### **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

#### 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

#### Ouestionnaire 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 provided 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 and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for access to classified information may affect your eligibility for access to referrally 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 on the 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, bankruptices, 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.

5. Do not abbreviate the names of cities or foreign countries.

- 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.
- 4. 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, Sl
- Fadditional 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, maintenance, and 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 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

#### **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 for use in records management
- Within OPM for Statistical/Analytical Studies—By OPM in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. While published studies do not contain individual identifiers, in some instances the selection of elements of data included in the study may be structured in such a way as to make the data individually identifiable by inference.
- For Litigation—To disclose information to the Department of Justice or 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.
- For the Federal Labor Relations Authority—To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.
- To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government having a need to evaluate qualifications, suitability, and loyalty to the United States Government and/or a security clearance 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
- To any source from which information is requested in the course of an investigation, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
- To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.
- To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the conducting of a security or suitability investigation of an individual, the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter
- To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.
- To the Office of Management and Budget 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, 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, 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 collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 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 clearance, and/or removal and debarment from Federal Service.

YES

Agency Use Block "AUB"

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|------------------------------|-------------------------------------|------------------------------|---|---------------------------|----------------------|-------------------------|-----------------|------------------|----------|-----------------------|-------------------|----------------|
|                              | Provide type of documentat          | ion of U.S.                  | citizen born abroa                        | ad.                       |                      |                         |                 |                  | -        |                       | Explar            | nation         |
|                              | FS 240, DS 1350, FS 545, 0          |                              |   |                           |                      |                         |                 |                  |          |                       | 1                 |                |
|                              | Provide document number             |                              |   |                           |                      | Docume                  | ent Nun         | iber (Free       | e Text   | t)                    |                   |                |
|                              | Provide the date the docum          |                              |   |                           |                      | Date _                  |                 | Estima           |          | ,                     |                   |                |
|                              |                                     |                              | cu.                                       |                           |                      |                         |                 | State            |          |                       | Count             |                |
| Branch                       | Provide the place of issuand        |                              | . 1                                       |                           |                      | City                    |                 |                  |          |                       | Counti            | ,              |
|                              | Provide the name in which           | document w                   | as issued.                                |                           |                      | Last nai                |                 | First            |          |                       | Suffix            |                |
| Foreign Born                 |                                     |                              |   |                           |                      |                         |                 | name:            | nan      |                       |                   |                |
| to U.S. Parents              | Provide your Certificate of         |                              |   |                           |                      | Certific                | ate Nun         | nber (Fre        | e Tex    | t)                    |                   |                |
| in a Foreign                 | Provide the name of the cou         | <del>ırt that issue</del>    | the Certificate of                        | f Citizenshi              | <del>p</del>         | Court n                 | <del>ame:</del> |                  |          |                       |                   |                |
| _                            | <del>citizenship certificate:</del> |                              |   |                           |                      |                         |                 |                  |          |                       |                   |                |
| Country                      | Provide the address of the c        | ourt that issu               | ued the Certificat                        | e of Citizer              | nship                | Street                  | City            | State            | •        | Zip Cod               | le                |                |
|                              | <del>citizenship certificate.</del> |                              |   |                           | -                    |                         |                 |                  | _        |                       |                   |                |
|                              | Provide the date the certific       | ate was issu                 | ed.                                       |                           |                      | Date                    |                 | Estima           | ted □    |                       |                   |                |
|                              | Provide the name in which           |                              |   |                           |                      | Last nai                | me.             | First            |          |                       | Suffix            |                |
|                              | Trovide the name in which           | uic cortificat               | e was issaea.                             |                           |                      | Last na                 |                 | name:            | nan      |                       | Duma              |                |
|                              | Were you born on a U.S. m           | ilitary inetal               | lation?                                   |                           |                      |                         |                 | name.            | man      |                       | YES               | NO             |
|                              | were you born on a c.s. in          |                              | wered that you we                         | ara harn on               | o II C m             | ilitarying              | tollation       | 2                |          |                       | TES               | NO             |
|                              | <b>Branch</b> If Yes                |                              |   |                           | a U.S. III           | ilitary ins             | stanatioi       | 1.               | N.T      | · (F                  | T ()              |                |
|                              | **                                  |                              | he name of the b                          | ase.                      |                      |                         |                 |                  | IN       | ame (Free             | e rext)           |                |
