Questionnaire for National Security Positions

OMB No. 3206–0005 Form: SF 86

Interactive/Branching Electronic Questionnaire

Questionnaire Content Guide

(DRAFT for 30 Day Notice)

FOR REFERENCE ONLY NOT A FORM FOR COMPLETION

Federal Register /

General Electronic Form Notes/Notices (all Sections)

The questions/content captured in this document are intended to display what data will be captured from the subject and the questions to be presented based on the subject's responses during data capture.

Question numbering and "electronic form navigation notes" have been made throughout this form to help facilitate review and navigation. These items are subject to change based on the data collection or processing systems this form may be implemented in. Additionally numbering and electronic form notes are not to be considered part of the content of the form. Only the section numbers are applicable as the official numbering for this form.

Screens may vary based on html style formatting, java scripting, data capture formatting, system functionality, validation, and navigation. Systems that are used for the collection of the "Questionnaire for National Security Positions (SF 86)" data for investigative purposes are subject to OMB review and approval.

Dropdown lists throughout this form (such as listings of countries, document types, etc.) are subject to change based on changes or requirements of federal information processing standards and other updates/changes to pertinent information collection, consistent with approved content.

OFFICE OF PERSONNEL MANAGEMENT

Questionnaire for National Security Positions, SF 86

Questionnaire for National Security Positions

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government**: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provide be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position adduties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form is a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, Social Security Number, and date and place of birth.

Authority to Request this Information

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

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 13748.

The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. 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, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should must request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

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 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 assists in completing your investigation. It is imperative that the interview be conducted immediately 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 required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form (Electronic)

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. 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, unless otherwise noted.

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 dropdown feature.

4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.

65. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.

76. For telephone numbers in the U.S., ensure that the area code is included.

87. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the dropdown lists to select the month and day. The year should be entered as a four character number (i.e. 1978 or 2001.), or selected from a dropdown list. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Est." box.

*****Instructions for Completing this Form (Paper Form PDF Fillable Only)****

1. Follow the instructions provided to you, by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

2. Type or legibly print your answers in ink. If the form is not legible, it will not be accepted. You may also be asked to submit your form using the approved electronic format. 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A," unless otherwise noted.

A Any changes that you make to this form, after you sign it, must be initialed and dated by you. Under extremely limited circumstances, agencies may modify your response(s) with your consent.

5. You must use the Location codes (abbreviations), immediately following the Privacy Act Routine Uses, when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. Whenever "City (Country)" is indicated in an address block, also provide the name of the country in that same block when the address is outside the U.S.

7. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes. 8. For telephone numbers in the U.S., ensure that the area code is included.

9. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as 07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.
 10. If additional space is required for an explanation or to list your residences, employment/self-employment/unemployment, or education, you should use a continuation sheet. S

ditional space is required to answer other items, use a continuation sheet or a blank sheet(s) of paper. Include your name and SSN at the top of each blank sheet used.

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 and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United
States Government does not discriminate on the basis of prohibited categories, including but not limited to race color, religion, sex (including pregnancy and gender identity), national
origin, disability, or sexual orientation, when granting access to classified information.
Penalties for Inaccurate or False Statements The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years
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. 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 provide on this form and to make your comments part of the record.
Disclosure Information The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection,
The information you prove is for the purpose of investigating you for a national security position, and the information will be protected from anathemized disclosure of background investigative information are 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 you provide 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 (5.11, 6.25, cb) are the bareful permitted by the the average of the Decimer The off of the bareful permitted by the three second permitted permitted by the three second permitted permitted permitted permitted permitted permitted permitted permi
[5 U.S.C. 552a(b)], and by routine uses, a list of which are 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
 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—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 Litization—To disclose information to the Department of Justice or an OPM agency representative 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.
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a need to evaluate qualifications, suitability, and loyalty to the United States Government and/or a security clearance or access 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 the 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
For an agency, or need, or other statements in the executive, registance, or parent or other relations of the relation 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
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under 28 U.S.C. 1746 from the subject of the investigation.
 To the Office of Management and Budget 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 agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the
adjudicative support.
To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.
LOCATION CODES (PAPER FORM PDF Fillable ONLY, Electronic forms to use dropdown lists) Alabama AL, Alaska AK, Arizona AZ, Arkansas AR, California CA, Colorado CO, Connecticut CT, Delaware DE, District of Columbia DC, Florida FL, Georgia GA, Hawaii HI,
Idaho ID, Illinois IL, Indiana IN, Iowa IA, Kansas KS, Kentucky KY, Louisiana LA, Maine ME, Maryland MD, Massachusetts MA, Michigan MI, Minnesota MN, Mississippi MS,
Missouri MO, Montana MT, Nebraska NE, Nevada NV, New Hampshire NH, New Jersey NJ, New Mexico NM, New York NY, North Carolina NC, North Dakota ND, Ohio OH,
Oklahoma OK, Oregon OR, Pennsylvania PA, Rhode Island RI, South Carolina SC, South Dakota SD, Tennessee TN, Texas TX, Utah UT, Vermont VT, Virginia VA, Washington WA, Werk Virginia VA, Brancing Stranger AS, Caro CU, Nachard ME, Merian B, David ME, Barder ME, Barder ME, Barder ME, Barder ME, Barder ME, Barder ME, Starker ME, Barder ME, Starker ME, Stark
WA, West Virginia WV, Wisconsin WI, Wyoming WY American Samoa AS, Guam GU, Northern Mariana Islands MP, Puerto Rico PR, Virgin Islands of the U.S. VI Public Burden Information (Electronic)
Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources,
gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this
collection of information, including suggestions for reducing this burden, to, U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1000 E Second Nu Association (Second Second
1900 E Street, N.W., Washington, DC 20415. 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.
********PUBLIC BURDEN INFORMATION (PAPER FORM PDF Fillable ONLY)*********
Public Burden Information
Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this
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1900 E Street, N.W., 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.

-----END OF INSTRUCTION PAGES -----

PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS. I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security YES NO clearance, and/or removal and debarment from Federal Service. YES YES NO

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	Provide the date of entry int	o the U.S.				Date		Esti	mated []		
	Provide the location of entry	into the U.	S.			City			State	e		
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	Do/did you have a U.S. alien										YES	NO
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Allowed)	Branch			-			tizenship	with th	is country	?				YES	NC
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	Summary of o		e citizens	hips you	have	listed:	Allow mu	-					.•		
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 Does the person who knew you have an APO/FPO address?

 Branch You have indicated that the person who knew you well has or had an APO/FPO address.

 Provide APO/FPO address:
 Address

 Address
 APO or FPO

Yes No

Zip Code

APO/FPO Address

Do you have a	an add	litional resider	ice to report?		YES (Yes adds	anothe	er entry)	N	IO (Requir	ed to val	lidate)
Section 12	2 – 1	Where Yo	u Went to Sch	nool								
				ss to provide a minimum of	two vear	s educatio	on histo	orv. (Multin	ole Enti	ries Allowe	ed)	
			the last 10 years?	1	j						YES	NO
		-		Have you received a degree	or diplon	na more tl	han 10	years ago?			YES	NO
		vide the dates		From Date (Estimated)				ate (Estima		,		
	Sele	ect the most ap		escribe your school. 🛛 🗆 Hig				Jniversity/N				
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If Yes to				an 3 years ago. For correspo								
Attending Schools			eived this education									
Schools	Prov	vide the name	of person who know	ws/knew you at school: \Box I	don't kn			First		Initial Onl		
OR	D	• 1		(' 1 1' · · · · · · · ·	1)	nar		name:		No First N	ame □	
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	Rec	eiving Degree		Degree (e.g. MD, DVM, JD				h / Year	Date	.() 	_Estima	ated \square
	Do	vou have addi		enter (include education with				(Yes adds		O (Require		
				more than 10 years ago)?			anoth	er entry)		× 1		
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				f the employment activity w								
			on. Do not list empl	oyment before your 18th bin	rthday ur	nless to pr	ovide	a minimum	of 2 ye	ears emplo	yment hi	istory.
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Other Type E	xplana		(t) Prov	vide dates of employment.	From	Date (Esti	imated			te (Estimat		
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Type is Active		APO/FPO	address while at th									<u> </u>
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Branch Provide Country if outside the United States; otherwise, provide State and Zip Code Provide Country if outside the United States; otherwise, provide State and Zip Granch Provide telephone number: Femployment You have indicated an APO/FPO address; provide physical location data with eith 'provide telephone number: You have indicated an APO/FPO address; provide physical location data with eith 'provide telephone number: Street Address/Unit/Duty Location or home port/fleet headquarter. Provide physical 'provide state for ports in the United States, or country location. State Branch You have indicated an address outside of the United States. Do you or did you have address while at this location? Branch if Yes Provide APO/FPO address: Address	Number/Extension Time Day Night Both _Check box if International or DSN phone number number her street address, base, post, sical location data: y or Post Name: te Zip Code Country we an APO/FPO YES NG APO/FPO State Zip Code Code
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Branch Provide Country if outside the United States; otherwise, provide State and Zip Code Provide Country if outside the United States; otherwise, provide State and Zip Branch Provide telephone number: You have indicated an APO/FPO address; provide physical location data with eit Provide telephone number: Provide telephone number: You have indicated an APO/FPO address; provide physical location data with eit Physical You have indicated an APO/FPO address; provide physical location data with eit Decation Provide state for ports in the United States, or country location. Street Address/Unit/Duty Location: City Provide state for ports in the United States, or country location. State Address You have indicated an address outside of the United States. Do you or did you have address while at this location? Branch if Yes Provide APO/FPO address: Address Provide the name of someone that can verify your self-employment. Last name Provide the address of this verifier. Street address	Number/Extension Time Day Night Both _Check box if International or DSN phone number her street address, base, post, sical location data: y or Post Name: te Zip Code Ver an APO/FPO YES APO/FPO State Zip Code First name City
Branch Provide Country if outside the United States; otherwise, provide State and Zip Provide Country if outside the United States; otherwise, provide State and Zip Code Provide telephone number: You have indicated an APO/FPO address; provide physical location data with eit Provide telephone number: You have indicated an APO/FPO address; provide physical location data with eit Branch Physical Location Branch Physical Location Street Address/Unit/Duty Location: Provide state for ports in the United States, or country location. State APO/FPO Address Provide the name of someone that can verify your self-employment. Provide the address of this verifier. Provide State and Zip Code	Number/Extension Time Day Night Both _Check box if International or DSN phone number her street address, base, post, sical location data: y or Post Name: te Zip Code we an APO/FPO YES APO/FPO State Zip Code First name City

		You ha	ave indicated a	n APO/I	FPO address for you	ır self <mark>-</mark> employment	verifier Pro	ovide nhv	sical loc	ation dat	a with
	Branch					nd country location					
	Verifier		al location data			,	· · · · · ·		1		
	Physical Location	Street A	Address/Unit/I	Duty Loc	cation:		City or Po	ost Name	:		
	Location				United States, or co		State		Code		Country
	Branch				s outside of the Un	ited States. Does you	ur self emp	loyment v	verifier	YES	NO
	Verifier	have a	n APO/FPO ad								
	APO/FPO	Branc	h if Yes		e APO/FPO address	s for this person:		Addres		APO	/FPO
	Address			APO/F	PO State			Zip Co	de		
	Unemployn Drouida tha		comoono who		fr	ant activities and m	anna of aun	mont 1	Loot	First n	
	Provide the	name or	someone who	can veri	ry your unemployin	ent activities and m	eans of sup	-	Last name:	FIISt II	ame:
	Provide the	address o	of this verifier.			Street address		City	lame.		
					s; otherwise, provid	e State and Zip Cod	le	State	Zip	Code	Country
			e number for t			Number/Extension		y Night E			
Branch		_				International or D					
If Employment	Branch					ır unemployment ve					
Type is	Verifier					nd country location	or home po	rt/fleet he	eadquarte	er. Prov	ide
Unemployment	Physical		al location data					a:	DIN		
	Location		Address/Unit/I		cation: United States, or co	untry logation		-	Post Nat		Country
	Branch					ited States. Does you	ur unomnlo	State		YES	Country NO
	Verifier		n APO/FPO ac		is outside of the Off	ited States. Does you	ui unempio	yment ve	inter	115	NO
	APO/FPO				e APO/FPO address	s for this person:		Addres	s	APO	/FPO
	Address	Branc	h if Yes		PO State	F		Zip Co			
	Provide the	reason fo	or leaving the e						(Free Te	ext)	
	For this emp	ployment	t have any of th	ne follow	ving happened to yo	u in the last seven	(7) years?			YES	NO
						mutual agreement					
	allegations	of miscor	nduct • Left by	y mutual	agreement following	ng notice of unsatisf	actory perfo	ormance			
Branch											
branch						it after being told yo					
If Employment	Branch					ges or allegations of e of unsatisfactory p					
Type is Active			Branch	i ugreen	Provide the reason		erjornance	2	Reas	son (Free	Text)
Duty, National	If Fired, Qu	it, II	f Fired		Provide the date y	·				/Estimat	/
Guard/Reserve,	Left by Mut	tual			Provide the reason					son (Free	
USPHS	Agreement,		Branch			ou quit after being t	old you wo	uld be		/Estimate	/
Commissioned Corps, Other	Left After Unsatisfacto		f Quit		fired.		•				
Federal	Performanc		Branch			es or allegations of 1			Char	rges (Free	e Text)
employment,	remonitatio	_	f Left after Cha	arges		ou left following ch	arges or all	egations	Date	e/ Estimat	ted 🗆
State	(Multiple			0	of misconduct.		C.			(7)	
Government,	Entries		Branch f Left Unsatisf	o otomu		n(s) for unsatisfactor				son (Free	
Federal	Allowed)		erformance	actory		ou left by mutual ag actory performance.	greement to	mowing a	Date	/Estimat	
Contractor, Non-				en (7) ve		other reason for leav	ving to N	ES (Yes	adds	NO (Re	anired
government employment,			eport for this e					nother en		to valid	-
Self-	For this em					eived a written warn	ing, been o	fficially			NO
Employment,			ded, or discipl	ined for	misconduct in the v	vorkplace, such as a	violation o		policy?		
Unemployment,	Branch		, , , , , , , , , , , , , , , , , , ,		· · ·	sciplined for miscor					
or Other	If Discipline	ed,		month ar	nd year you were wa	arned, reprimanded,	suspended	or	Date	e/Estimat	ed □
	Warned, Reprimande	d or	disciplined.		£1				D		T()
	Suspended	u, 01			instance of discipli	reprimanded, susper		ES (Yes		son (Free NO (Re	
	(Multiple E	ntries	provide?	anounci	instance of discipli	ne or a warning to		nother en		to valid	
	Allowed)		Provide:				a			to rand	
Do you have an add	litional emplo	yment ac	ctivity to enter?	?		YES (Yes adds	another en	try) N	O (Requ	ired to va	alidate)
Section 13b -	Employn	nent A	ctivities –	Form	ner Federal So	ervice					
Do you have forme							to report?			YES	NO
			l Service Detai				<u> </u>			<u> </u>	<u>.</u>
Branch			of federal civili			From Date (Estim	ated) 7	To Date (I	Estimate	d/Present	:)
If Yes to Former				al agenc	y for which you are	/were employed.		Name			
Federal Service			osition title.		~ · ·			Position ti	tle (Free	Text)	
			ation of the ag		Street address	11.0		City	D ' ~	1 1	n .
(Multiple Entries						provide State and Zi		State	Zip C		Country
Allowed)			ndicated previo		1 4	ent, excluding milita	-	ES (Yes nother en		NO (Re to valid	
Section 12a				5u31y, tO	report:		a		uy)	to valid	uic <i>)</i>
Section 13c –						, ,• •,• .• .	1		11 4 10	/10 37	.11
Have any of the fol											
be required to add aHave you left a jo					 Fired from a job allegations of misco 		ob after bei	ng tota ya	Ju would	i de fired	-
• Left a job by mut						induct.					
Received a written						l for misconduct in t	he workpla	ice, such a	as violati	ion of a s	ecurity
policy?	0,		* 1 ··· ••				I				
										YES	NO
Continue 14											

