
 Other

Document Number

Additional Comments

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

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Navigation: SF86 Section 19: Foreign Contacts

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Section 19: Foreign Contacts

Section Summary

OMB No. 3206-0005
Form: SF86

This section asks about your contact with foreign nationals within the past 7 years. List any and all foreign nationals with whom you have had close and/or continuing contact, including associates, as well as relatives not required to be recorded in section 18.

If you are or were stationed abroad or have had duties that require contact with foreign nationals, list only those foreign nationals with whom you have a close and/or continuing personal/business/professional relationship.

Summary of Foreign Contacts

 Not Applicable

#	Dates Known	Full Name	Actions
1	From (~)/(~) To (~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Additional Comments

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

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Section 19: Foreign Contacts

Entry Details

OMB No. 3206-0005
Form: SF86

Provide the full name and country of citizenship of the foreign contact and your dates of association. Indicate the nature and extent of your contact with the individual by marking the appropriate box.

Dates Known

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Full Name (Last, First, Middle)

Approximate Current Age

Country(ies) of Citizenship

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Nature of Relationship (Check all that apply)

- Business
 Personal
 Other

Type of Contact (Check all that apply)

- Telephone
 Electronic Correspondence
 Written Correspondence
 In Person
 Other

Number of Contacts per year

- 1-2

- 3-7
- 8-15
- More than 15

Additional Comments

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

Save

Cancel

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Navigation: SF86 Section 20A: Foreign Financial Interests

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Section 20A: Foreign Financial Interests

Section Summary

OMB No. 3206-0005
Form: SF86

For the following questions, please respond for the timeframe of the past 7 years.

Answer the following question.

#	Question	Yes	No
1.	Do you have or have you had any foreign financial interests of which you have direct control or direct ownership?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question 1, provide the purpose and amount of funds for each interest.

Direct Foreign Financial Interests

#	Purpose	Amount of Funds in U.S. Dollars
1.	<input type="text"/>	<input type="text"/>
<input type="button" value="Add A Blank Entry"/>		

Answer the following question.

#	Question	Yes	No
2.	Do you have or have you had any foreign financial interests that someone controls on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question 2, provide the purpose and amount of funds for each interest.

Indirect Foreign Financial Interests

#	Purpose	Amount of Funds in U.S. Dollars
1.	<input type="text"/>	<input type="text"/>
<input type="button" value="Add A Blank Entry"/>		

Answer the following question.

#	Question	Yes	No
3.	Do you own or have you owned real estate in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question 3, provide an entry for each foreign real estate holding.

Summary of Foreign Real Estate Holdings

#	Location of Property	Estimated Value of Property in U.S. Dollars	Actions
1	(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Additional Comments

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

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Section 20A: Foreign Financial Interests

Foreign Real Estate Holding Entry Details

OMB No. 3206-0005
Form: SF86**Type of Property****Location of Property**

City:

Country:

[\(List\)](#)**Estimated Value of Property in U.S. Dollars****Additional Comments**

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

Save

Cancel

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Go

Section 20B: Foreign Activities and Government Contacts

OMB No. 3206-0005

Form: SF86

Section Summary

Answer the following question.

#	Question	Yes	No
1.	In the past 7 years, have you provided advice or support regarding any of the following: management, strategy, financing, or development and/or use of technology to any foreign national associated with a foreign business or other foreign organization that you have not previously listed as a former employer?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question 1 AND the activity was outside of official U.S. Government business, provide entries to describe the advice/support provided.

Summary of Advice/Support Activities

#	Dates of Activity	Organization(s)	Actions
1	From (~)/(~) To (~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Answer the following question.

#	Question	Yes	No
2.	In the past 7 years, have you attended two or more international conferences, trade shows, seminars, or other meetings outside of the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question 2 AND the activity was outside of official U.S. Government business, provide an entry for each event.

Summary of Meetings

#	Date of Event	Location	Actions
1	(~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Answer the following question.

#	Question	Yes	No
3.	In the past 7 years, have you been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question 3 AND the activity was outside of official U.S. Government business, provide an entry for for each consultation.

Summary of Consultations

#	Date of Consultation	Location	Actions
1	(~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Answer the following question.

#	Question	Yes	No
4.	In the past 7 years, have you had any contact with a foreign government, its establishment (embassies or consulates), or its representatives, whether inside or outside the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question 4 AND the activity was outside of official U.S. Government business, provide an entry for each contact.