|                              | You answered that you are           |                              | I U.S. citizen.                           |                           |                      |                         |                 |                  |          |                       |                   |                |
|                              | Provide the date of entry in        |                              |   |                           |                      | Date                    | <u></u>         | Esti             | mate     |                       |                   |                |
|                              | Provide the location of entr        |                              |   |                           |                      | City                    |                 |                  |          | tate                  |                   |                |
|                              | Provide country (ies) of pri-       |                              |   |                           |                      | Cour                    | ntry (Al        | lows for         | Multi    | ples)                 |                   |                |
|                              | Do/did you have a U.S. alie         | n registratio                | n number?                                 |                           |                      |                         |                 |                  |          |                       | YES               | NO             |
|                              | Branch If Yes                       | Provide v                    | our U.S. alien re                         | gistration n              | umber 01             | n Certific              | ate of          |                  | A        | lien Regi             | stratio           | n              |
|                              |                                     |                              | ation-utilize USC                         |                           |                      |                         |                 | I-551, I-        |          | lumber (F             |                   |                |
|                              |                                     | 766                          |   | , , , , , ,               |                      |                         | ,               |                  |          |                       |                   | /              |
|                              | Provide your citizenship ce         |                              | her                                       |                           |                      |                         |                 |                  | C        | itizenshir            | Certi             | ficate         |
|                              | 1 Tovide your citizenship ee        | tiffeate flair               | ioci.                                     |                           |                      |                         |                 |                  |          | l <del>umber (F</del> |                   |                |
|                              | Provide the name of the cou         | ert that issue               | d the citizenship                         | aartifiaata               |                      |                         |                 |                  |          | Court (Free           |                   |                |
| Branch                       | Provide the address of the co       |                              |   |                           |                      | Ctuant                  |                 | City             | <u> </u> | State                 |                   |                |
|                              |                                     |                              |   | <del>p certificat</del>   | <del>č.</del>        | Street                  |                 | City<br>E-ti-    | 41       |                       |                   | <del>Zip</del> |
| Citizenship                  | Provide the date the citizen        |                              |   |                           |                      | Date_                   |                 | Estin            | natea    |                       | T                 | 201            |
| Naturalized                  | Provide the name in which           | <del>the citizensh</del>     | <del>up certificate was</del>             | s issued:                 |                      | <del>Last n</del>       | <del>ame:</del> | First            |          | <mark>Middle</mark>   | <del>Suf</del>    | <del>11X</del> |
| U.S. Citizen                 |                                     |                              |   |                           |                      |                         |                 | <del>name:</del> |          | <del>name:</del>      |                   |                |
|                              | Provide your Certificate of         | Naturalizati                 | <mark>on <del>certificate</del> nu</mark> | mber ( N55                | 0 or                 |                         |                 | Naturaliz        | zation   | Certifica             | <del>te</del> num | ıber           |
|                              | N570):                              |                              |   |                           |                      | (Free                   |                 |                  |          |                       |                   |                |
|                              | Provide the name of the cou         | ırt that issue               | d the Certificate                         | of Naturaliz              | <mark>zation</mark>  | Court                   | (Free T         | ext)             |          |                       |                   |                |
|                              | certificate:                        |                              |   |                           |                      |                         |                 |                  |          |                       |                   |                |
|                              | Provide the address of the c        | ourt that issi               | ued the                                   | Street                    | City                 | State                   |                 |                  |          |                       |                   | Zip            |
|                              | Certificate of Naturalization       | <mark>r certificate</mark> : |   |                           |                      |                         |                 |                  |          |                       |                   | 1              |
|                              | Provide the date the Certific       | cate of Natur                | ralization <del>certific</del>            | <mark>ate</mark> was issu | ied:                 | Date                    |                 | Esti             | mated    |                       |                   |                |
|                              | Provide the name in which           |                              |   |                           |                      | Last                    |                 | First            |          | Middle                | Suf               | fix            |
|                              | issued.                             | une <mark>Corumo</mark>      | or i tatarament                           |                           | was                  | name:                   |                 | name:            |          | name:                 | 541               |                |
|                              | Provide the basis of natural        | ization -                    | Rased on my own                           | individual                | naturali             |                         |                 |                  |          |                       | Explar            | nation         |
|                              | - By operation of law throu         | ah my II S                   | citizen narent                            | Other (Pro                | vide evnl            | anation)                | nicunor         | ٠,               |          |                       | Lapiai            | lation         |
|                              | You answered that you are           |                              |   | other (170                | чис сяри             | anamon)                 |                 |                  |          | l l                   |                   |                |
|                              | Provide your alien registrat        |                              |   | Citizanshir               | ntilis               | 70 LISCIS               | CIS or          | INS rec          | ictrati  | on numbe              | ar)               |                |
|                              |                                     |                              | on Certificate of                         | Citizensinj               | um_                  | ze oscis                | , CIS OI        | II VO TEG        | istrati  | on numbe              | <del>1)</del>     |                |