Section 14 – Selective Service Record

Were you bor	n a male after De	ecember 31, 1959?							YES	5	NO
	Selective Se	ervice Registration								_	
	Have you re	gistered with the Selective Servi	ce System (SSS)?			I do	on't kn	OW 🗆	YES	5	NO
		The Selective Service	website, www.ss	s.gov, can help provi	ide the re	gistrat	ion nu	mber fo	or perso	ons v	who have
Branch	Branch	registered. Note: Sele							1		
ICIU - D	If Yes	Provide registration n		•				on num	ber (Fr	ee 7	Γext)
If Yes to Borr	Branch	You responded 'No' to		with the Selective S	Service S	vstem	(SSS)				
Male After 12/31/1959	If No	Provide explanation	0 0					on (Fre	e Text)		
12/51/1959	Branch	You responded 'I don'	t know' to having	registered with the S	Selective	Servic	e Syst	em (SS	S)		
	If I Don't K		0	0				on (Fre			
Section 1	Militane	*							· · · · ·		
	5 – Military									x x	
Have you EV	ER served in the	e U.S. Military?									NO
										E S	
	Vou responded	1 'Yes' to having served in the U	C Militory							3	
		anch of service you served in:	State of service	a if National	Officer	or enl	isted.	Dros	ide you	11 04	arvica
		<i>ny National Guard</i>	Guard	e, ii Nauollai	\Box Not A			num		.11 50	SIVICE
		Force Air National Guard	Provide your s	tatus	\Box Not I		aute	num	iber.		
	· · · · · · · · · · · · · · · · · · ·	$os \square Coast Guard$		□ Active Reserve	\Box Enlis			Nun	ıber (Fi	ree '	Tevt)
			Inactive Res			icu		I vuli			ICAL)
	Provide your d	ates of service	From Date (Es		To Date	e (Esti	mated	/Presen	t)		
		harged from this instance of U.S.							/	Y	NO
			,	,						E	
										S	
		You responded 'Yes' to being	discharged from U	J.S. military service	, to inclu	de Res	erves				
	Branch	or National Guard.	-								
Branch		Provide the type of discharge				Unde	r Othe	r than I	Ionoral	ble	
	If Yes to		Bad Conduct \Box	Other (provide type)							
If Yes to	Discharged	Provide other discharge type:						explana	tion (F	ree '	Text)
Serving in		Provide the date of discharge 1		.1 11 1							
the U.S.			ide the reason(s) for	or the discharge.				(Free To			
Military	Do you have ad	dditional military service to repo	rt?				(Yes a ner ent				(equired date)
(Multiple	In the last 7 ve	ears, have you been subject to co	ourt martial or oth	er disciplinary proce	dure und				YES	-	NO
Entries		ry Justice (UCMJ), such as Artic							1 L0		110
Allowed)		You responded 'Yes' to having	g been subject to c	court martial or other	r disciplii	nary pi	rocedu	re unde	er the U	Inife	orm Code
		of Military Justice (UCMJ), su	ch as Article 15, 0	Captain's mast, Artic	cle 135 C						
		Provide the date of the court m						Date/E			
		Provide a description of the Un	niform Code of M	ilitary Justice (UCM	IJ) offens	e(s) fo	or whic	h you:			scription
	Branch	were charged.		1 0 11 1		15.0					ee Text)
	If Yes to	Provide the name of the discip		such as Court Martia	al, Article	e 15, C	aptain	's mast		Nan (Ero	
	Military	Article 135 Court of Inquiry, e Provide the description of the		ther authority in wh	ich vou u	ioro ch	arged	(title o			ee Text) scription
	Discipline	court or convening authority, a						(une o			ee Text)
	1	Provide the description of the						uilty.			scription
		found not guilty, fine, reduction			,		2	,			ee Text)
		In the last 7 years do you hav	e an additional	YES (Yes a	dds anoth	er enti	ry)	NO (Ro	equired	to	validate)
		instance of military discipline									
		civilian or military member in a	foreign country's	military, intelligence	e, diploma	atic, se	curity		YES		NO
forces, militia	, other defense fo	orce, or government agency? 1 'Yes' to having EVER served a		:	•				- 11		
		curity forces, militia, other defense			oreign co	untry	s mm	ary, m	emgen	ce,	
	During your fo	reign service, which organization	n were vou servin	gunder: ¬ Military	(Army, N	Javy.	Air Fo	rce. Ma	rines, e	etc.)	Specify
		Service □ Diplomatic Service □									
	Agency, Specif					. 1	5				
	Provide the nar	me of the foreign organization.						e (Free '			
D		eriod of service	From Date					ate (Est			
Branch		me of the country	2	r highest position/ra	ink held			ion held			t)
If Yes to		vision/department/office in whic						ion (Fre		/	
Serving in a		cription of the circumstances of y		ith this organization	•			ription (
Foreign		cription of the reason for leaving ain contact with current or forme			£			ription (
Military	this organizatio		r associates, cone	agues, or acquaintain	ces nom	yours	ervice	- 111	YES		NO
	uns organizatio	You responded 'Yes' to maint	aining contact wit	h current or former a	associates	colle	ames	acq11a	intance	s fre	om vour
(Multiple		service in this organization. Pr									
Entries Allowed)	Branch	of contact for each former asso									1 5
Allowed)		Provide the contact's full name	e.	Last name:	First		Midd	le name	e:	Suf	ffix
	If Yes to				name:						
	Maintain	Provide the contact's address.		Street address			City				
	Contact	Provide Country if outside the	United States; oth	erwise, provide Stat	te and Zip	p St	ate	Zip C	ode	Co	ountry
	Multinle	Code. Provide the context's official t	itla				0.0	ficial	tla (Er	T	ovt)
	(Multiple Entries	Provide the contact's official t Provide the length of your asso		ontact From Dat	e (Fotim	ated)		ficial ti			ext) Present)
	Allowed)	Provide the length of your asso Provide the frequency of conta		Frequency (Free		acu)	10	Date (Louinal	.cu/1	(resent)
)	Do you have an additional fore		YES (Yes adds ar		rv)	NC) (Requ	ired to	val	idate)
		service contacts to report?	J			51		(qu			

	Do you ha	ive an	additional foreign	military servic	ce to rep	ort? Y	ES (Yes adds	another	entry)	NO (R	equired to va	lidate)
Section 1	6 – Peop	le W	ho Know Yo	u Well							-	
Provide three associates, etc	people who c., who are c ers at least th	know ollecti ne last	you well and who vely aware of your seven (7) years. I	preferably live activities outs	side of y	our workpl	ace, school, or	neighbo	orhood, and	d whose c	combined asso	ociation
Provide dates		From	n Date mated)	To Date (Est	tstimated	d/Present)	Provide full	name	Last Name:	First Name	Middle Name:	Suffix
Provide rank/		Rank	title (Free Text)				eck all that ap Other (Pr			□ Friend	Explanati (Free Tex	
Provide phone	e number for	r this p	berson.	🗆 I don't ki	now		``````````````````````````````````````					e/Extensio
											n Time D Both _C if Internat	heck box
											DSN phor	
Provide mobi	le/cell phone	e numł	ber for this person.	□ I don't kı	now						Telephone n Time D Both _C if Internat	ay Night heck box ional or
Provide e-mai	l address for	n this r		□ I don't k							DSN phor Email (Fr	
		1	For this person.			et address		Cit	v		Email (Fr	ee Text)
			United States; other	wise, provide				- Cri		tate Z	Zip Code	Country
			on who knows you				another entry) NO	(Required			,
Section 1	7 – Mari	tal <mark>/I</mark>	Relationship	Status			·					
			ationship status wi		vil marri	age, legall	v recognized o	vivil unic	n, or legal	lv recogn	ized domestic	2
partnership:	1 Never mari	ried en	ntered into a civil n	narriage, legal	lly <mark>reco</mark> g	nized civil	union, or lega	lly recog	nized dom	estic part	tnership 🗆	
			Law) Currently in a		<mark>e</mark> □Cur	rently in a <mark>l</mark>	egally recogn	ized don	iestic parti	iership of	r legally recog	gnized civil
□ Separated			orced <mark>/Dissolved</mark> □ urrently in a civil r		urrontly i	n a lagally	recognized civ	vilunion	or legally	recomiz	ad domestic r	artnarshin
			parated." Complet									
	union, or l	egally	recognized domes									
	Provide sp	ouse's	<mark>s</mark> full name	Last	First	Middle	Suffix		e <mark>spouse's</mark>			e (Est.)
	Provide sp		<mark>s</mark> place of birth For your foreign b					City	Cou		state or Count	
Branch If In A Marriage, Civil Union, or Domestic Partnership Married or Separated	Branch If <mark>Spouse</mark> person is Foreign Born	the	 □ FS 240 or 545 □ DS 1350 Naturalized: Alien Registrati Permanent Res Certificate of N. Derived: Alien Registrati Permanent Res Certificate of C. U.S. Citizenshij U.S. Passport (c Alien registration: Not a U.S. Citizen I-551 Permanen I-56 Employn I-94 Arrival-De U.S. Visa (red f I-20 Certificate DS-2019 Certificate DS-2019 Certificate U.S. Naturalizati None (Provide e 	ident Card (I-5 aturalization (I on (on Certific ident Card (I- itizenship (NS p certificate urrent or most t Resident t Resident nent Authoriza parture Recorr oil number) of Eligibility f icate of Eligibi icate of Eligibi icaplanation)	551) N550 or (551) (560 or N (100) (N570) Citizenship- 561) Immigrant-	–utilize USC F1-Student isitor-J1-Statu Provide Provide	IS, CIS of states of the second states of the secon	or INS Reg nt number nt expiratio	istration		
							date, if a	pplicabl	e.	Es	timated	
	Provide ve	our spo	ouse's U.S. Social	Security Numl	ber. 🗆	Not applic	able					
	Provide of	her na	imes used <mark>by your :</mark>	<mark>spouse</mark> (such a	is maide	n names, na	mes by other	Las	t	First	Mid	dle
	marriages,	civil 1	marriages, legally	recognized civ	il union	s, or legally	recognized	Suf	fix	Maider	n Name	
			r <mark>ships,</mark> nicknames,	etc., and provi	ide dates	used for ea	ich name).					
	□ Not app Dates Use		•				From Date	(Fetime	ted)	To Dota (Estimated/Pro	esent)
			ouse's country(ies)	of Citizenshir)		Provide da			Date (Est		.sciii()
			<u> </u>		-		entered int marriage, o domestic p married	o your ci zivil unic	vil on, or	(250		
	Provide <mark>pl</mark>	<mark>ace m</mark>	arried location				City	Co	unty	State or C	Country	

			it address, if d	ifferent than you	ir current addres	ss.				ess and C	2
	□ Use my curre										or Country
	Provide telepho	one number.	□ Use my cu	rrent telephone	number						Fime Day
										_Check al or DSN	
									iber	ar or Dory	phone
	Provide email a	address E	mail (Free Te	xt) Does you	ir spouse the pei	<mark>rson</mark> hav	e an APO/FP			Y	ES NO
	Branch APO/H	FPO Addre	SS		APO/FI	PO	AI	O State	Code	Z	ip
	Branch			O/FPO address				tion data	a with s	treet addr	ess, base,
	Physical			ountry location of					<i>a</i>		<u></u>
	Location		sical location	Street Add	ress/unit/duty lo	ocation	City/Post N	ame	State	Zip	Country
	Are you separa	data <mark>for your</mark> ted from your								V	ES NO
			of separation				Date (Estim	ated)		1	Lo no
	Branch			de the location o	f the record.	Not Ap	plicable				
	If Separated	City					State and Zi	p Code o	or Coun	try	
				whom you are d							ES NO
			our former spo	buse (such as any	person from wl	hom you	1 are divorced	/ <mark>dissolve</mark>	<mark>ed,</mark> annu	lled, <mark>or</mark> w	idowed or
	other former sp Provide the ful		r formar anous	10			Last	First		Aiddle	Suffix
	Provide the dat						Date (Estim		I	muule	Sullix
	Provide the pla						City	State		Count	ry
Branch				your former spor	<mark>use</mark> .		2			Count	·
	Provide the tele										<mark>n't know</mark>
If			narriage, civil	union, or domes	tic partnership v	was lega	lly recognized	l. you ma	rried	Date (Estimated)
Widowed, Divorced/	your former sp Provide the <mark>pla</mark>		City Sta	to on Country	Drovida tha	data dire	orced/dissolve	d on mult	lad on	Data (Estimated)
Divorced/ Dissolved,	location.	ce married	City Sta	te or Country	widowed	date dive	orced/dissolve	<mark>d,</mark> annui	led or	Date (Estimated)
or Annulled	Provide the star	tus			widowed	□ Dive	orced/Dissolve	d 🗆 Wid	lowed [Annulle	1
	110 flue die sta		vorced or annu	<mark>illed marriage, p</mark>	Provide where t			City		and Zip (
(Multiple	Branch	divorce/diss	olution or ann	ulment is located				-	Coun		
Entries	If Divorced	Is this <mark>forme</mark>	er spouse perso	on deceased?					t know		ES NO
Allowed)	or Annulled	Branch If N		vorced or annulle					and Cit		
		Deceased		s of the <mark>former s</mark> ed/dissolved or a		om whoi don't ki		State a	and Zip	Code or (Jountry
	Do you have a	ny additional <mark>r</mark>				YES	10 10		NO		
	divorced/dissol	ved, annulled	, or widowed <mark>f</mark>	former spouse (s		(Yes a	dds another er	ntry)	(Requ	uired to va	alidate)
				ner spouses) to r							
	is a person with y convenience (e.g										
	citizenship infor). If applicable	e, complete the i	onowing about	your cor	laonain. Il yo	ur conac	ntant we	13 00111 01	tiside the
					nized civil unio	n/domes	tic partner w	ith whor		V.	
Do you preser	ntly reside with <mark>a</mark>	person, other	than a spouse	or legally recog	inzeu civii unio	n/uomes	suc partier, w	iui whoi	n you si	iare r	ES NO
bonds of affect	ction, obligation,	or other comm	nitment, as op	posed to a perso	<mark>n with whom y</mark> c	o <mark>u live f</mark> o	or reasons of o	convenie	nce (e.g	<mark>g. a</mark>	ES NO
bonds of affect	ction, obligation, If so, complete th	or other comm the following.	nitment, as op If the person v	posed to a perso vas born outside	<mark>n with whom y</mark> c	o <mark>u live f</mark> o	or reasons of o	convenie	nce (e.g	<mark>g. a</mark>	ES NO
bonds of affect	ction, obligation, If so, complete th You have indic	or other communication of the second	nitment, as op If the person v currently have	posed to a perso vas born outside	<mark>n with whom y</mark> c	ou live fo de citizer	or reasons of on the second se	convenie tion. a co	nce (e.g	<mark>, a</mark> it?	
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Do	you have an additi	onal cohab	vitant to repor	:t?		Yes adds anothe		NO (Require	d to va	lidat	e)
Section 18 –	Relatives											
each type.) Check Brother □ Sister	f relative applicable all that apply. □ M □ Stepbrother □ Step pe. (Multiple Entrie	fother □ F psister □	Father Step Half-brother	mother 🗆	Stepfather 🗆 H	oster parent □	Child (inclu	ding ado	pted/fo			
\Box Mother \Box Fathe	$r \square Stepmother \square$ <i>f-brother</i> \square <i>Half-s</i>	Stepfather	· □ Foster pa				□ Stepchild	□ Broth	ter $\Box S$	ister ⊏	Step	obrother
Provide your relat	ve's full name.	Last Name:	First Name:	Middle Name:	Suffix	Provide your						mated □
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				(Name			
	Relatives othe Has this relati			-5?							Y	NO
Branch		i o usou u									E S	
If Father, Mother, Child, Stepchild,	Branch If Other				he period of ti alias, or nickr	me that your rel	ative used th	nem (suo	ch as m	aiden n	ame	by a
Brother, Sister, Half-Brother, Half	Names	Last	First	Middle	Suffix	Maiden name	?					NO
Sister, Step-Brothe Step-Sister, Step-	UVIIIITINIE	Name:	Name:	Name:							E S	
Mother, Step-Fath	er Allowed)	From I (Estimation)		To Date (Estimat	ed/Present)	Provide the re changed	eason(s) why	the nai	ne		Reas (Free	son e Text)
		~	/		ional names?	YES (Yes ad	ds another e	ntry)	NO (l valida	Require	(
Is your relative de	ceased?										Е	NO
	Provide your	relative's	current addre	ss.		Street address	5	City			S	
	Provide Coun	try if outsi	ide the United	d States; otl	nerwise, provi	de State and Zip	Code.	State	Zip C		_	untry
Branch If Not Deceased	Does this rela	tive have a	an APO/FPO	address?				I don	't know		Е	NO
	Branch If A	PO/FPO	Provide you	ır relative's	APO/FPO ad	dress Addı	ress AP	O/FPO	APC State)/FPO	S	Zip
				1	ocumentation							
Sister, Half-Broth	B is Foreign Deceased OR ddress is in U.S. B is Foreign U.S. Citizen OR FPO Address B is Foreign U.S. Citizen OR poreign	-Brother,	Born A - FS 24 - DS 1. Natural Alier INS Re Perm Certi Derive Alier INS Re Perm Certi - Other - U.S - U.S Provide - Provide - Certified - Certif	broad to U. 40 or 545 350 ized: n Registrati gistration m nanent Resi ficate of Na d: n Registrati gistration m nanent Resi fificate of C (Provide e Citizenship Passport (ci the docum the name of the addrese the addrese atte:	S Parents: on (on Certifi umber) ident Card (I-5 aturalization (I on (On Certifi umber) ident Card (I- itizenship (N5 xplanation) <u>eertificate</u> urrent or most urrent or most eent number of the court that Text)	N550 or N570) cate of Citizens 551) 60 or N561)	zation—utili hip—utilize e Text) 5. Citizenshi	ze USC USCIS	IS, CIS , CIS or	or f Natur of Nat	(Fred	
Duran 1			Duccial	a of 1-	antati 1	aha na		Г	lor - ('	а (E.	т-	+)
Branch If Relative does no have U.S. Citizenship AND Relative is Not Deceased	ot Branch If Relative ha Address	s U.S.	U.S. resider Not a U.S. (I-551 Per I-766 En I-94 Arriv U.S. Visa	nce: Citizen: manent Re nployment val-Departu a (red foil n	sident Authorization 1re Record umber)	she possesses to		Exp	lanatio	n (Free	Text	r)