Summary of Government Contacts

#	Date of Contact	Foreign Country	Actions
1	(~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Answer the following question.

#	Question	Yes	No
5.	In the past 7 years, have you sponsored any foreign citizen to come to the U.S. as a student, for work, or for permanent residence?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question 5, provide an entry for each foreign citizen you sponsored.

Summary of Sponsored Visits

#	Dates of Stay	Name of Foreign Citizen(s)	Actions
1	From (~)/(~) To (~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Answer the following question.

#	Question	Yes	No
6.	In the past 7 years, have you held or do you hold a passport that was issued by a foreign government?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question 6, provide an entry for each foreign passport held.

Summary of Foreign Passports

#	Issuing Country	Passport Number	Actions	
1 (~)		(~)	Edit	Delete
<input type="button" value="Add an Entry"/>				

Additional Comments

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

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Navigation: SF86 Section 20B: Foreign Activities and Government Contacts

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Section 20B: Foreign Activities and Government Contacts

OMB No. 3206-0005
Form: SF86

Advice/Support Activity Entry Details

Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Describe Advice/Support Provided

Provide name of foreign nationals and/or organization(s) to which advice/support was provided.

Foreign National Names/Organizations

Country(ies) Involved

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Was Compensation Provided?

Additional Comments

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

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Section 20B: Foreign Activities and Government Contacts

OMB No. 3206-0005

Form: SF86

Meeting Entry Details

Date of Event

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Location of Event

City:	<input type="text"/>
Country:	<input type="text"/>
(List)	

Country(ies) Involved

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Sponsoring Organization(s)

Purpose

Additional Comments

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

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Section 20B: Foreign Activities and Government Contacts

OMB No. 3206-0005

Form: SF86

Consultation Entry Details

Date of Consultation

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Location of Consultation

City:	<input type="text"/>
Country:	<input type="text"/>
	(List)

Country(ies) Involved

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Circumstances

Additional Comments

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

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Section 20B: Foreign Activities and Government Contacts

OMB No. 3206-0005

Form: SF86

Government Contact Entry Details

Date of Contact

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Location of Contact

City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State.	
State:	<input type="text"/>
Country:	<input type="text"/>
	(List)

Country(ies) Involved

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Circumstances

Additional Comments

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

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Section 20B: Foreign Activities and Government Contacts

OMB No. 3206-0005
Form: SF86

Sponsored Visit Entry Details

Dates of Stay

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Name of Foreign Citizen(s)

Country(ies) of Citizenship

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Purpose of Stay

Current Address (if known)

 Do Not Know

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/> ▼	Zip Code:	<input type="text"/>
Country:	<input type="text"/> (List)		

Additional Comments

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

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Section 20B: Foreign Activities and Government Contacts

OMB No. 3206-0005
Form: SF86

Foreign Passport Entry Details

Name in which Passport was Issued

Issuing Country

Country:
[\(List\)](#)

Passport Number

Issue Date

Month/Year

Est.

<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
----------------------	---	----------------------	--------------------------

Expiration Date

Month/Year

Est.

<input type="text"/>	/	<input type="text"/>	<input type="checkbox"/>
----------------------	---	----------------------	--------------------------

Additional Comments

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

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Section 20C: Foreign Countries You Have Visited

Section Summary

OMB No. 3206-0005
Form: SF86

List foreign countries you have visited in the past 7 years.

Summary of Foreign Countries You Have Visited

 Not Applicable

#	Time Period	Country(ies)	Actions
1	From (~)/(~) To (~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Additional Comments

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

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Section 20C: Foreign Countries You Have Visited

Entry Details

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Indicate the purpose(s) of your visit. If you lived near a border and have made short (one day or less) trips to the neighboring country (i.e. Canada or Mexico), you do not need to list each trip. Instead, provide the time period, the purpose, the country, and check the "Many Short Trips" box.

Dates of Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Purpose of Visit (Check all that apply)

- Business/Professional Conference
- Education
- Volunteer Activities
- Tourism
- Visit Family or Friends
- Other

Countries Visited

#	Country
1.	<input type="text"/> (List)
<input type="button" value="Add A Blank Entry"/>	

Number of Days

 Many Short Trips

Additional Comments

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

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Section 21: Mental and Emotional Health

Section Summary

OMB No. 3206-0005
Form: SF86

Answer the following question.