|                              | Alien Registration Number           |                              | 1 (1.551)                                 |                           |                      |                         |                 |                  |          |                       |                   |                |
| Branch                       | Provide your Permanent Re           |                              |   |                           |                      |                         |                 |                  |          |                       |                   |                |
|                              | Permanent Resident Card n           |                              |   | 315.61                    |                      |                         |                 |                  |          |                       |                   |                |
| Citizenship                  | Provide your Certificate of         |                              |   |                           |                      |                         |                 |                  |          |                       |                   |                |
| Derived                      | Certificate of Citizenship n        |                              |   | Text)                     |                      |                         |                 |                  |          |                       |                   |                |
|                              | Provide the name in which           |                              |   |                           | Last n               | ame: Fi                 | rst name        | e: Midd          | lle na   | me: Su                | ffix:             |                |
|                              | Provide the date document           |                              |   | Estimated                 |                      |                         |                 |                  |          |                       |                   |                |
|                              | Provide the basis of derived        | l citizenship.               | By operation of                           | of law throi              | ıgh my U             | .S. citizer             | ı parent        | Other (          | Provi    | ide explai            | ıation)           | l l            |
|                              | <b>Explanation</b>                  |                              |   |                           |                      |                         |                 |                  |          |                       |                   |                |
|                              | Not a U.S. Citizen                  |                              |   |                           |                      |                         |                 |                  |          |                       |                   |                |
|                              | Provide your residence state        | us.                          | Status (Free Text)                        | ) Provid                  | de your d            | ate of ent              | ry into t       | he               | Date     | ·                     |                   |                |
|                              | -                                   |                              |   | U.S.                      |                      |                         |                 |                  | Esti     | mated $\square$       |                   |                |
|                              | Provide your country(ies) o         | f citizenship                | : Allow multiple                          | Provid                    | le your p            | lace of en              | try in th       | e U.S.           | City     | (Free Te              | xt) S             | State          |
|                              | Provide your alien registrat        | ion number                   | (I-151, I-766)                            |                           |                      | umber (Fi               |                 |                  |          |                       |                   |                |
| Branch                       | Provide the document expir          |                              | · · · · · · · · · · · · · · · · · · ·     |                           |                      |                         |                 | ,                |          |                       |                   |                |
|                              | visa.                               | (-                           | ,   |                           |                      |                         |                 |                  |          |                       |                   |                |
| Citizenship                  | Provide type of document i          | ssued (I-94                  | US Visa red                               | 1-94                      | US Visa              | (red foil               | numher          | 1.20 D           | S-201    | 10                    | Explar            | nation         |
| Not a U.S.                   | foil number, I-20, DS-2019          |                              | C.S. VISA TCG                             |                           |                      | explanat                |                 | ), 1 20, D       | D 201    | · /,                  | Lapiai            | lation         |
| citizen                      | Provide document number:            | , etc.)                      |   |                           |                      | nber (Free              |                 |                  |          |                       |                   |                |
|                              | Provide the name in which           | tha daarmar                  | st man insmed                             | Docui                     | Last na              | 1                       |                 | First nan        |          | Middle                | Suf               | · C:           |
|                              | Provide the name in which           | me documer                   | it was issued.                            |                           | Last III             | ame:                    |                 | riist iiaii      | ie:      |                       | Sui               | IIX            |
|                              | B 11 1 1 1                          |                              |   |                           | D :1                 | .1 1                    |                 |                  |          | name:                 |                   |                |
|                              | Provide the date document           | was issued.                  | Date                                      | _                         |                      | le <mark>the doc</mark> | ument e         | xpıratıon        | 1        | Date                  |                   | _              |
|                              | <u></u>                             |                              | Estimated                                 |                           | date. <mark>e</mark> | <del>I Visa</del> .     |                 |                  |          | Estimate              | ed 🗆              |                |
| Section 10                   | - Dual/Multiple Citiz               | zenshin 2                    | & Foreign D                               | accnort                   | Infor                | mation                  | 1               |                  |          |                       |                   |                |
|                              |                                     |                              |   | assport                   | HIIUIT               | mauvil                  | l               |                  |          | 1                     | TIPC              | NO             |
| •                            | ave you EVER held dual/mu           |                              |   |                           |                      |                         |                 |                  |          |                       | YES               | NO             |
| Branch                       | You answered "Yes" to have          |                              |   |                           |                      |                         |                 |                  |          |                       |                   |                |
|                              | Provide country of citizensl        |                              |   | ring what p               |                      |                         |                 |                  | nip wi   |                       |                   |                |
| Dual/Multiple<br>Citizenship | Provide the date range that         |                              |   |                           |                      | it was                  | Fron            | n Date           | T        | To Date               |                   |                |
|                              | acquired through its termin         |                              |   |                           |                      |                         | 1 ~             | imated)          |          | (Estimat              | 100               |                |