		D.C. 20					-			
		Status	19 Certificate of Eligibi	lity of Ex	change V	isitor-J1-				
			Provide explanation)	C AV						
			Alien Registration U.S he document number.	5. visa			Doc	umont	Number	Free Text
			locument expiration date	<mark>е</mark>					date	
			ocument expiration dat	.				mated	<u>uno</u>	
		Provide a	approximate date of first	contact.			Date	e/Estim	ated 🗆	
		Provide a	pproximate date of last	contact		_			ated 🗆	
	Branch		nethods of contact (chec					lanatio		
	If Relative has		one Electronic (Such ritten correspondence				(Fre	e Text)		
	Foreign Address		approximate frequency of				Exp	lanatio	n (Free T	ext)
			ly 🗆 Quarterly 🗆 Annua				Î			
	D 11 0	explanati				1		1 1		T
	not currently employed		, or provide the name of \Box I don't know	their mos	st recent e	mployer if	Emp	oloyer I	Name (Fr	ee Text)
			bloyer, or provide the ad	dress of t	heir most	recent	Stree	et addr	ess Ci	v
	employer if not curren	tly employed	d. 🗆 I don't know							-
			ted States; otherwise, pr				State		p Code	Country
	foreign movement, or		eign government, militan	ry, securi	ty, defens	e industry,	I doi knov		YES	NO
	Branch - If Relative h		scribe the relative's relat	ionship w	vith the fo	reign govern	_		Descri	ption (Fre
	Foreign Affiliation		urity, defense industry, f	foreign m	ovement,	or intelligenc	e servic	e.	Text)	
Do you have an	additional relative to enter?		Y	ES (Yes a	idds anoth	er entry)	NO	(Requi	red to val	idate)
Section 19 -	- Foreign Contacts									
	al is defined as any person wh									
	have you had, close and/or co								YE	S NO
well as relatives.	use, or cohabitant are bound b not previously listed in Section	γ affection, i on 18.	influence, common inter	rests, and	or obliga	tion? include	associat	tes as		
i en us renur es,	You indicated that you have		1, close and/or continuir	ng contact	with a fo	reign nationa	1.			
	Provide the full name of the				Last	First		Midd		Suffix
				F 1	Name:	Name	:	Name	:	
	Explanation if name is unkn Provide approximate date of		t Date/Estimated		nation (Fi	imate date of	last con	tact	Date/Fs	timated 🗆
	Provide methods of contact								Explana	
	texting, chat rooms, etc) \square V	Vritten corres	spondence D Other (Pr	ovide exp	lanation)	-		,	(Free T	ext)
	Provide approximate frequen		$ct \square Daily \square Weekly$	□ Month	nly □Qu	arterly \Box Ar	nually		Explana	
	□ Other (Provide explanation Provide the nature of relation		all that apply)						(Free T Explana	
	□ Professional or Business			ndship, af	fection. c	ommon inter	ests. etc))	(Free T	
	Obligation (Provide explanation)				,		. ,		`	,
Branch	Provide other names and/or	nicknames, a	as appropriate	Last N	lame:	First Name:		ddle	Suffix	
If Yes to having contact	Provide country(ies) of citize	enshin	Country	Provid	le date of	hirth ⊓Id	on't kno	me:	Date/Fs	timated 🗆
with a Foreign	Provide place of birth.		don't know	City				untry	Date/La	
National	Provide current address.		Street address			City				
	Provide Country if outside the					e.	State	Zip	Code	Country
(Multiple Entries	Does this person have an AF			\Box I don't		A DO /	700	A DC		. 7.
Allowed)		le the foreig	n national's APO/FPO a	address	Addres	s APO/		APC)/FPO Sta	te Zip
	Provide the name of the fore				le name o	f their most r	ecent	Fmr	lover Na	
	Provide the name of the fore employer if not currently em	ign national	's current employer, or j		ne name o	f their most r	ecent		oloyer Na e Text)	
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Allowed)			ree Text)		isition. 🗆 Estir				
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	Are there any co-	You responded 'Yes' to t		wners: provide the	name address	citizenshin	and relat		
	Branch	co-owner(s).	liefe seing es si	interio, provide die	nume, uduress,	encenomp,	und rona		01 111
	If Yes to	Provide full name of co-c	owner. La	ast Name: Fin	rst Name:	Middle Na	ime:	Suffix	
	Having Co- Owners	Provide co-owner current	t address. St	treet address and ci		State and 2	Zip Code	or Coun	ıtry
	(Multiple	Provide co-owner's count			Country				
	Entries	Provide the nature of you			Nature of rel	ationship (Fr			
	Allowed)	Are there any additional of	co-owners of thi	s foreign	YES		NO		
	Do you your ano	financial interest? use or legally recognized ci	wit union /domos	tia nantran	(Yes adds an YES	other entry)	NO	ired to va	alida
		bendent children have any a			(Yes adds an	other entry)		ired to va	alida
	interests?	endent enharen nave ung a	duitional loreign	i illunciul	(105 udds un	other entry)	(nequ	inca to vi	undu
Have you, your s	pouse or legally rec	cognized civil union/domes	tic partner, coha	bitant, or depender	t children EVI	E R had any f	oreign	YES	NC
inancial interest		trolled on your behalf?							
		les' to you, your spouse or				ohabitant, or	depende	ent childr	en
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	children	ll that apply) \Box Yourself \Box	spouse or legal	ity recognized civit	union/domesu	ic partner 🗆 🤇	onabita		bende
Branch		of financial interest				Type (Free	Text)		
		of the individual who conti	rols this financia	al interest on your b	ehalf.	Last		First	
f Yes to		idual's relationship to you.		<u>,</u>		Relationshi	p (Free 7	Fext)	
Having	Provide the date t	he financial interest was acc	quired			Date (Estin	nated)		
Foreign		in U.S. dollars) at time of a				Cost (Free	,		
Financial Interests		garding how it was acquired				How acquir		Text)	
Controlled on		nt value (in U.S. dollars) or	value at the time	e interest was sold,	lost or	Value (Free	e Text)		
Your Behalf		ed of. Estimated		1 - f _ N - t 1'	1.1.	Data (Estin	4 1)		
(Multiple		nterest was sold, lost, or oth on if interest was sold, lost,			ble	Date (Estin Explanation		avt)	
		owners of the foreign finand			alf?	Explanation		YES	N
Entries	Branch	You responded 'Yes' to t						TLS	110
Allowed)	If Yes to	Provide full name of co-c		ast Name:	First Name:	Middle Na	ame:	Suffix	
	Having Co-	Provide the current addre	ess of the co-owr	ner. Street add	dress and city	State and	Zip Code	e or Cour	ntry
	Owners	Provide co-owner's count	try(ies) of citizer	nship.	Country				
	(Multiple	Provide the nature of you			Relationship	(Free Text)			
	Entries Allowed)	Are there any additional of		0	YES	.a	NO		
		financial interest controlluse or legally recognized ci			(Yes adds an YES	other entry)	(Requ NO	ired to va	alidat
		bendent children have any a			(Yes adds an	other entry)		ired to va	alidat
	interests controlle		duitional loreign	i illunciul	(105 udds un	other entry)	(nequ	inca to vi	undu
Have you, your s	pouse or legally rec	cognized civil union/domes	tic partner, coha	bitant, or depender	t children EVI	ER owned, o	r do	YES	NC
you anticipate ov		rchase real estate in a foreig							
		es' to you, your spouse or l					depende	nt childre	en
	having ever owne	d, or anticipate owning, or j ll that apply)	planning to purc	chase real estate in	a foreign count	ry.	Cababita	nt =	
	Dependent childre		spouse or legal	ity recognized civit	union/domest	c partner	Conadita	ini 🗆	
Branch		of real estate property (such	as home, busine	ess. etc.)	Reales	tate type (Fr	ee Text)		
		on/address of property.	Stree		City			Count	ry
If Yes to	Provide the date of	of purchase or to be acquired	d.		Date (E	Estimated)			
Having	Provide how the f	foreign real estate was or is	to be acquired (s	such as purchase, g	ift, How a	equired (Free	Text)		
Foreign Real Estate	etc.).								
Istate	Provide the date s	old, if applicable.	. 1	c · · · ·		Estimated)			
(Multiple	Estimated	in U.S. dollars) when sold o	or expected at the	me of acquisition.	Cost (F	Free Text)			
		re any co-owners of this for	reign real estate)				YES	NO
· · · · · · · · · · · · · · · · · · ·	Branch	You responded 'Yes' to t						TES	1.11
Entries	If Yes to	Provide full name of co-c			irst Name:	Middle Nar	ne:	Suffix	
Entries	Having Co-	Provide co-owner current	t address. St	treet address and ci	ty	State and Z	ip Code	or Count	ry
Entries	Owners	Provide co-owner's count							
Entries	(Multiple	Provide the nature of you			Nature of rel	ationship (Fr			
Entries		Are there any additional of	co-owners of thi	s foreign real	YES		NO		
Entries	Entries				(Yes adds an	other entry)	· ·	ired to va	alida
Entries Allowed)	Entries Allowed)	estate?							
Entries	Entries Allowed) Do you have an ad	estate? dditional instance of you, y			YES	other anti-	NO	ired to -	1:4-
Entries	Entries Allowed) Do you have an ac civil union/domes	estate? dditional instance of you, yo stic partner, cohabitant, or d	lependent childre	en EVER having	YES (Yes adds an	other entry)		ired to va	alida
Entries	Entries Allowed) Do you have an ac civil union/domes owned, or anticipa	estate? dditional instance of you, y	lependent childre	en EVER having		other entry)		ired to v	alida
Entries Allowed)	Entries Allowed) Do you have an ar civil union/domes owned, or anticipa country?	estate? dditional instance of you, yo stic partner, cohabitant, or d ate owning, or planning to p	lependent childre purchase real est	en EVER having tate in a foreign	(Yes adds an		(Requ	ired to va	
Entries Allowed) As a U.S. citizen	Entries Allowed) Do you have an au civil union/domes owned, or anticipa country? , have you, your spo	estate? dditional instance of you, yo stic partner, cohabitant, or d	lependent childre purchase real est civil union/dome	en EVER having tate in a foreign estic partner, cohab	(Yes adds an itant, or dependent	dent children	(Requ		alidat
as a U.S. citizen eccived in the p	Entries Allowed) Do you have an ar civil union/domes owned, or anticipa country? , have you, your spo past seven (7) years it from a foreign cou	estate? dditional instance of you, yostic partner, cohabitant, or d ate owning, or planning to p ouse or legally recognized o s, or are eligible to receive i	lependent childre purchase real est civil union/dome in the future, any	en EVER having tate in a foreign estic partner, cohab v educational, medi	(Yes adds an itant, or dependent cal, retirement,	dent children , social welfa	(Requ	YES	N

		ldren received in the past seven (7) years, or ar		ceive in the futur	e, any ed	ucational, 1	nedical,	
		l welfare, or other such benefit from a foreign cc all that apply) □ Yourself □ Spouse or legal ren		civil union/dome	stic partn	er 🗆 Coł	abitant	
Branch	Provide the type	of benefit. Educational, Medical, Retirement Other such benefit (Provide explanation)		frequency of the <i>efit</i> , <i>Continuing b</i>				nation
10.37	Explanation (Fre			n (Free Text)		1	1	
If Yes to Having		You have indicated that you, your spouse or l dependent children received a onetime benefi			omestic p	<mark>oartner,</mark> col	abitant,	or
Foreign Benefit		Provide the date the benefit was received.				Date (Est	imated)	
Jenent	Branch	Provide the name of the country providing the				Country		
Multiple	If Onetime Deposit	Provide the total value (in U.S. dollars) of the	benefit receiv	ved. \square Estimated		Value (Fi	,	
Entries	Benefit	Provide the reason this benefit was received. As a result of this benefit are you, your spous				Reason (I YES		<i>.</i>
Allowed)		union/domestic partner, your cohabitant, or d			any	Explanat	NO Ion (Free	
		way to this foreign country? If yes provide ex	planation	0	2	-		
		You have indicated that you, your spouse or l			omestic p	<mark>artner,</mark> col	nabitant,	or
		dependent children expect to receive a benefi	t from a foreig	gn country.		Data (Ea	:	
		Provide the date the benefit will begin Provide the frequency the benefit will be rece	ived			Date (Est Explanat	,	Tevt
	Branch	· ·		er (Provide expla	nation)	Елріанас		Text
	If Future	Provide the name of the country providing the	¥	` ^	,	Country		
	Benefit	Provide the value (in U.S. dollars) of the bene	efit to be recei	ved. Estimated		Value (Fr	ee Text))
		Provide the reason this benefit will be received				Reason (,
		As a result of this benefit are you, your spous				YES	NO	
		union/domestic partner, your cohabitant, or d way to this foreign country? If yes provide ex		iren obligated in	any	Explanat	ion (Free	Text
		You have indicated that you, your spouse or l		ized civil union/d	omestic r	oartner, col	abitant,	or
		dependent children receive a continuing or ot				· · · · ·		-
		Provide the date the benefit began.				Date (Est	imated)	
		Provide the date the benefit is expected to end				Date (Est	,	
	Branch	Provide the frequency that this benefit is rece		unuido numbra ntin		Explanat	ion (Free	Text
	If Continuing	Annually Quarterly Monthly Weekly Provide the name of the country providing the		rovide explanatio	<i>n)</i>	Country		
	Benefit	Provide the total value (in U.S. dollars) of the		received.	nated	Value (Fi	ee Text)	i i
		Provide the reason this benefit will be receive			luteu	Reason (
		As a result of this benefit are you, your spous	e <mark>or legally re</mark>	cognized civil		YES	NO	· ·
		union/domestic partner, your cohabitant, or d	ependent child		any	Explanat	ion (Free	e Text)
	-	way to this foreign country? If yes provide ex		100		110		
		ouse or legally recognized civil union/domestic p pendent children receive any additional benefits		YES (Yes adds ano	ther entry) (Requi	ired to va	alidate
Have vou EV I		al support for any foreign national?					YES	NO
Branch		Yes' to providing financial support for any forei	gn national.				•	
If Yes to		e of the foreign national you support or have sup	_	<i>.</i>	First	Midd		uffix
Foreign National		ess of the foreign national listed above.	Street addre			nd Zip Coc		intry
Support		re of your relationship with the foreign national l unt (in U.S. dollars) of all financial support prov			Free Tex	ship (Free '	lext)	
Multiple		unit (in 0.5. donais) of an infancial support prov uency of your support. Frequency (Free Text)		this foreign natio			citizens	hip.
Entries		onally provided financial support for any foreign		YES		NO		1
Allowed)				(Yes adds ano	ther entry) (Requ	ired to va	alidate
Section 20	b – Foreign B	usiness, Professional Activities, a	nd Foreig	n Governm	ent Co	ntacts		
Have you in t	ne past seven (7) yea	ars provided advice or support to any individual	associated wit	h a foreign busin	ess or oth	er	YES	NO
		not previously listed as a former employer? (Ans	wer "No" if a	II your advice or	support w	vas		
uthorized pur		Government business.) Yes' to having in the past seven (7) years provide	dad advisa or	aumont to any in	dividual	annoistad	with a fa	
		r foreign organization that you have not previous			urviuuar	associated	with a ru	neign
Branch		ption of advice/support provided.		iption (Free Text)			
f Yes to		e of the individual to whom advice or support wa			ïrst	Middle	Sut	ffix
Advice or		e of the foreign organization or foreign business	with whom th	e individual is as	sociated.			
Support		ntry of origin for the organization or business.	dad Enom	data (Estimated)	Т	a data (Est	Descont	6)
		(s) during which this advice or support was provided for your service		date (Estimated) ensation (Free Te		o date (Est	./Present	()
Multiple Entries		past seven (7) years provided advice or support			YES		NO	
Allowed)	associated with a	a foreign business or other foreign organization the	hat you have r	not previously	(Yes ad		(Requi	ired to
		r employer? (Answer "No" if all your advice or	support was au	uthorized	another	r entry)	validat	te)
For this quart		ial U.S. Government business.) ily" means your spouse or legally recognized civ	il union/domo	etic partner para	nte eton -	arente	YES	NO
siblings, half a mmediate fan government of	nd step-siblings, chil	Idren, step-children, and cohabitant. Have you, y a (7) years been asked to provide advice or serve nswer "No' if all the advice or support was author	our spouse, co as a consulta	ohabitant, or any nt, even informal	member o ly, by any	of your foreign	TES	NO
4101TH4CC \		X7) , 1 1 ' , ,	1 6 .	mmadiata family	having ir	the next of	lovon (7)) VAST
,	You reenanded							
business.) Branch If Yes to		Yes' to you, your spouse, cohabitant, or any mer ovide advice or serve as a consultant, even inform) ycai