Question	Yes	No
In the last 7 years, have you received counseling or treatment from a mental health professional (including a counselor, licensed social worker, psychologist, psychiatrist, or other psychotherapist) or any other medical professional regarding an emotional or mental condition? Answer "No" if the counseling was strictly marital, family, or grief counseling and did not involve the prescription of medication or violence by you.	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes," provide a record for each treatment to report, and sign the *Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA)* (provided to you after you complete this form).

Summary of Treatments

#	Dates of Treatment	Name of Provider	Actions
1	From (~)/(~) To (~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Additional Comments

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

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Navigation: SF86 Section 21: Mental and Emotional Health

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Section 21: Mental and Emotional Health

Entry Details

OMB No. 3206-0005
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Dates of Treatment

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Indicate who conducted the treatment.

Name of Provider

Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Explain Circumstances of Treatment

Additional Comments

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

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Section 22: Police Record

Section Summary

OMB No. 3206-0005
Form: SF86

For this item, report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record. You need not report 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.

Be sure to include all incidents whether occurring in the U.S. or abroad.

Answer questions a and b for the past 10 years (if not an SSBI go back 7 years) excluding any fines of less than \$300 for traffic offenses that do not involve alcohol or drugs.

Answer the following questions.

#	Question	Yes	No
a.	Have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you; are you on trial or awaiting a trial on criminal charges; or are you currently awaiting sentencing for a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Have you been detained or arrested by any police officer, sheriff, marshal, or any other type of law enforcement officer?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Have you EVER been charged with any felony offense? (Include those under Uniform Code of Military Justice.)	<input type="checkbox"/>	<input type="checkbox"/>
d.	Have you EVER been charged with a firearms or explosives offense?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Have you EVER been charged with any offense(s) related to alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any question above, explain below, providing information for each and every offense.

Summary of Offenses

#	Date	Offense	Actions
1	(~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Additional Comments

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

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Section 22: Police Record

Entry Details

OMB No. 3206-0005
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Date of Offense

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Offense

Disposition

Law Enforcement Authority/Court

 Not Applicable

Name

Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Additional Comments

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

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Section 23: Use of Illegal Drugs and Drug Activity

Section Summary

OMB No. 3206-0005
Form: SF86

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

Answer the following questions.

#	Question	Yes	No
a.	In the last 7 years, have you illegally used any controlled substance, for example, cocaine, crack cocaine, THC (marijuana, hashish, etc.), narcotics (opium, morphine, codeine, heroin, etc.), stimulants (amphetamines, speed, crystal methamphetamine, Ecstasy, ketamine, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), steroids, inhalants (toluene, amyl nitrate, etc.) or prescription drugs (including painkillers)? Illegal use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c.	In the last 7 years, have you been involved in the illegal possession, purchase, manufacture, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance (see question a above) including prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any question above (a-c), provide the date(s) of use or activity, identify the controlled substance(s), and explain the use or activity.

Summary of Substance/Drug Use/Activity

#	Dates of Use/Activity	Type of Controlled Substance(s)	Actions
1	From (~)/(~) To (~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Additional Comments

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



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Section 23: Use of Illegal Drugs and Drug Activity

Entry Details

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Dates of Use/Activity

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Type of Controlled Substance(s)

Explain Nature of Use/Activity, Frequency of Activity, and Number of Times Used

Additional Comments

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

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Navigation: SF86 Section 24: Use of Alcohol

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Section 24: Use of Alcohol

Section Summary

OMB No. 3206-0005
Form: SF86

Answer the following question.

#	Question	Yes	No
a.	In the last 7 years, has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in contacts by law enforcement/public safety personnel?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question a, explain.

Explanation

Answer the following question.

#	Question	Yes	No
b.	In the last 7 years, have you received counseling or treatment or have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question b above, provide an entry for each treatment to report. You will be asked to sign a release if information is needed concerning your treatment. Do not repeat information reported in response to Section 21 (Mental and Emotional Health).

Summary of Treatments

#	Dates of Treatment	Counselor/Doctor	Actions
1	From (~)/(~) To (~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Additional Comments

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

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Navigation: SF86 Section 24: Use of Alcohol

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Section 24: Use of Alcohol

Entry Details

OMB No. 3206-0005
Form: SF86

Provide the dates of treatment and the name and address of the counselor or doctor.

