PD F 5518 E Department of the Treasury Bureau of the Public Debt

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U.S. Department of the Treasury

Bureau of the Public Debt 200 Third Street, Avery 4D

Parkersburg, WV 26106

INVESTIGATIVE REQUEST FOR PERSONAL INFORMATION

OMB No. 1535-0141

U.S. GOVERNMENT USE ONLY

T O	
COMPLETING A BACKGROUND INVE	EEN PROVIDED BY THE PERSON IDENTIFIED BELOW TO ASSIST IN STIGATION TO HELP US DETERMINE THIS PERSON'S SUITABILITY FOR ANCE. TO HELP US MAKE THIS DETERMINATION, WE ASK THAT YOU OF THIS FORM AND RETURN THE FORM IN THE ENCLOSED ENVELOPE.
collection of this information. The purp (Public Debt) to make a determination information you provide may be disclosed the information on this form is voluntary	Title 5, Section 301 and Title 31, Section 321, of the U.S. Code authorizes cose for collecting this information is to enable the Bureau of the Public Debt about an individual's suitablility for employment or a security clearance. The sed to the person being investigated and to other federal agencies. Furnishing y, but without this information, Public Debt may be unable to make a detertablility for employment or a security clearance.
INVESTIGATIVE INQUIRY. WE KEEP T	RE INVESTIGATING HAS GIVEN WRITTEN CONSENT FOR THIS HAT CONSENT ON FILE. IF A COPY IS REQUIRED IN ORDER TO COM- LIKE TO KEEP YOUR IDENTITY CONFIDENTIAL, PLEASE INDICATE THIS
REQUIREMENT IN WRITING ON THE COMPLETION OF THIS INVESTIGATION	NEVERSE. ON AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY
REQUIREMENT IN WRITING ON THE	NEVERSE. ON AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY
REQUIREMENT IN WRITING ON THE COMPLETION OF THIS INVESTIGATION	NEVERSE. ON AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY
COMPLETION OF THIS INVESTIGATION OF THE PERFORM THEIR DUTIES IN A MORE	NEVERSE. ON AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY
REQUIREMENT IN WRITING ON THE COMPLETION OF THIS INVESTIGATION PERFORM THEIR DUTIES IN A MORE FULL NAME (LAST, FIRST, MIDDLE):	NEVERSE. ON AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY
REQUIREMENT IN WRITING ON THE COMPLETION OF THIS INVESTIGATION PERFORM THEIR DUTIES IN A MORE FULL NAME (LAST, FIRST, MIDDLE):	NEVERSE. ON AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY
COMPLETION OF THIS INVESTIGATION PERFORM THEIR DUTIES IN A MORE FULL NAME (LAST, FIRST, MIDDLE): OTHER NAMES USED:	N AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY TIMELY AND EFFICIENT MANNER.
COMPLETION OF THIS INVESTIGATION PERFORM THEIR DUTIES IN A MORE FULL NAME (LAST, FIRST, MIDDLE): OTHER NAMES USED: POSITION FOR WHICH INVESTIGATED:	N AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY TIMELY AND EFFICIENT MANNER.

PLEASE COMPLETE THE ITEMS SHOWN BELOW

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