Consulting	Provide the name of the	agency.				Agen	cy name	(Free Tex	ct)
(Multiple	Provide the country wit								
Entries	Provide the date of the				stances of reques		imstances		ext)
Allowed)	Have you, your spouse			<mark>ic partner,</mark> coh	abitant, or any	YES		NO	
	member of your immed					(Yes		(Requi	
	seven (7) years been as					anoth		validat	e)
	other foreign governme			II the advice or	support was	entry)		
	authorized pursuant to o								
Has any foreign	national in the past sever	1 (7) years offered you	a job, asked you	to work as a co	onsultant, or cons	ider employ	yment	YES	NO
with them?									
	You responded 'Yes' to	any foreign national h	naving in the past	seven (7) year	rs offered you a j	job, asked y	ou to wo	rk as a	
	consultant, or consider								
Branch	Provide the name of the	foreign national who	made the offer.	Last	First	Middle	•	First	
If Yes to	Provide a description of			Description (I			-		
Offered Job	Provide the date when t	A		Date (Estimat	/				
(Multiple	Provide the location wh			City	State and Zip	Code or Co	untry		
Entries	Did you accept the offer			City			Junu y	YES	NO
Allowed)	· · ·			CC 1	Explanation (Flee Text)	NO	IES	NU
	Has any additional fore				YES		NO		
	a job, asked you to work				(Yes adds and			ired to va	
	past seven (7) years been				foreign national	not describ	ed	YES	NO
above (own, co-	own, serve as business con								
	You responded 'Yes' to	having in the past se	ven (7) years been	n involved in a	ny other type of	business ve	nture wit	h a foreig	n
	national not described a								
	Provide the full name of		Last	First	Midd	lle	Sut	ffix	
Branch	Provide the full current	address of this foreign	national.	Street addr	ess and city	State an	d Zip Co	de or Cou	intry
	Provide the citizenship(Ų			of the business v		Descript		
If Yes to Other	Provide your relationsh				p (Free Text)		pt	(-100)
Foreign	Provide the length of tin	1 0			(Estimated)	To Date	(Estimat	ed/Prese	nt)
Business	business venture.	ne you nave been mvo		1 Join Date	(Lounaud)	10 Date	Lound		,
Ventures	Provide the nature of as	sociation with this hus	inoss vonturo	Natura of a	ssociation (Free	Toyt)			
			silless venture.			Text)			
(Multiple	Provide the position you		(E	Position (F	/			. (5	-
Entries	Provide the service you		e (Free Text)		financial support			port (Free	Text
Allowed)	Provide a description of				Description of a		on (Free	· · · ·	
, in the second s	Have you, in the past s					YES		NO	
	with a foreign national	not described above (o	wn, co-own, serve	e as business co	onsultant,	(Yes add	ds	(Requi	red to
	provide financial suppo	rt, etc.)?				another	entry)	validat	e)
Have you in the	e past seven (7) years atte	nded or participated in	any conferences,	trade shows, se	eminars, or meeti	ings outside	e the	YES	NO
	You responded 'Yes' to	in the past seven (7)				ferences, tra	ade show	s, semina	rs, or
	meetings outside the U.								
	Provide the name and d			Name and	description (Free	Text)			
	Provide the name of spo	onsoring organization.		Organizatio	on name (Free Te	ext)			
Branch	Provide the city where t	he event was held.	City (Free Text)	Provide the	e country where t	he event wa	as held.	Count	y
If Yes to	Provide the dates for the	e event.	From Date (Esti	mated)	To D	ate (Estima	ted/Prese	nt)	
Attending	Provide the purpose of	the event.	· · · · · ·	Purpose (F	ree Text)	``		,	
Foreign	Was there any subseque		reign nationals as					YES	NO
Conferences	Branch	You responded 'Yes				v foreign n	ationals a		
	If Yes to Subsequent	event.	to there having t	subsequen	t contact with an	y ioreign m		s a result	or the
(Multiple	Contact							s a result	
Entries					Explanation (Err	a Tayt)		s a result	
		Provide explanation			Explanation (Fre			s a result	
	(Multiple Entries	Provide explanation Do you have another	subsequent conta	ct to report	YES		NO		
	(Multiple Entries Allowed)	Provide explanation Do you have another for this event?	*	ict to report	YES (Yes adds anoth	er entry)	NO	d to valid	late)
	(Multiple Entries Allowed) Have you in the past se	Provide explanation Do you have another for this event? even (7) years, attende	d or participated i	n any addition	YES (Yes adds anothe al conferences,	er entry) YES	NO (Require	d to valid NO	
	(Multiple Entries Allowed) Have you in the past set trade show, seminars, o	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the	d or participated i U.S.? (Do not inc	n any addition	YES (Yes adds anothe al conferences,	er entry) YES (Yes add	NO (Require ds	d to valid NO (Requi	red to
Allowed)	(Multiple Entries Allowed) Have you in the past se trade show, seminars, o participated in on offici	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the al business for the U.S	d or participated i U.S.? (Do not inc . government).	n any additional ude those you	YES (Yes adds another al conferences, attended or	er entry) YES (Yes add another	NO (Require ds entry)	d to valic NO (Requi validat	red to e)
Allowed) For Section 20b,	(Multiple Entries Allowed) Have you in the past se trade show, seminars, o participated in on offici , "Immediate Family" mea	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the al business for the U.S uns your spouse, parent	d or participated i U.S.? (Do not inc . government). ts, step-parents, si	n any additional ude those you	YES (Yes adds anoth al conferences, attended or I step-siblings, cl	er entry) YES (Yes add another hildren, step	NO (Require ds entry)	d to valid NO (Requi	red to
Allowed) For Section 20b, children, and col	(Multiple Entries Allowed) Have you in the past se trade show, seminars, o participated in on offici , "Immediate Family" mea habitant. Have you or any	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the al business for the U.S uns your spouse, parent member of your imme	d or participated i U.S.? (Do not inc . government). ts, step-parents, si ediate family in th	n any additiona lude those you blings, half and e past seven ('	YES (Yes adds another al conferences, attended or I step-siblings, cl 7) years had any	er entry) YES (Yes add another hildren, step contact wit	NO (Require ds entry) p- h a	d to valic NO (Requi validat	red to e)
Allowed) For Section 20b, children, and col foreign governm	(Multiple Entries Allowed) Have you in the past se trade show, seminars, o participated in on offici , "Immediate Family" mea habitant. Have you or any tent, its establishment (suc	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the al business for the U.S uns your spouse, parent member of your imme ch as embassy, consula	d or participated i U.S.? (Do not inc . government). ts, step-parents, si ediate family in th te, agency, militar	n any additiona lude those you blings, half and e past seven (' ry service, intel	YES (Yes adds another al conferences, attended or I step-siblings, cl 7) years had any ligence or securi	er entry) YES (Yes add another hildren, step contact wit ty service, o	NO (Require ds entry) p- h a etc.) or	d to valic NO (Requi validat	red to e)
Allowed) For Section 20b, children, and col foreign governm its representative	(Multiple Entries Allowed) Have you in the past se trade show, seminars, o participated in on offici , "Immediate Family" mea habitant. Have you or any nent, its establishment (suc es, whether inside or outsi	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the al business for the U.S uns your spouse, parent member of your imme ch as embassy, consula de the U.S.? (Answer 5	d or participated i U.S.? (Do not inc . government). ts, step-parents, si ediate family in th te, agency, militar 'No' if the contact	n any additiona lude those you blings, half and e past seven (' ry service, intel	YES (Yes adds another al conferences, attended or I step-siblings, cl 7) years had any ligence or securi e visa application	er entry) YES (Yes add another hildren, step contact wit ty service, a ns and bord	NO (Require ds entry) p- h a etc.) or er	d to valic NO (Requi validat	red to e)
Allowed) For Section 20b, children, and col foreign governm its representative	(Multiple Entries Allowed) Have you in the past se trade show, seminars, o participated in on offici , "Immediate Family" mea habitant. Have you or any tent, its establishment (suc	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the al business for the U.S uns your spouse, parent member of your imme ch as embassy, consula de the U.S.? (Answer 5	d or participated i U.S.? (Do not inc . government). ts, step-parents, si ediate family in th te, agency, militar 'No' if the contact	n any additiona lude those you blings, half and e past seven (' ry service, intel	YES (Yes adds another al conferences, attended or I step-siblings, cl 7) years had any ligence or securi e visa application	er entry) YES (Yes add another hildren, step contact wit ty service, a ns and bord	NO (Require ds entry) p- h a etc.) or er	d to valic NO (Requi validat	red to e)
Allowed) For Section 20b, children, and col foreign governm its representative crossings related	(Multiple Entries Allowed) Have you in the past se trade show, seminars, o participated in on offici , "Immediate Family" mea habitant. Have you or any nent, its establishment (suc es, whether inside or outsi	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the al business for the U.S uns your spouse, parent member of your imme ch as embassy, consula de the U.S.? (Answer ' vernment travel, or for	d or participated i U.S.? (Do not inc . government). ts, step-parents, si ediate family in th te, agency, militar 'No' if the contact	n any additiona lude those you blings, half and e past seven (' ry service, intel	YES (Yes adds another al conferences, attended or I step-siblings, cl 7) years had any ligence or securi e visa application	er entry) YES (Yes add another hildren, step contact wit ty service, a ns and bord	NO (Require ds entry) p- h a etc.) or er	d to valic NO (Requi validat	red to e)
Allowed) For Section 20b, children, and col foreign governm its representative crossings related	(Multiple Entries Allowed) Have you in the past se trade show, seminars, o participated in on offici , "Immediate Family" mea habitant. Have you or any nent, its establishment (suc es, whether inside or outsi d to either official U.S. Go with a U.S. Government m	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the al business for the U.S uns your spouse, parent member of your imma has embassy, consula de the U.S.? (Answer vernment travel, or ilitary duty.)	d or participated i U.S.? (Do not inc . government). ts, step-parents, si ediate family in th te, agency, militar 'No' if the contact reign travel on a U	n any additional n any additional lude those you blings, half and e past seven (' ry service, intel : was for routin J.S. passport, o	YES (Yes adds another al conferences, attended or I step-siblings, cl 7) years had any ligence or securi e visa application r as a U.S. milita	er entry) YES (Yes add another hildren, step contact wit ty service, o ns and bord ry service n	NO (Require ds entry))- h a etc.) or er nember	d to valic NO (Requi validat YES	red to e) NO
Allowed) For Section 20b, children, and col foreign governm its representative crossings related	(Multiple Entries Allowed) Have you in the past so trade show, seminars, o participated in on offici , "Immediate Family" mea habitant. Have you or any habitant. Have you or any nent, its establishment (suc es, whether inside or outsi I to either official U.S. Go with a U.S. Government mu You responded 'Yes' to	Provide explanation Do you have another for this event? even (7) years, attende r meetings outside the al business for the U.S uns your spouse, paren member of your imma ch as embassy, consula de the U.S.? (Answer vernment travel, or for ilitary duty.)	d or participated i U.S.? (Do not inc. <u>ogovernment).</u> ts, step-parents, si ediate family in th te, agency, militar No' if the contact reign travel on a U f your immediate	n any additional ude those you blings, half and e past seven (' y service, intel : was for routin J.S. passport, o family having	YES (Yes adds another al conferences, attended or I step-siblings, cl J) years had any ligence or securi e visa application r as a U.S. milita in the past seven	er entry) YES (Yes add another hildren, step contact with ty service, 4 ns and bord ry service n n (7) years	NO (Require ds entry) D- h a etc.) or er nember had any c	d to valic NO (Requi validat YES	red to e) NO
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	(Multiple Entries Allowed)	Do you have another subseq for this event?	uent contact to rej	port	YES (Yes adds anot	her ent		NO Required	l to valic	date)
	Have you or any me contact with a foreig service, intelligence U.S.? (Answer 'No' either official U.S. C	mber of your immediate family in on government, its establishment (or security service, etc.) or its rep if the contact was for routine vis Sovernment travel or foreign trave	(such as embassy, presentatives, whe a applications and el on a U.S. passp	consu ether in d borde ort).	rs had any addit late, agency, mil uside or outside t er crossings relat	ional litary he ted to	YE (Ye and ent	S es adds other ry)	NO (Requi validat	ired to te)
Have you in th residence?	ne past seven (7) years s	sponsored any foreign national to	come to the U.S.	as a st	udent, for work,	or for	permar	nent	YES	NO
	You responded 'Yes work, or for permane	s' to in the past seven (7) years h ent residence.	aving sponsored a	any foi	reign national to	come	to the U	J.S. as a	student,	for
		the sponsored foreign national. birth for the sponsored foreign nat		Last	First	Mide	dle (Estim	ated)	Suffix	
	Provide the place of	birth for the sponsored foreign na	ational C	City		State	e and Zi	ip Code o		
Branch	Provide the current s national.	street address of the sponsored for	0	Street a	address and	State	e and Zi	ip Code o	or Count	ry
If Yes to Sponsorship of	Provide the country((ies) of citizenship for the sponsor	red foreign nationa	al.						
a Foreign	applicable. Not App	the organization through which s blicable \square	ponsorship was a	rrange	d, if	Nam	ne (Free	Text)		
National	Provide the address	of the organization through which	n sponsorship was	arrang	ged, if applicable					
(Multiple	Street address and ci Provide the dates of	ity stay in the U.S. for the sponsored	foreign national.		From date (1			ip Code To dat	e (Est./P	resent
Entries Allowed)	Provide the address	of the sponsored foreign national					,			
	Street address and ci Provide the purpose	of stay in the U.S. for the sponso	red foreign nation	nal.				ip Code stay (Free	e Text)	
	Provide the purpose	of your sponsorship for the spons	sored foreign natio	onal.	1	A		sponsors	. .	e Text]
		st seven (7) years sponsored any a t, for work, or for permanent resid		natior	al to come to	YES (Yes	adds		VO Required	d to
11 EX /E		_				anot	her enti	y) v	validate)	NO
Branch	ER held political office in You responded 'Yes	to having EVER held political	office in a foreign	count	ry.				YES	NO
If Yes to Held	Provide the position		Position (Free From Date (Est	/	4)		To Do	to (Estim	otod/Dua	accent)
Political Office		u held political office.	· · · · · · · · · · · · · · · · · · ·		for these activit	ies.		te (Estin ns (Free		(sent)
(Multiple Entries		t eligibility to hold political office ld any additional political office i			Current eligibil	lity (Fr	-	t) NO		
Allowed)			li a toteigii counti	y:	(Yes adds anot	her ent		Required	l to valid	late)
Have you EVE Branch	ER voted in the election You responded 'Yes	of a foreign country? ' to having EVER voted in the el	ection of a foreign	n coun	trv				YES	NO
If Yes to	Provide the date you	voted in the foreign election						Estimate	,	
Voting in Foreign		teligibility to vote in a foreign co	ovide the reason(s)) for th	ese activities.			ns (Free nt eligibi	,	e Text
Election		nstances of voting in the election		try to r	eport?		YES	0	NO	
(Multiple Entries							(Yes a anothe		(Requi validat	
Allowed)							entry)			
		ntries You have Visited	l						VEC	NO
		the last past seven (7) years? ears been solely for U.S. Governr	nent business on o	official	l government or	<mark>ders</mark> (i.	e., no p	ersonal	YES YES	NO NO
	ction with the official U.	S. Government business)?					-		mont hu	simoss
		to having traveled outside the U.S orders. Provide information abou								
	in conjunction with offi Provide the country vis	icial U.S. Government business o sited Provide the dates of yo				Fetime	ated)	To Da	te (Estin	nated)
	Provide the total number	er of days involved in the visit.	□ 1-5 □ 6-10 □ 1			than 3	0 □ M	any shor	t trips	lated)
		the travel to this country (Check $=$ sm \Box Trade shows, conferences			siness/profession it family or frien		□ Volu □ Othe	nteer acti	vities	
Branch	While traveling to, or in	n this country, were you question	ed, searched, or of	therwis	se detained (othe		Expla		YES	NO
If Yes to		as requirements) by the local custo country? If yes provide explanat	2	rvice o	officials when		(Free	Text)		
Having Traveled	While traveling to or in	this country, were you involved		with th	ne police? If yes		Expla		YES	NO
Outside the	provide explanation.	this country, were you contacted	by or in contact	with a	ny person know	n or	(Free Expla		YES	NO
U.S. on Other than		olved or associated with foreign in					(Free		1125	NO
Official Business	While traveling to, or in	n this country, were you involved yes provide explanation.	in any counterint	elliger	nce or security		Expla (Free		YES	NO
(Multiple	While traveling to or in	a this country, were you contacted f or undue interest in you or your				g	Expla (Free	nation	YES	NO
Entries		this country, were you contacted				g to	Expla	nation	YES	NO
Entries Allowed)					4					1
_	obtain classified inform While traveling to, or in	nation or unclassified, sensitive in n this country, were you threatene n government official or foreign i	formation? If yes	s provi essured	l in any way to		(Free Explation (Free	nation	YES	NO