Dates of Treatment

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

Name of Counselor/Doctor

Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country:	<input type="text"/>		
	(List)		

Additional Comments

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

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Section 25: Investigations Record

Section Summary

OMB No. 3206-0005
Form: SF86

Answer the following question.

#	Question	Yes	No
a.	Has the United States Government or a foreign government EVER investigated your background and/or granted you a security clearance? If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question a, provide the requested information below.

Summary of Your Investigations

#	Month/Year	Agency Code	Other Agency	Clearance Code	Actions
1	(~)/(~)	(~)	(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>					

Answer the following question.

#	Question	Yes	No
b.	Have you EVER had a clearance or access authorization denied, suspended, or revoked; received a Statement of Reasons from an adjudicative facility; or been debarred from government employment?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question b, provide the requested information below.

Summary of Your Clearance/Access Actions

#	Month/Year	Department or Agency Taking Action	Actions
1	(~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Answer the following question.

#	Question	Yes	No
c.	In the last 7 years, have you applied or been nominated for a position requiring a security clearance, and later withdrew from the process prior to the conclusion of the investigation?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question c, provide the requested information below.

Summary of Your Withdrawals

#	Month/Year	Agency	Actions
1	(~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Additional Comments

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

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Section 25: Investigations Record

Investigation Entry Details

OMB No. 3206-0005
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Provide the requested information. If you do not know the requested information, check the associated "Do Not Know" box.

Date of Action

 Do Not Know

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Agency Code

 Do Not Know

- Defense Department
- State Department
- Office of Personnel Management
- Federal Bureau of Investigation
- Treasury Department
- Department of Homeland Security
- Other (Specify)

Other Agency

Clearance Code

 Do Not Know

- Not Required
- Confidential
- Secret
- Top Secret
- Sensitive Compartmented Information
- Q
- L
- Issued by Foreign Country
- Other

Additional Comments

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

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Section 25: Investigations Record

Clearance/Access Action Entry Details

OMB No. 3206-0005
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Provide the requested information about this clearance or access authorization denial, suspension, or revocation, or government employment debarment.

Date of Action

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Department or Agency Taking Action**Circumstances****Additional Comments**

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

Save

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Section 25: Investigations Record

Withdrawal Entry Details

OMB No. 3206-0005
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Provide the agency, position, date of application, and reason for withdrawal.

Date of Application

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Agency

Position

Reason for Withdrawal

Additional Comments

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

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Section 26: Financial Record

Section Summary

OMB No. 3206-0005
Form: SF86

For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor.

Answer the following questions.

#	Question	Yes	No
a.	Have you filed a petition under any chapter of the bankruptcy code?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Have you had any possessions or property voluntarily or involuntarily repossessed or foreclosed?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Have you failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Have you had a lien placed against your property for failing to pay taxes or other debts?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Have you had a judgment entered against you?	<input type="checkbox"/>	<input type="checkbox"/>
f.	Have you defaulted on any type of loan?	<input type="checkbox"/>	<input type="checkbox"/>
g.	Have you had bills or debts turned over to a collection agency?	<input type="checkbox"/>	<input type="checkbox"/>
h.	Have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?	<input type="checkbox"/>	<input type="checkbox"/>
i.	Have you been evicted for non-payment of financial obligations?	<input type="checkbox"/>	<input type="checkbox"/>
j.	Have you been delinquent on court-imposed alimony or child support payments?	<input type="checkbox"/>	<input type="checkbox"/>
k.	Have you had your wages, benefits, or assets garnished or attached for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
l.	Have you violated the terms of agreement for a travel or credit card provided by your employer?	<input type="checkbox"/>	<input type="checkbox"/>
m.	Have you been over 180 days delinquent on any debt(s)?	<input type="checkbox"/>	<input type="checkbox"/>
n.	Are you currently over 90 days delinquent on any debt(s)?	<input type="checkbox"/>	<input type="checkbox"/>

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

Summary of Occurrences

#	Date of Occurrence	Type of Occurrence	Actions
1	(~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Additional Comments

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

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Section 26: Financial Record

Entry Details

OMB No. 3206-0005
Form: SF86**Provide the information requested below.****Date of Occurrence**

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Indicate Corresponding Questions (Check all that apply)

- a) Filed a petition under any chapter of the bankruptcy code.
- b) Had possessions or property voluntarily or involuntarily repossessed or foreclosed.
- c) Failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance.
- d) Had a lien placed against property for failing to pay taxes or other debts.
- e) Had a judgment entered against me.
- f) Defaulted on a loan.
- g) Had bills or debts turned over to a collection agency.
- h) Had an account or credit card suspended, charged off, or cancelled for failing to pay as agreed.
- i) Evicted for non-payment of financial obligations.
- j) Delinquent on court-imposed alimony or child support payments.
- k) Had wages, benefits, or assets garnished or attached.
- l) Violated the terms of agreement for a travel or credit card provided by an employer.
- m) Been over 180 days delinquent on a debt.
- n) Currently over 90 days delinquent on a debt.