	ONLY involved travel on official U.S. Government business on official made in conjunction with the official U.S. Government travel).	<mark>l government orders</mark> , but you m	ust include any personal trips
	Do you have additional travel outside the U.S. in the last seven (7) years for other than solely U.S. Government business on official government orders?	YES (Yes adds another entry)	NO (Required to validate)
Section 2	l – Psychological and Emotional Health		
support wellne untreated or u	ernment recognizes the critical importance of mental health and advocate ess and recovery. If you have experienced a mental health condition, you naddressed, mental health conditions may affect an individual' judgment to seek mental health care will NOT in and of itself adversely impact yo	n may benefit from mental healt , reliability and trustworthiness	h treatment and support. Left
not prevent yo employment, : systems. In fa health care for All information	personal wellness and recovery may favorably impact your eligibility for ou from obtaining or maintaining a national security position, or prevent fit to obtain or retain contract employment, or eligible for physical or log act, seeking personal wellness and recovery may favorably impact your e r any reason is important and may serve to eliminate concerns arising fro on pertaining to treatment will be handled on a strict need-to-know basis supervisors or other personnel is punishable under applicable regulations.	you from being found suitable of ical access to federally controll ligibility for a national security m one or more affirmative answ and any misuse of the provided	r fit to obtain or retain Federal ed facilities or information position. Receiving mental vers to the following questions.
suitability or f	counseling in and of itself is not a reason to revoke or deny eligibility for itness to obtain or retain Federal employment, fitness to obtain or retain ontrolled facilities or information systems.		
hospitalized fo	ren (7) years, have you consulted with a health care professional regardi or such a condition? Answer 'No' if the counseling was for any of the fol ietly marital, family, grief not related to violence by you; or ietly related to adjustments from service in a military combat environmen	lowing reasons and was not co	
"Victims of se	d to this question with the following additional instruction: exual assault who have consulted with the health care professional regard ictly in relation to the sexual assault are instructed to answer 'No'."	ing an emotional or mental hea	l th condition during this period
<mark>judgment, re</mark> emotionally u that you had a emoti <mark>onal, me</mark>	ren (7) years, have you had a mental health condition that would cau liability, or trustworthiness in relation to your work? Evidence of suc instable, irresponsible, dysfunctional, violent, paranoid, or bizarre; receiv, condition that might impair judgment, reliability, or trustworthiness; or ental, or personality condition (e.g., failure to take preseribed medication) wealth professional is not, standing alone, evidence of such a condition.	h a condition could include ext ing an opinion by a duly qualifi failing to follow treatment advi	<mark>ibiting behavior that was</mark> ed mental health professional ce related to a diagnosed
response will [If yes] Did y	en years, have you had a mental health condition that adversely affected cause the navigation to proceed to the next independent question ou receive counseling or treatment for that condition? Merely consulting nse will cause the navigation to proceed to the next independent question	g a mental health professional w	
[If yes] Provi	de the following about your counseling or treatment. [Permit multiple en	tries, capturing the below detail	s for each entry]
Provide the na Provide the na	ttes of counseling or treatment. [From Date (Estimated) to Date (Estimat ume, address, and telephone number of the health care professional. [Streatment, address, and telephone number of the agency/organization/facility were address and city, state, and Zip Code or country, telephone	eet address and city, state, and 2 where counseling/treatment was	
	ears have you been hospitalized for any reason related to a mental health proceed to the next independent question	condition? [Y/N] [A "no" a	response will cause the
[If yes] [Per	mit multiple entries, capturing the below details for each entry]		
Provide the da	ssion voluntary or involuntary? [Voluntary (provide explanation)/Involutes of treatment. [From Date (Estimated) to Date (Estimated/Present) ume and address of the facility where treatment was provided. [Name, Sa		nd city, state, and Zip Code or
	en years, have you chosen <u>not</u> to follow a prescribed course of mental he proceed to the next independent question]	alth treatment? [Y/N] [A "no"	response will cause the
[If yes] [Perm	it multiple entries, capturing the below details for each entry]		
Provide the na address and ci Provide the na	te of treatment [From Date (Estimated) to Date (Estimated/Present)] ume, address, and telephone number of the health care professional who i ty, state, and Zip Code or country, telephone number] ume and address of the agency/organization/facility where counseling/tre and Zip Code or country]		
Branch	You responded 'Yes' to having consulted with a health care profession	al regarding a mental or emotic	YES NO nal health condition or were

					Ensue Date	(The set of the set of			- 1/D
f Yes to	Provide the da					e (Estimated)	<mark>To Da</mark>	<mark>te (Estima</mark> t	ed/Present)
			care professional.		Name (Fre				
Counseling	Provide the ad	dress of the healt	h care professional.			ress and city	<mark>State a</mark>	and Zip Co	de or Count
Multiple			of the health care profes		Number/E				
			ganization/facility where				ne as abov	<mark>e Na</mark>	me (Free To
llowed)			<mark>cy/organization/facility</mark>	provider.					
-	Street address	~				Zip Code or Cou	<u> </u>		
_	Were you EV		n inpatient to the agency						YES 1
	Branch		d 'Yes' to having been a			the agency/orga	<mark>nization w</mark>	here couns	eling/treatm
	If Admitted		was the admission volu						
L			Provide explanation)					Explanation Explanation	tion (Free T
			<mark>ve you consulted with a</mark>				YES .		<mark>NO</mark>
			condition or were you he				(Yes a		(Require
			was for any of the follo		nd was not	court-ordered:	anothe	er entry)	<mark>validate)</mark>
			not related to violence by						
-			from service in a milita			2		YES	<u> </u>
-	Has a court or		gency EVER declared y						1
			d 'Yes' to having a cour	rt or administra	itive agency	EVER declare	you menta		
			te this occurred.						te (Estimate
			me of the court or admi	nistrative agen	cy that decl	lared you mental	ly	Na	me (Free Te
		incompetent.							
	Branch		dress of the court or adu	ministrative ag	ency.				
	If Yes to	Street address				State and Zip C	ode or Cou	untry	· ·
	Being	Was this matte	er appealed to a higher c						YES 1
	Declared	Branch	Appeal Deta						
	Incompetent	If Yes to Appe		name of the cou	urt.	Name (Free Te:			ldress of cou
		Decision	- Street addres			State and Zip C		untry	
				final dispositio		Disposition (Fr	ee Text)		
		Do you have a	ny other instances when	re this matter w	/as	YES		NO	
		appealed to a l	nigher court?			(Yes adds anoth	ner entry)	(Require	d to validat
	Do you have a	ny other instance	es where a court or admi	inistrative agen	ncy has	YES		NO	
	EVER declare	d you mentally in	ncompetent?			(Yes adds anoth	ner entry)	(Require	d to validat
ve any of the ow.)	order under the e following hap	authority of 21 U pened? (If yes, y	not report convictions u U.S.C. 844 or 18 U.S.C. ou will be asked to prov	3607. Be sure to a sure toa sure to a sure toa	ral Controlle to include a each offens	ed Substances A ill incidents whet se that pertains to	ct for whic ther occurr the action	ing in the loss that are	t issued an U.S. or abro identified
pungement o we any of the low.) n the past se eck if all the n the past se n the past se nvictions or s n the past se	even (7) years l citations involveven (7) years l citations involveven (7) years l even (7) years l sentences in an even (7) years l	authority of 21 U pened? (If yes, y have you been iss yed traffic infract have you been ar have you been ch y Federal, state, I have you been or	not report convictions u LS.C. 844 or 18 U.S.C. ou will be asked to prov- sued a summons, citatio ions where the fine was rested by any police off larged with, convicted o local, military, or non-U	inder the Feder 3607. Be sure to vide details for on, or ticket to a less than \$300 icer, sheriff, m of, or sentenced J.S. court, even	ral Controlle to include a each offens appear in cc) and did nc arshal or ar l <u>for</u> of a crii i f previous	ed Substances A Ill incidents whet se that pertains to purt in a criminal of include alcoho ny other type of l ime in any court	ct for whic ther occurr to the action proceedin l or drugs.) aw enforce ? (Include a	ing in the l ns that are g against y) ement offic	t issued an <u>U.S. or abro</u> identified rou? (Do not cial?
pungement o ive any of the low.) n the past se eck if all the n the past se n the past se nvictions or s n the past se	even (7) years l citations involveven (7) years l citations involveven (7) years l even (7) years l sentences in an even (7) years l	authority of 21 U pened? (If yes, y have you been iss yed traffic infract have you been ar have you been ch y Federal, state, I have you been or	not report convictions u LS.C. 844 or 18 U.S.C. ou will be asked to prov sued a summons, citatio ions where the fine was rested by any police off larged with, convicted o local, military, or non-U	inder the Feder 3607. Be sure to vide details for on, or ticket to a less than \$300 icer, sheriff, m of, or sentenced J.S. court, even	ral Controlle to include a each offens appear in cc) and did nc arshal or ar l <u>for</u> of a crii i f previous	ed Substances A Ill incidents whet se that pertains to purt in a criminal of include alcoho ny other type of l ime in any court	ct for whic ther occurr to the action proceedin l or drugs.) aw enforce ? (Include a	ing in the l ns that are g against y) ement offic	t issued an U.S. or abro identified rou? (Do nor cial? ng charges,
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		Outcome	Outcome (Free Tex	t) D	ate (Month/Year) Date (Estimated)		
		Were you sent	enced as a result of this offens	e?		(YES	NO
			Conviction detail					
			Provide a description of the	sentence.				
		Branch	Were you sentenced to imp				YES	NO
		If Yes to	Were you incarcerated as a				YES	NO
		Being	If the conviction resulted in			From Date (Es	,	
		Sentenced	that you actually were incar			To Date (Estin		
			If conviction resulted in pro			From Date (Es		
			dates of probation or parole	. (Not Applicabl	e □)	To Date (Estin	nated/Pre	esent)
		Branch	Trial detail				MEG	
		If No to	Are you currently on trial, a	waiting a trial, c	or awaiting senter	icing on criminal	YES	NO
		Being Sentenced	charges for this offense?		Englaget			
	Do you have any		Provide Explanation here any of the following has	hommonod to you		on (Free Text) YES	NO	
			e you been issued a summons,			(Yes adds	(Requir	ed to
			inst you? (Do not include cita			another entry)	validate	
			s than \$300 and did not include			unother entry,	vandate	<i>.</i> ,
			you been arrested by any pol					
	any other type of	law enforcement	t official?					
	• In the past seve	en (7) years have	e you been charged, convicted	or sentenced of	a crime in			
			g charges, convictions, or sente		l, state, local,			
			previously listed on this form					
			e you been or are you currently		parole?			
Other there the			iting a trial on criminal charge VER had the following happe					
			e United States of a crime, sen		onment for a term	exceeding 1 year	for that	crime
dependent, coha someone with w	abitant, spouse <mark>or leg</mark> whom you share a chi	ally recognized ild in common?	olving domestic violence or a civil union/domestic partner, f olving firearms or explosives?	ormer spouse <mark>or</mark>				
			olving alcohol or drugs?					
j	8		8					
							YES	NO
							YES	NO
	Provide the date of	of the offense.			Date (Estima			
	Provide a descript	tion of the specif	ic nature of the offense.			ted) of nature of offense		
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If Yes to the Above Happening (Multiple Entries	Provide a descripp Did this offense in □ Domestic violet recognized civil u you share a child □ Involve firearm □ Involve alcohol Provide the name Provide the locati Provide all the ch not-guilty, or chai original charge ar Felony/Misdemea Outcome Were you sentence Branch If Yes to Being Sentenced Branch If No to Being Sentenced Do you have any • Have you EVEL imprisonment for sentence for not ke military court, eve	tion of the specifinity of the specifinity of the specifinity of the specific provides and specific provide a description of the court. The source of the specific provides a specific provide a description of the court of the specific provide a description of the conviction of the convicted a term exceeding sets than 1 year?	e following? (Check all that ap i violence (such as battery or a artner, former spouse or legall Street address and artner, former spouse or legall gainst you for this offense, and nolle pros,", etc). If you were inse separately. Felony, Misdemeanor, Other Outcome (Free Text) these charges? enced to imprisonment for a to incarcerated as a result of that sen on resulted in imprisonment, p incarcerated. (Not Applicable on resulted in probation or par arole. (Not Applicable □) antly on trial, awaiting a trial, o nation lin any court of the United Sta lin any court of the United Sta g 1 year for that crime, and ind (Include all qualifying convict uisted on this form) with any felony offense? (Include	ssault) against yy y recognized civ y recognized civ the outcome of of found guilty of o Charge Date Month/ Date Month/ erm exceeding 1 tence for not less rovide the dates □) ole, provide the rawaiting senter Exp EVER happened tes of a crime, s accerated as a re ions in Federal, s	Description of pur child, depending il union/domesting Name of course State and Zing each charged offer r pleaded guilty to Year Year year? sthan 1 year? that you dates of ncing on criminal planation (Free T to you? entenced to sult of that state, local, or	of nature of offense lent, cohabitant, sp c partner, or some rt (Free Text) Code or Country ense (such as found o a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estimat From Date (Estimat From Date (Estimat From Date (Estimat charges for this ext) YES (Yes adds	e (Free T ouse or I one with YES d guilty, 1 list both it) YES ition (Free YES YES aated) ed/Presen aated) YES NO (Requi	ext) egally whom found the e Text, NO void NO nt) NO
If Yes to the Above Happening (Multiple Entries	Provide a descripp Did this offense in Domestic violet recognized civil u you share a child Involve firearm Involve alcohol Provide the name Provide the locati Provide the locati Provide the locati Provide all the ch not-guilty, or char original charge ar Felony/Misdemea Outcome Were you sentence Branch If Yes to Being Sentenced Branch If No to Being Sentenced Do you have any Have you EVEI imprisonment for sentence for not le military court, ew Have you EVEI Code of Military.	tion of the specifinity of the specifinity of the specific provides any of the nee or a crime of mion/domestic print common? so or explosives? or drugs? of the court. The specific of the court of the court. The specific of the court of the court of the court of the specific of the court. The specific of the court of the conviction of the court of the conviction of the conv	e following? (Check all that ap f violence (such as battery or a artner, former spouse or legall Street address and ainst you for this offense, and nolle pros,", etc). If you were : nse separately. Felony, Misdemeanor, Other Outcome (Free Text) these charges? etail cription of the sentence. enced to imprisonment for a torrecrated as a result of that sentence. on resulted in imprisonment, p incarcerated. (Not Applicable □) ntly on trial, awaiting a trial, o nation olist where the following has I i any court of the United Sta g 1 year for that crime, and inc (Include all qualifying convict tisted on this form)	city city the outcome of a commencement comment comm	Description of our child, depend il union/domesti State and Zip each charged offor r pleaded guilty Year Year year? a than 1 year? that you dates of charged of council to you? entenced to esult of that state, local, or he Uniform	of nature of offense lent, cohabitant, sp c partner, or some rt (Free Text) Code or Country ense (such as found o a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estimat From Date (Estimat From Date (Estimat From Date (Estimat charges for this ext) YES (Yes adds	e (Free T ouse or I one with YES d guilty, 1 list both it) YES ition (Free YES YES aated) ed/Presen aated) YES NO (Requi	ext) egally whom found the e Text, NO e Text, NO nt) nt) NO