Amount or Property Value Involved**Name of Agency/Organization/Individual to Whom Debt is Owed****Account Number** Not Applicable**Name Action/Debt is Recorded Under**

Status of Action or Debt**Court or Agency Handling Case** Not Applicable**Court/Agency Name****Street Address****Street:****City:**

Provide Country if outside the United States; otherwise, provide State and Zip Code.

State:**Zip Code:****Country:**[\(List\)](#)**Additional Comments**

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

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Section 27: Use of Information Systems

Section Summary

OMB No. 3206-0005
Form: SF86

The following questions ask about your use of information technology systems, which include all types of stand-alone computer systems, networked systems, the Internet, and telecommunication devices such as telephones, cell phones, and fax machines.

Answer the following questions.

#	Question	Yes	No
a.	In the last 7 years, have you illegally or without proper authorization entered into any information technology system?	<input type="checkbox"/>	<input type="checkbox"/>
b.	In the last 7 years, have you illegally or without proper authorization modified, destroyed, manipulated, or denied others access to information residing on an information technology system?	<input type="checkbox"/>	<input type="checkbox"/>
c.	In the last 7 years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any question above (a-c), provide an entry for each incident.

Summary of Incidents

#	Date of Incident	Location	Actions
1	(~)/(~)	(~)	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>			

Additional Comments

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

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Section 27: Use of Information Systems

Entry Details

OMB No. 3206-0005
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Date of Incident

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Nature of Incident/Offense

Disposition

Location Incident Took Place

Name

Place

City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State.	
State:	<input type="text"/>
Country: (List)	<input type="text"/>

Additional Comments

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

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Section 28: Involvement in Non-Criminal Court Actions

Section Summary

OMB No. 3206-0005
Form: SF86

Answer the following question.

Question	Yes	No
In the last 10 years, have you been a party to any public record civil court actions not listed elsewhere on this form?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes," provide an entry for each public record civil court action.

Summary of Public Record Civil Court Actions

#	Date of Action	Court	Actions	
1	(~)/(~)	(~)	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<input type="button" value="Add an Entry"/>				

Additional Comments

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

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Section 28: Involvement in Non-Criminal Court Actions

Entry Details

OMB No. 3206-0005

Form: SF86

Provide the information about the public record civil court action requested below.

Date of Action

Month/Year	Est.
<input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Nature of Action

Result of Action

Name of Parties Involved

Court

Name

Street Address

Street:	<input type="text"/>		
City:	<input type="text"/>		
Provide Country if outside the United States; otherwise, provide State and Zip Code.			
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Country: (List)	<input type="text"/>		

Additional Comments

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

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Section 29: Association Record

Comprehensive Details

OMB No. 3206-0005
Form: SF86

Answer the following questions.

#	Question	Yes	No
a.	Have you EVER been an officer or a member or made a contribution to an organization dedicated to terrorism or the violent overthrow of the United States Government and which engaged in illegal activities to that end, knowing that the organization engaged in such activities with the specific intent to further such activities?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Have you EVER advocated or engaged in any acts of terrorism or any acts or activities designed to overthrow the United States Government by force?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Have you EVER participated in militias (not including official state government militias) or paramilitary groups?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the questions above, explain.

Explanation

Additional Comments

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

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Any Additional Information You Would Like to Add

Use the space below to continue answers to all other items and to provide any information you would like to add. Before each answer, identify the number of the item.

Additional Comments

Note: If you do not have any additional comments to provide, click "Save" to continue.

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Certification

Certification Statement Preview

OMB No. 3206-0005
Form: SF86

The following is a preview of the certification document you will sign when you complete this investigation request.

Certification

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

Signature *(Sign in ink)*

Date

(Do not sign at this time.)

Continue

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