	legally recognized civil union/domestic partner, former spouse or l		nized civil			
	 union/domestic partner, or someone with whom you share a child Have you EVER been charged with an offense involving firearm 		es?			
	• Have you EVER been charged with an offense involving mean					
Is there currently	a domestic violence protective order or restraining order issued aga	inst you?			YES	NO
Branch	You responded 'Yes' to currently having a domestic violence prote	ective order o	r restraining order	issued against yo	u.	
If Yes to	Provide explanation:	Explanati	on (Free Text)			
Domestic	Provide explanation. Provide the date the order was issued.	Date (Est				
Violence (Multiple	Provide the name of the court or agency that issued the order.	Name of	court (Free Text)			
Entries	Provide the location of the court or agency that issued the order.		lress and city	State and Zip Co	de or Co	untry
Allowed)	Do you have another domestic violence protective order or restraining order currently issued against you to report?	YES	another entry)	NO (Require	d to vali	data)
G (* 00		(Tes auus	s another entry)	(Require	u to van	uale)
	 – Illegal Use of Drugs and Drug Activity ference to this section, that neither your truthful responses nor inform 		1.6	4- 41-:4:		
	nst you in a subsequent criminal proceeding. As to this particular sec					
the Federal gove	rnment. The following questions pertain to the illegal use of drugs of	r controlled su	ubstances or drug	or controlled subs	tance act	tivity <mark>in</mark>
accordance with	Federal laws, even though permissible under state laws.					110
	n (7) years , have you illegally used any drugs or controlled substance g, snorting, inhaling, swallowing, experimenting with or otherwise c				YES	NO
mendes mjeeun	You answered 'Yes' to in the last seven (7) years having illegally					
			if other (Free Text			
			is amphetamines, s			
Branch			ı as barbiturates, ı s opium, morphine			rs, etc.)
		N	the clear, juice, et		eic.)	
If Yes to	□ Inhalants (Such as toluene, amyl nitrate, etc.) □ Oth	er (Provide es	xplanation):			
Illegally Using Drugs or	Provide an estimate of the Date (Estimated)		stimate of the mon	th Date (Estim	ated)	
Controlled	month and year of first use. Provide nature of use, frequency, and number of times used.	Nature of use	nost recent use.			
Substances	Was your use while you were employed as a law enforcement offic		< /	ficial, or while	YES	NO
(Multiple	in a position directly and immediately affecting the public	· · · ,	-,	,		
Entries	Was your use while possessing a security clearance?				YES	NO
Allowed)	Do you intend to use this drug or controlled substance in the future Provide explanation of why you intend or do not intend to use this		ollad substance in	the future	YES Expla	NO
	Frovide explanation of why you mend of do not intend to use this	drug or contr	oned substance in	the future.	(Free	
	Do you have an additional instance(s) of illegal use of a drug or co		/ES	NO		
X (1 1)	substance to enter?		Yes adds another of		ired to v	
	n (7) years, have you been involved in the illegal purchase, manufact g, receiving, handling or sale of any drug or controlled substance?	ture, cultivatio	on, trafficking, pro	duction,	YES	NO
, see Frank	You answered 'Yes' to in the last seven (7) years having been inv	volved in the	illegal purchase, n	nanufacture, cultiv	ation,	•
	trafficking, production, transfer, shipping, receiving, handling or s	U		ance.		
		er explanation	n (Free Text) is amphetamines, i	enad emistal mat	h acetae	n atc.)
			is amphetamines, s as barbiturates, i			
			s opium, morphine		etc.)	
Branch	□ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) □ Stere □ Inhalants (Such as toluene, amyl nitrate, etc.) □ Oth	oids (Such as er (Provide ex		<i>c.</i>)		
If Yes to			e of the month and	Date (Estim	ated)	
Illegal Drug	and year of first involvement. year of		t involvement.		,	
Activity		e of activity (
(Multiple	Provide the reason(s) why you engaged in the activity. Reaso Was your involvement while you were employed as a law enforce	on(s) (Free Te		rtroom official	YES	NO
Entries	or while in a position directly and immediately affecting the public		prosecutor, or cou	rttoom onterai,	TLS	no
Allowed)	Was your involvement while possessing a security clearance?				YES	NO
	Do you intend to engage in this activity in the future?BranchYou have indicated that you plan to engage in the indica	L . : 11 1	-1	E	YES	NO
	If Yes to cultivation, trafficking, production, transfer, shi				on (rice	Text)
	Future Activity of a drug or controlled substance in the future.	Provide expla	nation.			
	Do you have an additional instance(s) of having been involved in t			YES (Yes adds	NO	ired to
	manufacture, cultivation, trafficking, production, transfer, shipping of a drug or controlled substance to enter?	g, receiving, n	landling or sale	another entry)	valida	
Have you EVER	R illegally used or otherwise been involved with a drug or controlled	substance wh	ile possessing a se		YES	NO
other than previo						
Branch If Yes to Use	You responded 'Yes' to having EVER illegally used or otherwise possessing a security clearance, other than previously listed.	been involved	d with a drug or co	ontrolled substanc	e while	
While	Provide a description of your involvement.		Description (Fre	e Text)		
Possessing a	Provide the dates of involvement/use. From Date (Estimated)	To Date (Estima	,		
Clearance	Provide an estimate of the number of times you used and/or were i		Estimate (Free T	Text)		
(Multiple		clearance.				
Entries	with this drug or controlled substance while possessing a security of the illegal use or involved		VES	NO		
Entries Allowed)	Do you have an additional instance(s) of the illegal use or involver	ment with a	YES (Yes adds anoth	er entry) NO (Requ	ired to v	alidate)
Allowed) Have you EVER	Do you have an additional instance(s) of the illegal use or involver drug or controlled substance while possessing a security clearance tillegally used or otherwise been involved with a drug or controlled	ment with a to enter? substance wh	(Yes adds anoth ile employed as a	er entry) (Requilaw	ired to v YES	alidate) NO
Allowed) Have you EVER enforcement offi	Do you have an additional instance(s) of the illegal use or involver drug or controlled substance while possessing a security clearance tillegally used or otherwise been involved with a drug or controlled cer, prosecutor, or courtroom official; or while in a position directly	ment with a to enter? substance wh	(Yes adds anoth ile employed as a	er entry) (Requilaw		
Allowed) Have you EVER	Do you have an additional instance(s) of the illegal use or involver drug or controlled substance while possessing a security clearance tillegally used or otherwise been involved with a drug or controlled cer, prosecutor, or courtroom official; or while in a position directly	ment with a to enter? substance wh and immedia	(Yes adds anoth ile employed as a tely affecting the p	er entry) (Required law bublic safety	YES	

XX 71 · 1 · X			*	, or courtroom of	ficial; or wh	nile in a pos	ition d	lirectly and imme	diately aff	ecting
While in Law Enforcement		ther than previous ion of the drugs or		stances used and	your inyol	vomont	Dec	cription (Free Tex	·+)	
Emoreement		of involvement/use		From Date (Es		vement.		Date (Estimated/P		
(Multiple		te the number of ti				ug or		mate (Free Text)	resent)	
Entries		ce while employed				0				
Allowed)		ditional instance(s						YES	NO	
		mployed as a law e					or	(Yes adds	(Require	
In the last sever	(7) years have you	directly and imme					vheth	another entry)	validate YES	NO
	ribed for you or son		iged in the fills	use of prescriptio	in unugs, reș	gardiess of v	whethe	er of not the	1125	NO
		'es' to in the last s	even (7) years	having intention	ally engage	ed in the mis	suse of	f prescription drug	gs, regardl	ess of
Branch If Yes to		were prescribed for						* *		
Misuse of		of the prescription						g names (Free Te		
Prescription		of involvement in the formation of involvement in the formation of the for		From Date (Es				Date (Estimated/P sons (Free Text)	resent)	
Drugs		ment while you we							YES	NO
() for the insta		ion directly and in				prosecutor,	01 000	artiooni onitelai,	125	110
(Multiple Entries	Was your involve	ment while possess	sing a security	clearance?	•				YES	NO
Allowed)		ditional instance(s			ne misuse	YES		NO		
	of prescription dru been ordered, advis	igs in the last seve	en(7) years to $en(7)$	enter?		(Yes adds			uired to va	
controlled substa		sed, or asked to see	ek counseiing (or treatment as a l	result of yo	ur megai us	e or a	rugs or	YES	NO
		es' to having EVE	ER been ordere	ed, advised, or asl	ked to seek	counseling	or trea	atment as a result	of your ille	egal
	use of drugs or co	ntrolled substances	5			-				-
		ollowing ordered, a		ed you to seek co	unseling or	treatment a	s a res	sult of your illegal	use of dru	ugs or
		ces? (Check all tha ilitary commander		assistance progra	m ¬A	medical pr	ofessi	onal		
	\Box A mental health		i, or employee	ussistance progra		Court offic				
	□ I have not been	ordered, advised, o	or asked to seel							
	Provide explanation		ion (Free Text)					g or treatment?	YES	NO
	Branch If No to Action Taken	You have indicat	ted that you did	a not receive treat	iment. Prov	vide explana	ation.	Explanatio	n (Free Te	ext)
Branch	to Action Taken	Provide the type	of drug or con	trolled substance	for which y	you were tre	ated.			
Drunch		□ Cocaine or cra				,				
If Yes to		□ Stimulants (Su				ecstasy, etc.)				
Being Ordered		□ THC (Such as □ Depressants (S				ulizara ata)			
Treatment for the Misuse of		\Box Depressants (S \Box Ketamine (Suc			one, tranqu	uuzers, eic.))			
Drugs		D Narcotics (Suc	ch as opium, mo	orphine, codeine,		.)				
		Hallucinogenie	c (Such as LSD		A 1					
(Multiple		α_{i} $\cdot 1 (\alpha_{i})$			ns, etc.)					
Entries	Branch	□ Steroids (Such	as the clear, ju	uice, etc.)	ns, etc.)					
Entries Allowed)	If Yes to Action	□ Steroids (Such □ Inhalants (Such □ Other (Provide	as the clear, ji h as toluene, ai	uice, etc.) myl nitrate, etc.)	ns, etc.)					
Entries Allowed)		□ Inhalants (Suc	as the clear, ji h as toluene, an e explanation):	<i>uice, etc.)</i> <i>myl nitrate, etc.)</i> Provide the nam	me of the tr			Name (Free Tex	t)	
	If Yes to Action	Inhalants (Suc. Other (Provide Explanation (Free	as the clear, ju h as toluene, an e explanation): e Text)	<i>uice, etc.)</i> <i>myl nitrate, etc.)</i> Provide the nan provider. (Last	me of the tr name, Firs	t name)	t y			
	If Yes to Action	Inhalants (Suc. Other (Provide Explanation (Fre Provide the addre	as the clear, ju h as toluene, an e explanation): e Text) ess for this trea	uice, etc.) myl nitrate, etc.) Provide the nan provider. (Last ttment provider.	me of the tr name, Firs Street ad	t name)	ty	State and Zip C	ode or Cou	
	If Yes to Action	Inhalants (Suc. Other (Provide Explanation (Free	as the clear, ju h as toluene, an e explanation): e Text) ess for this trea	uice, etc.) myl nitrate, etc.) Provide the nan provider. (Last ttment provider.	me of the tr name, Firs Street ad	t name)	ty		ode or Cou	Day
	If Yes to Action	 Inhalants (Succ. Other (Provide Explanation (Free Provide the addred Provide a telephone 	as the clear, ju h as toluene, an e <u>explanation</u>): we Text) ess for this trea one number for	uice, etc.) myl nitrate, etc.) Provide the nan provider. (Last ttment provider.	me of the tr name, Firs Street ad ovider.	t name) dress and ci		State and Zip C Number/Extens Night Both _C International	ode or Cou ion Time heck box i	Day if
	If Yes to Action	 Inhalants (Succ. Other (Provide Explanation (Free Provide the addre Provide a telepho Provide the dates 	as the clear, ju h as toluene, an e <u>explanation</u>): we Text) ess for this trea one number for s of treatment.	wice, etc.) myl nitrate, etc.) Provide the nan provider. (Last atment provider.	me of the tr name, Firs Street ad ovider.	t name)		State and Zip C Number/Extens Night Both _C	ode or Cou ion Time heck box i nted/Preser	Day if nt)
	If Yes to Action	 Inhalants (Succ. Other (Provide Explanation (Free Provide the addree Provide the dates Did you successf 	as the clear, ju h as toluene, and e explanation): we Text) ess for this trea one number for s of treatment. fully complete	wice, etc.) myl nitrate, etc.) Provide the nan provider. (Last attment provider. the treatment pro-	me of the tr name, Firs Street ad ovider. Date Fro	t name) dress and cir m (Estimate		State and Zip C Number/Extens Night Both _C International Date To (Estimation	ode or Cou ion Time heck box i nted/Preser YES	Day if
	If Yes to Action	 Inhalants (Succ. Other (Provide Explanation (Free Provide the addre Provide a telepho Provide the dates 	as the clear, ju h as toluene, and e explanation): we Text) ess for this treat one number for s of treatment. fully complete to You have ind	wice, etc.) myl nitrate, etc.) Provide the nan provider. (Last atment provider.	me of the tr name, Firs Street ado ovider. Date Fro	t name) dress and cir m (Estimate essfully		State and Zip C Number/Extens Night Both _C International	ode or Cou ion Time heck box i nted/Preser YES	Day if nt)
	If Yes to Action Taken	 Inhalants (Succ. Other (Provide Explanation (Fre Provide the addre Provide a telepho Provide the dates Did you successf Branch If No to Successful Treatment 	as the clear, ju h as toluene, an e explanation): e Text) ess for this trea one number for s of treatment. fully complete the You have ind complete the	the treatment? treatment. Provide provide the namprovider. (Last turnent provider. the treatment provider. the treatment provider. the treatment provider. the treatment?	me of the tr name, Firs Street ad ovider. Date From lid not succ de explanat	t name) dress and ci m (Estimate essfully ion.		State and Zip C Number/Extens Night Both _C International Date To (Estima Explanation (Fr	ode or Cou ion Time heck box i nted/Preser YES	Day if nt)
	If Yes to Action Taken Do you have anot	 Inhalants (Succ. Other (Provide Explanation (Fre Provide the addre Provide a telepho Provide the dates Did you successful Branch If No to Successful Treatment her instance of have 	as the clear, ju h as toluene, and e explanation): e Text) ess for this treat one number for s of treatment. fully complete the You have ind complete the ring been order	the treatment? the treatment. Provide the treatment provider. (Last timent provider. (Last the treatment provider. the treatment provider. the treatment? dicated that you control the treatment. Provider the direct provider of the treatment. Provider of the treatment. Provider of the treatment of the treatment. Provider of the treatment	me of the tr name, Firs Street ad ovider. Date From lid not succ de explanat	t name) dress and ci m (Estimate essfully tion. YES	ed)	State and Zip C Number/Extens Night Both _C International Date To (Estima Explanation (Fr	ode or Cou ion Time heck box i heck Preser YES ee Text)	Day if nt) NO
Allowed)	If Yes to Action Taken Do you have anot seek drug or contr	 Inhalants (Succ. Other (Provide Explanation (Fre Provide the addre Provide a telepho Provide the dates Did you successful Branch If No to Successful Treatment her instance of hav olled substance co 	as the clear, ju h as toluene, and e explanation): e Text) ess for this treat one number for s of treatment. fully complete the You have ind complete the ring been order unseling or treat	the treatment? the treatment. Provide the treatment? the treatment. Provide the treatment?	me of the tr name, Firs Street ad ovider. Date From lid not succ de explanat	t name) dress and ci m (Estimate essfully tion. YES (Yes adds	ed)	State and Zip C Number/Extens Night Both _C International Date To (Estima Explanation (Fr her entry) (Req	ode or Cou ion Time heck box i nted/Preser YES	Day if nt) NO
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Branch You responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or have granted you a security clearance eligibility/access. Branch You responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or have granted you a security clearance eligibility/access. Provide the investigating agency: U.S. Department of Defense U.S. Department of State Investigated U.S. Office of Personnel Management Federal Bureau of Investigation Investigated U.S. Department of Treasury(Provide name of bureau) Explanation or name of government (Free Text) Foreign government (Provide name of government) I don't know Other (Provide explanation) Date the investigation was completed. I don't know Date (Estimated)						ur hackgrou	ind and/or	r oranted	VOIL 3 Sect	irity clea	arance	VES	NO
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Ever Been Investigated agency: □ 0.5. Offee of Personnel Management □ Pederal Bureau of Investigation Explanation or name of government (Free Text) □ U.S. Department of Homeland Security Multiple Entries Allowed) □ Date the investigation was completed. □ I don't know			vestigating				0.000000						
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(Multiple Entries Allowed) government (Free Text) □ Foreign government (Provide name of government) □ I don't know □ Other (Provide explanation) □ I don't know □ I don't know □ Date (Estimated) □ I don't know □ Date (Estimated) □ I don't know □ I don't kn	Investigated	Explanation or	r name of						uledu)				
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Allowed) Date the investigation was completed. □ I don't know Date (Estimated)		government (F	ice rext)				name or g	sovernin	<i>uu)</i> ⊔ I	αση τ κη	UW		
		Data the invest	tigation was as		(1 IOVIUE EX]	· /	't know				ate (Esti	mated)	
errovide the name of agency that issued the clearance eligibility/access it different from the Source (Free Text)					. alac			ffor	om 41 -				
The de nume of agency that issued the eleanance engroundy access in different non-the frame (free few)		Provide the nat	me of agency th	at issued the	e clearance e	eligibility/ac	cess if dif	rrerent fr	om the	N	ame (Fro	ee Text)	

	investigating agency.	
	Provide the date clearance eligibility/access was granted. □ I don't know	Date (Estimated)
	Provide the level of clearance None Confidential Secret Top Secret	et
	eligibility/access granted.	\Box L \Box I don't know
		ovide explanation)
Have you EVED	Do you have another investigation to enter? YES (Yes adds another entry) had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An a	NO (Required to validate)administrativeYESNO
	ninistrative termination of a security clearance is not a revocation.)	
Branch	You responded 'Yes' to having EVER had a security clearance eligibility/access authorization	
If Yes to Denied	Provide the date security clearance eligibility/access authorization was denied, suspended or rev Provide the name of the agency that took the action.	Name (Free Text)
	Provide the name of the agency that took the action. Provide an explanation of the circumstances of the denial, suspension or revocation action.	Explanation (Free Text)
(Multiple Entries	Do you have another denied, revoked or suspended security YES	NO
Allowed)	clearance eligibility/access authorization to enter? (Yes adds another entr	ry) (Required to validate)
Have you EVER	been debarred from government employment?	YES NO
Branch	You responded 'Yes' to having EVER been debarred from government employment.	1.
If Yes to Debarment	Provide the name of the government agency taking debarment action. Provide the date the debarment occurred.	Agency name Date (Estimated)
(Multiple Entries	Provide the date the department occurred. Provide an explanation of the circumstances of the debarment	Circumstances (Free text)
Allowed)	Do you have another Government debarment to enter? YES (Yes adds another entry)	NO (Required to validate)
Section 26		
	Financial Record	VES NO
in the last seven	(7) years have you filed a petition under any chapter of the bankruptcy code? You responded 'Yes' to having filed a petition under any chapter of the bankruptcy code.	YES NO
-	Select the applicable bankruptcy petition type:	Chapter 12
	Provide the bankruptcy court docket/account number.	Account Number (Free Text)
Bronch	Provide the date bankruptcy was filed.	Date (Estimated)
Branch If Yes to	I J S FI	Date (Estimated)
Having Filed		Amount (Free Text)
Bankruptcy		Middle Suffix Court Name (Free Text)
-		State and Zip Code or Country
(Multiple Entries	Provide the name of the trustee for this bankruptcy	Name (Free Text)
Allowed)	Branch Provide the address of the trustee for this bankruptcy. If Chapter 13 Second Line 100 for the trustee for this bankruptcy.	
	Street address and City	State and Zip Code or Country
_		n (Free Text) YES NO
	In the last seven (7) years, have you filed any additional petitions under any YES	NO (Dervice 1 to collidete)
Have you EVER	chapter of the bankruptcy code? (Yes adds anothe experienced financial problems due to gambling?	r entry) (Required to validate) YES NO
Branch	You responded 'Yes' to having EVER experienced financial problems due to gambling.	
If Yes to	Provide the date range of your financial problems due to gambling. From Date (Estimated)	To Date (Estimated/Present)
Financial	Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.	Amount (Free Text)
Problems Due to Gambling	Provide a description of your financial problems due to gambling.	Description (Free Text)
(Multiple	If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s) provide explanation.	Description (Free Text)
Entries	Have you EVER experienced additional financial problems YES (Yes adds another entry)	NO (Required to validate)
Allowed)		
	due to gambling?	
1	(7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordin	ance? YES NO
1	(7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordin You responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by	ance? YES NO
In the past seven	(7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordin You responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by Did you fail to file, pay as required, or both? \Box File \Box Pay \Box Both	ance? YES NO
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In the past seven Branch If Yes to Failing to File/Pay Taxes (Multiple Entries Allowed) In the past seven	(7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordin You responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by Did you fail to file, pay as required, or both? □ File □ Pay □ Both Provide the year you failed to file or pay your Federal, state or other taxes. (Estimated) Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.). Provide the amount (in U.S. dollars) of the taxes. □ Estimated Provide date satisfied. □ Not applicable Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation. Are there any other instances in the past seven (7) years where you failed to file or pay Federal, state or other taxes when required by law or ordinance? YES (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for ed by your employer? Years have you failed to file or you failed for violating the terms of agreement for ed by your employer?	Reasons (Free Text) Agency (Free Text) Tax Type (Free Text) Tax Type (Free Text) Amount (Free Text) Date Description (Free Text) NO (Required to validate) a travel or YES
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Branch	You responded 'Yes' to currently utilizing, or seeking assistance from, a credit counseling ser resolve your financial difficulties.	rvice or other simila	ar resource to
If Yes to	Provide explanation (Free Text) Provide the name of the credit counseling organization	or resource	Name (Free Text)
Seeking Credit	Provide the phone number of the credit counseling organization.	Number / Ext	Ivanie (11ee Text)
Counseling	Provide the location of the credit counseling organization.		State
U	As a result of this counseling provide a description of any action(s) you have taken to	Description (Free	e Text)
(Multiple	resolve your financial difficulties. If you have not taken any action(s) provide explanation.	* ·	
Entries	Are you currently utilizing, or seeking assistance from any other credit counseling service	YES (Yes adds	NO (Required
Allowed)	or other similar resource to resolve your financial difficulties?	another entry)	to validate)
	busly listed, have any of the following happened to you? (You will be asked to provide details a	about each financia	l obligation that
	ems identified below). (em (7) years, you have been delinquent on alimony or child support payments.		
	en (7) years, you have been demiquent on annony of clind suppor payments. en (7) years, you had a judgment entered against you. (Include financial obligations for which	you were the sole o	lebtor as well as
	you were a cosigner or guarantor).	you were the sole c	leotor, us wen us
	en (7) years, you had a lien placed against your property for failing to pay taxes or other debts.	(Include financial	obligations for
	the sole debtor, as well as those for which you were a cosigner or guarantor).		
	tly delinquent on any Federal debt. (Include financial obligations for which you are the sole deb	otor, as well as thos	e for which you
are a cosigner or	guarantor).		
			YES NO
	You answered 'Yes' to having experienced one or more of the previously stated financial issu Provide the name of agency/organization/individual to which debt is/was owed	Name (Free Text)
	Did/does this financial issue include any of the following: (Check all that apply)	Name (Free Text)
	□ In the past seven (7) years, you have been delinquent on alimony or child support payment	nts	
	□ In the past seven (7) years, you had a judgment entered against you. (Include financial obl		you were the sole
	debtor, as well as those for which you were a cosigner or guarantor).	0	, ,
	□ In the past seven (7) years, you had a lien placed against your property for failing to pay ta		(Include financial
Branch	obligations for which you were the sole debtor, as well as those for which you were a cosigne	0 /	
If Yes to	□ You are currently delinquent on any Federal debt. (Include financial obligations for which y	you are the sole deb	otor, as well as
Having	those for which you are a cosigner or guarantor).		YES NO
Financial	Provide the associated loan / account number(s) involved	Loan / account m	umber (Free Text)
Issues	Identify/describe the type of property involved (if any).	Property type (Fr	
Involving	Provide the amount (in U.S. dollars) of the financial issue. \Box Estimated	Amount (Free Te	
Enforcement	Provide the reason(s) for the financial issue.	Reasons (Free Te	/
(Multiple	Provide the current status of the financial issue.	Status (Free Text	,
Entries	Provide the date the financial issue began.	Date (Estimated)	
Allowed)	Provide date the financial issue was resolved. Not resolved	Date (Estimated)	
	Provide the name of the court involved.	Court name (Free	
	Provide the address of the court involved. Street address and City	State and Zip Co	
	Provide a description of any action(s) you have taken to satisfy this debt (such as withholding frequency and amount of payments, etc.). If you have not taken any provide explanation.	s, Descr	iption (Free Text)
	Other than previously listed, are there any other instances of the following occurrences?		
	• In the past seven (7) years, you have been delinquent on alimony or child support payment	s.	
	• In the past seven (7) years, you had a judgment entered against you. (Include financial obli		you were the sole
	debtor, as well as those for which you were a cosigner or guarantor).		
	• In the past seven (7) years, you had a lien placed against your property for failing to pay ta		(Include financial
	obligations for which you were the sole debtor, as well as those for which you were a cosigne • You are currently deliverent on any Federal debt. (Jackide financial obligations for which yo		tor as well as
	 You are currently delinquent on any Federal debt. (Include financial obligations for which y those for which you are a cosigner or guarantor). 	ou are the sole deb	tor, as well as
	YES (Yes adds another entry)	NO (Required to	validate)
Other than previ	ously listed, have any of the following happened?		
	en (7) years, you had any possessions or property voluntarily or involuntarily repossessed or for	preclosed? (Include	financial
	hich you were the sole debtor, as well as those for which you were a cosigner or guarantor)		
	en (7) years, you defaulted on any type of loan? (Include financial obligations for which you w	vere the sole debtor	, as well as those
	ere a cosigner or guarantor) (en (7) years, you had bills or debts turned over to a collection agency? (Include financial oblig	ations for which ve	www.wora.tha.cola
	s those for which you were a cosigner or guarantor)	ations for which yo	ou were the sole
	en (7) years, you had any account or credit card suspended, charged off, or cancelled for failing	g to pay as agreed?	(Include financial
	hich you were the sole debtor, as well as those for which you were a cosigner or guarantor)	6 1 9 6	、
• In the past sev	ren (7) years, you were evicted for non-payment?		
	en (7) years, you had your wages, benefits, or assets garnished or attached for any reason?		
	en (7) years, you have been over 120 days delinquent on any debt not previously entered? (Inc	lude financial oblig	ations for which
	e debtor, as well as those for which you were a cosigner or guarantor) tly over 120 days delinquent on any debt? (Include financial obligations for which you are the s	ole debtor as wall	as those for which
you are a cosign		one debior, as well	as those for which
,	· · · · · · · · · · · · · · · · · · ·		YES NO
	You answered 'Yes' to having experienced one or more of the previously stated financial issue	ies.	
	Provide the name of agency/organization/individual to which debt is/was owed.		

Branch If Yes to Having Financial Issues Involving	 Did/does this financial issue include any of the following: (Check all that apply) In the past seven (7) years you had your possessions or property voluntarily or involuntarily repossessed or foreclosed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the past seven (7) years you defaulted on any type of loan. (Include financial obligations for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the past seven (7) years you had an account or credit card suspended, charged off, or cancelled for failing to pay as agreed. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the past seven (7) years you were evicted for non-payment. 							
Routine Accounts (Multiple	 In the past seven (7) years you were evented to hon-payment. In the past seven (7) years you had wages, benefits, or assets garnished or attached for any reason. In the past seven (7) years you were over 120 days delinquent on any debt not previously entered. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently over 120 days delinquent on any debt. (Include financial obligations for which you are the sole debtor, as well 							
Entries Allowed)	as those for which you are a cosigner or guarantor).							
	Provide the associated loan / account number(s) involved. Identify/describe the type of property involved (if any).	Loan / account number (Free Text) Property type (Free Text)						
	Provide the amount (in U.S. dollars) of the financial issue. Estimated	Amount (Free Text)						
	Provide the reason(s) for the financial issue. Provide the current status of the financial issue.	Reasons (Free Text) Status (Free Text)						
	Provide date the financial issue was resolved.	Date (Estimated)						
	Provide the date the financial issue began. Provide a description of any action(s) you have taken to satisfy this debt (such as withholding	Date (Estimated) (s, Description (Free Text)						
	frequency and amount of payments, etc.). If you have not taken any action(s) provide explana							
	Other than previously listed, are there any other instances of the following occurrences? \Box Yes \Box No							
	• In the past seven (7) years, you had any possessions or property voluntarily or involuntarily							
	financial obligations for which you were the sole debtor, as well as those for which you were • In the past seven (7) years, you defaulted on any type of loan, (Include financial obligation							
	as well as those for which you were a cosigner or guarantor).							
	• In the past seven (7) years, you had bills or debts turned over to a collection agency. (Inclu you were the sole debtor, as well as those for which you were a cosigner or guarantor).	de financial obligations for which						
	• In the past seven (7) years, you had any account or credit card suspended, charged off, or c							
	(Include financial obligations for which you were the sole debtor, as well as those for which y • In the past seven (7) years, you have been evicted for non-payment.	ou were a cosigner or guarantor).						
	• In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for • In the past seven (7) years, you have been over 120 days delinquent on any debt not previous							
	obligations for which you were the sole debtor, as well as those for which you were a cosigne							
	• You are currently over 120 days delinquent on any debt. (Include financial obligations for was those for which you are a cosigner or guarantor)	which you are the sole debtor, as well						
	as those for which you are a cosigner or guarantor). YES (Yes adds another entry) NO (Required to validate)							
	- Use of Information Technology Systems							
as evidence again the Federal gove	ference to this section, that neither your truthful responses nor information derived from your re- nst you in a subsequent criminal proceeding. As to this particular section, this applies whether or rnment. The following questions ask about your use of information technology systems. Inform hardware, software, firmware, and data used for the communication, transmission, processing,	or not you are currently employed by nation technology systems include all						
of information.								
technology syste	(7) years have you illegally or without proper authorization accessed or attempted to access ar m?	ny information YES NO						
Branch If Yes to	You responded 'Yes' to having in the last seven (7) years illegally or without proper authori into any information technology system.	zation entered or attempted to enter						
Unauthorized	Provide the date of the incident	Date (Estimated)						
Access	Provide a description of the nature of the incident or offense. Provide the location where the incident took place. Street address and City	Description of incident (Free Text) State and Zip Code or Country						
(Multiple	Provide a description of the action (administrative, criminal or other) taken as a result of	Description (Free Text)						
Entries Allowed)	this incident. Are there any other incidents to report? YES (Yes adds another entry	() NO (Required to validate)						
In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?								
Branch If Yes to	You responded 'Yes' to having in the last seven (7) years illegally or without authorization, denied others access to information residing on an information technology system or attempted others.							
Manipulating	Provide the date of the incident Date (Estimated)	A any of the above.						
Access (Multiple	Provide a description of the nature of the incident or offense. Description of incident (Free Provide the location where the incident took place. Street address and City	e Text) State and Zip Code or Country						
Entries	Provide the location where the incident took place. Street address and City Provide a description of the action (administrative, criminal or other) taken as a result of this	· · · · · · · · · · · · · · · · · · ·						
Allowed)	Are there any other incidents to report? YES (Yes adds another entry	y) NO (Required to validate)						
In the last seven (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 or attempted any of the above?								
Branch	You responded 'Yes' to having in the last seven (7) years introduced, removed, or used hard							
If Yes to Unlawful Use	connection with any information technology system without authorization, when specifically guidelines, or regulations or attempted any of the above.	pronibited by rules, procedures,						
	Provide the date of the incident	Date (Estimated)						
(Multiple Entries	Provide a description of the nature of the incident or offense Provide the location where the incident took place. Street address and City	Description (Free Text) State and Zip Code or Country						
Allowed)	Provide a description of the action (administrative, criminal or other) taken as a result of this							

Section 28	Are there any other incidents to report? Involvement in Non-Criminal Court Action		Yes adds anothe	<i>*'</i>	NO (Require			
	Involvement in Non-Criminal Court Action 0) years , have you been a party to any public record civil court		at listed alcomb	re on this	form?	YES	NO	
in the last ten (1	You responded 'Yes' to having been a party to any public record civil court a	rd civil	ourt action(s) n	ot listed al	IOIIII /			
Branch	ten (10) years.		court action(s) in	ot fisica ci	ise where on th	.5 101111 111 11	ic iast	
If Yes to	Provide the date of the civil action Date (Estimated)	Court name (Free Text)						
Having Non	Provide the address of the court	Stre	et address and	City	State and Zip Code or Country			
Criminal Court Actions	Provide details of the nature of the action				Details (Free	Text)		
(Multiple	Provide a description of the results of the action				Results (Free	Text)		
Entries	Provide the name(s) of the principal parties involved in the cou	rt action	l.		Names (Free	Text)		
Allowed)	Are there any other civil court actions in the last ten (10) year	s to repo	ort? YES		NO			
			(Yes	adds anoth	ner entry) (R	lequired to	validat	
	Association Record							
	rtain to your associations. You are required to answer the question							
	ployment, security, or credentialing decision. For the purpose of						involve	
	ingerous to human life and appear to be intended to intimidate o							
	timidation or coercion or to affect the conduct of a government							
	ave you EVER been a member of an organization dedicated to		n, either with an	awareness	s of the	YES	NO	
organization's de	dication to that end, or with the specific intent to further such ac		• .• .	1 1 1 1 1	· · ·,	1 14		
Branch	You responded 'Yes' to being or EVER having been a mem					her with an		
	awareness of the organization's dedication to that end, or wi	th the sp	becilic intent to	lurther suc	Organization		Tt)	
If Yes to Being a	Provide the full name of the organization. Provide the address/location of the organization.	Star	et address and (71.4vv	State and Zip			
Member of a	Provide the dates of your involvement with the organization.		m Date (Estimat	2		Estimated/Pr		
Terrorist			itions held		Positions (count)	
Organization	Provide all contributions made to the organization, if any.	1				ons (Free Te	evt)	
	Provide a description of the nature of and reasons for your in					nt (Free Te	,	
(Multiple Entries	Do you have any other instances of being a member of an or			unzution.	YES	NO		
Allowed)	terrorism, either with an awareness of the organization's dec	0		ith the	(Yes adds		uired to	
	specific intent to further such activities to report?		,,		another entr	· · ·		
Have you EVER	knowingly engaged in any acts of terrorism?					YES	NO	
Branch If Yes	You responded 'Yes' to EVER having knowingly engaged	in any ac	cts of terrorism.					
Engaging in	Describe the nature and reasons for the activity.		Nature and re	asons (Fre	e Text)			
Terrorism	Provide the dates for any such activities		From Date (E					
(Multiple Entries	Do you have any other instances of knowingly engaging in a	acts of	YES	,	NO			
Allowed)	terrorism to report?		(Yes adds and					
Have you EVER	advocated any acts of terrorism or activities designed to overthr					YES	NO	
Branch	You responded 'Yes' to having EVER advocated any acts of	of terroris	sm or activities	designed t	o overthrow th	e U.S. Gove	ernmen	
If Yes to	by force.							
Advocating	Provide the reason(s) for advocating acts of terrorism.		ns (Free Text)					
Maltinla Entrica	Provide the dates of advocating acts of terrorism		Date (Estimated		To Date (E		/	
(Multiple Entries Allowed)	Do you have any other instances of advocating acts of terror		ctivities		(Yes adds	NO (Requi	red to	
· · · · · · · · · · · · · · · · · · ·	designed to overthrow the U.S. Government by force to repo		raa to overthrow	another		validate) YES	NO	
	which engaged in activities to that end with an awareness of the						NO	
	further such activities?	organiz	ation succit	on to that (end of with the			
specific intent to	You responded 'Yes' to having EVER been a member of ar	organiz	vation dedicated	to the use	of violence or	force to ove	erthrow	
Branch	the United States Government, and which engaged in activit							
Dranch	that end or with the specific intent to further such activities.							
If Yes to being	Provide the full name of the organization.	Org	anization name	(Free Tex	t)			
Member of	Provide the address/location of the organization.		et address and		State and Zip	Code or Co	ountry	
Organization	Provide the dates of your involvement with the organization	Fro	m Date (Estima	ted)	To Date (Esti			
Using Violence	Provide all positions held in the organization, if any.	No posi	itions held		Positions (Free Text)		
to Overthrow the	Provide all contributions made to the organization, if any.					ons (Free Te		
		-	ent with the org	anization.		n (Free Tex	t)	
U.S. Govt.	Provide a description of the nature of and reasons for your in				YES	NO		
	Do you have any other instances of being a member of an or	ganizati	on dedicated to	the use			ired to	
(Multiple Entries	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm	ganizati nent, wh	on dedicated to ich engaged in		(Yes adds	· · ·		
(Multiple Entries	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's	ganizati nent, wh	on dedicated to ich engaged in			· · ·	ate)	
(Multiple Entries Allowed)	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report?	ganizati nent, wh dedicat	on dedicated to ich engaged in ion to that end o	or with	(Yes adds another entry) valida	_	
(Multiple Entries Allowed) Have you EVER	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices co	ganizati nent, wh dedicat	on dedicated to ich engaged in ion to that end con on of acts of for	or with ce or viole	(Yes adds another entry nce to) valida YES	_	
(Multiple Entries Allowed) Have you EVER discourage others	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices co from exercising their rights under the U.S. Constitution or any	ganizati nent, wh dedicat	on dedicated to ich engaged in ion to that end con on of acts of for	or with ce or viole	(Yes adds another entry nce to) valida YES	_	
(Multiple Entries Allowed) Have you EVER discourage others	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices co from exercising their rights under the U.S. Constitution or any n?	ganizati nent, whi dedicat ommissio state of t	on dedicated to ich engaged in ion to that end o on of acts of for he United State	or with ce or viole s with the	(Yes adds another entry nce to specific intent) valida to YES	NO	
(Multiple Entries Allowed) Have you EVER discourage others	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices co from exercising their rights under the U.S. Constitution or any s n? You responded 'Yes' to being or EVER having been a mem	ganizati nent, whi dedicat ommissio state of t aber of a	on dedicated to ich engaged in ion to that end c on of acts of for he United State n organization t	or with ce or viole s with the s	(Yes adds another entry nce to specific intent ttes or practices) valida yES to s commission	NO on of	
(Multiple Entries Allowed) Have you EVER discourage others further such actio	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices co from exercising their rights under the U.S. Constitution or any s n? You responded 'Yes' to being or EVER having been a mem acts of force or violence to discourage others from exercisin	ganizati nent, whi dedicat ommissio state of t aber of a	on dedicated to ich engaged in ion to that end c on of acts of for he United State n organization t	or with ce or viole s with the s	(Yes adds another entry nce to specific intent ttes or practices) valida yES to s commission	NO on of	
(Multiple Entries Allowed) Have you EVER discourage others further such actio Branch	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices co from exercising their rights under the U.S. Constitution or any s n? You responded 'Yes' to being or EVER having been a mem	ganizati nent, wh s dedicat ommissio state of t ber of a g their ri	on dedicated to ich engaged in ion to that end o on of acts of for he United State n organization t ights under the b	or with ce or viole s with the hat advoca J.S. Const	(Yes adds another entry nce to specific intent itution or that of) valida yES to s commission	NO on of	
(Multiple Entries Allowed) Have you EVER discourage others further such action Branch If Yes to Being a	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices cc from exercising their rights under the U.S. Constitution or any s n? You responded 'Yes' to being or EVER having been a mem acts of force or violence to discourage others from exercisin U.S. with the specific intent to further such action. Provide the full name of the organization.	ganizati nent, wh s dedicat ommissio state of t aber of a g their ri	on dedicated to ich engaged in ion to that end of on of acts of for he United State n organization t ights under the I anization Name	or with ce or viole s with the hat advoca J.S. Const	(Yes adds another entry nce to specific intent itution or that o tt)) valida YES to s commission of any state	NO on of of the	
(Multiple Entries Allowed) Have you EVER discourage others further such action Branch If Yes to Being a Member of	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices cc from exercising their rights under the U.S. Constitution or any s n? You responded 'Yes' to being or EVER having been a mem acts of force or violence to discourage others from exercisin U.S. with the specific intent to further such action. Provide the full name of the organization. Provide the address/location of the organization.	ganizati nent, wh dedicat ommissio state of t ber of a g their ri Org Stree	on dedicated to ich engaged in ion to that end o on of acts of for he United State n organization t ights under the b	or with ce or viole s with the s hat advoca J.S. Const (Free Tex City	(Yes adds another entry nce to specific intent itution or that of) valida YES to S commission of any state	NO on of of the	
(Multiple Entries Allowed) Have you EVER discourage others further such action Branch If Yes to Being a Member of Organization	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices cc from exercising their rights under the U.S. Constitution or any n? You responded 'Yes' to being or EVER having been a mem acts of force or violence to discourage others from exercisin U.S. with the specific intent to further such action. Provide the full name of the organization. Provide the address/location of the organization. Provide the dates of your involvement with the organization	ganizati eent, wh s dedicat ommissio state of t bber of an g their ri Org Stree Fron	on dedicated to ich engaged in ion to that end of on of acts of for he United State n organization t ights under the l anization Name et address and O	or with ce or viole s with the s hat advoca J.S. Const (Free Tex City	(Yes adds another entry nce to specific intent itution or that of itution of itution of itution of itution of itution of itution of itution of itution of itu) valida YES to S commission of any state	NO on of of the ountry ent)	
(Multiple Entries Allowed) Have you EVER discourage others further such action Branch If Yes to Being a Member of Organization	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices or from exercising their rights under the U.S. Constitution or any n? You responded 'Yes' to being or EVER having been a mem acts of force or violence to discourage others from exercisin U.S. with the specific intent to further such action. Provide the full name of the organization. Provide the dates of your involvement with the organization Provide all positions held in the organization, if any.	ganizati eent, wh s dedicat ommissio state of t ber of an g their ri Org Stre Fron No posi	on dedicated to ich engaged in ion to that end of on of acts of for he United State n organization t ights under the U anization Name tet address and C m Date (Estimations held	or with ce or viole s with the s hat advoca J.S. Const (Free Tex City	(Yes adds another entry nce to specific intent itution or that of itution of) valida YES to YES s commission of any state Code or Comated/Prese is (Free Tex	NO on of of the ountry ent)	
(Multiple Entries Allowed) Have you EVER discourage others further such action Branch If Yes to Being a Member of Organization Using Violence	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices cc from exercising their rights under the U.S. Constitution or any n? You responded 'Yes' to being or EVER having been a mem acts of force or violence to discourage others from exercisin U.S. with the specific intent to further such action. Provide the full name of the organization. Provide the address/location of the organization. Provide the dates of your involvement with the organization	ganizati eent, wh s dedicat ommissio state of t ber of an g their ri Org Stre Fron No posi	on dedicated to ich engaged in ion to that end of on of acts of for he United State n organization t ights under the U anization Name tet address and C m Date (Estimations held	or with ce or viole s with the s hat advoca J.S. Const (Free Tex City	(Yes adds another entry nce to specific intent itution or that of itution of) valida YES to S commission of any state Code or Comated/Prese	NO on of of the ountry ent)	
(Multiple Entries Allowed) Have you EVER discourage others further such action Branch If Yes to Being a Member of Organization Using Violence (Multiple Entries	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices confrom exercising their rights under the U.S. Constitution or any m? You responded 'Yes' to being or EVER having been a mem acts of force or violence to discourage others from exercisin U.S. with the specific intent to further such action. Provide the full name of the organization. Provide the address/location of the organization. Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. Provide all contributions (in U.S. dollars) made to the organization.	ganizati hent, wh s dedicat ommissic state of t ber of a g their ri Org Stree Frou No posi ization, i	on dedicated to ich engaged in ion to that end of on of acts of for- he United State: n organization t ights under the U anization Name et address and (m Date (Estimat itions held if any.	or with ce or viole s with the s hat advoca J.S. Const (Free Tex City ted)	(Yes adds another entry nce to specific intent itution or that of itution or that of tt) State and Zip To Date (Esti Positior Contrib) valida YES to YES s commission of any state Code or Comated/Prese is (Free Tex	NO on of of the ountry ent) t) c Text)	
	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices cc from exercising their rights under the U.S. Constitution or any member of violence to discourage others from exercising U.S. with the specific intent to further such action. Provide the full name of the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any.	ganizati hent, wh s dedicat ommissic state of t ber of a g their ri Org Stree Frou No posi ization, i	on dedicated to ich engaged in ion to that end of on of acts of for- he United State: n organization t ights under the U anization Name et address and C m Date (Estimat itions held if any.	or with ce or viole s with the s hat advoca J.S. Const (Free Tex City ted) anization.	(Yes adds another entry nce to specific intent itution or that of itution or that of tt) State and Zip To Date (Esti Positior Contrib	yes to s commission of any state <u>Code or Co</u> mated/Press is (Free Tex utions (Free	NO on of of the ountry ent) t) c Text)	
(Multiple Entries Allowed) Have you EVER discourage others further such action Branch If Yes to Being a Member of Organization Using Violence (Multiple Entries	Do you have any other instances of being a member of an or of violence or force to overthrow the United States Governm activities to that end with an awareness of the organization's the specific intent to further such activities to report? been a member of an organization that advocates or practices confrom exercising their rights under the U.S. Constitution or any in? You responded 'Yes' to being or EVER having been a mem acts of force or violence to discourage others from exercisin U.S. with the specific intent to further such action. Provide the full name of the organization. Provide the address/location of the organization. Provide the dates of your involvement with the organization. Provide all positions held in the organization, if any. Provide all contributions (in U.S. dollars) made to the organ No contributions made	ganizati bent, wh s dedicat ommissis state of t ber of a g their ri Org Stre Frou No posi ization, i nvolvem	on dedicated to ich engaged in ion to that end of on of acts of for- he United State: n organization t ights under the U anization Name wet address and C m Date (Estimat itions held if any. ent with the org on that advocate	or with ce or viole s with the s hat advoca J.S. Const (Free Tex City ted) anization. es or Y	(Yes adds another entry nce to specific intent itution or that of itution or that of tt) State and Zip To Date (Esti Position Contrib	yes to s commission of any state Code or Comated/Press is (Free Tex utions (Free ment (Free	NO on of of the puntry ent) t) c Text) Text)	

	intent to further such action to report?							
Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force? YES								NO
Branch If Yes to	You responded 'Yes' to having EVER knowingly engaged in activities designed to overthrow the U.S. Government by force.							
Activities to	Describe the nature and reasons for the activity. Reasons (Free Text)							
Overthrow	Provide the dates of such activities. From Date (Estimated) To Date			e (Estimated/Present)				
(Multiple Entries	Do you have any other instances of having knowingly engaged in activities YES			NO				
Allowed)	designed to overthrow the U.S. Government by force to report? (Yes adds another entry) (Requi			uired to validate)				
Have you EVER as	Have you EVER associated with anyone involved in activities to further terrorism? YES NO						NO	
Branch	Terrorism Association Detail							
If Yes to Having	Provide Explanation	Expla	nation (Free Text)					
Terrorism								
Association								

Additional Comments

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

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 have carefully read the foregoing instructions to complete this form. 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 may 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 (<i>mm/dd/yyyy</i>)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

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

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information to include publically available electronic information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (Sign in ink)	Full name (T)	/pe or pr	int legibly)	Date signed (<i>mm/dd/yyyy</i>)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (Country)	State	ZIP Code	Home telephone number

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

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

Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full name (<i>Type</i>	or print l	Date signed (<i>mm/dd/yyyy</i>)		
Other names used	Social Security Number				
Current street address Apt. #	City (Country)	State	ZIP Code	Home telephone number	

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

_YES __NO

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

Dates of treatment?

Signature (Sign in ink)

Practitioner name

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance ability to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name	Social Security Number
Signature (Sign in ink)	Date (<i>mm/dd/yyyy</i>)