|                                 | How did you      | acquire this no                          | on-U.S.              | citizenship y  | you 1       | now have or p      | revious  | sly had? | )                      |         |          | ]             | How (Fr           | ee Text)            |          |
|---------------------------------|------------------|--|----------------------|----------------|-------------|--------------------|----------|----------|------------------------|---------|----------|---------------|-------------------|---------------------|----------|
| (Multiple                       | Have you tal     | ken any action t                         | to renou             | ince your for  | eign        | citizenship?       |          |          |                        |         |          |               |                   | YES NO              | )        |
| Entries                         | Provide expl     | anation: (Free 7                         |                      |                |             |                    |          |          |                        |         |          |               |                   |                     |          |
| Allowed)                        | Branch           |  |                      |                |             | d citizenship      | with thi | is count | ry?                    |         |          |               |                   | YES NO              | )        |
|                                 | If Present/C     |  |                      | ide explanat   |             |                    | 1.1.1    |          |                        |         |          |               |                   |                     |          |
|                                 |                  | dual/multiple c                          | citizensl            | hips you hav   | e list      | ted: Allow m       |          |          | 71.1                   |         |          | 1 A .:        |                   |                     |          |
|                                 | Select Count     | an additional c                          | oitizonel            | ain to provid  | 02          |                    |          |          | Citizensh<br>adds an   | 1       | onter/)  | Action        |                   | to validate         | <u> </u> |
| Have you EVER                   |                  |  |                      |                |             | a country of       |          |          |                        | omer    | entry)   | NO (I         |                   | YES NO              | _        |
| Have you EvEl                   |                  | led "Yes" to ha                          |                      |                |             |                    |          |          |                        | countr  | v othe   | r than the    |                   | ILD   IIC           | ,        |
|                                 |                  | country in which                         |                      |                |             |                    |          | ioi tiuv | 01) 0 j u c            |         | ntry:    | tinuii tiic   | C.D.              |                     |          |
|                                 |                  | date the passpor                         |                      |                |             |                    |          |          |                        | Date    | _        | Es            | timated           |                     |          |
| Branch                          | Provide the p    | place the passpo                         | ort (or i            | dentity card)  | was         | issued.            |          |          |                        | City    |          |               |                   | Country             |          |
| Foreign                         | Provide the      | name in which j                          | passpor              | t (or identity | card        | d) was issued:     |          |          |                        | Last    |          | First         | Middl             | e Suffix            | ζ.       |
| Passport (or                    |                  |  |                      |                |             |                    |          |          |                        | nam     |          | name:         | name:             |                     |          |
| Identity Card)                  |                  | passport (or ide                         |                      |                | 1           | ,                  |          |          |                        |         |          | (Free Tex     |                   |                     |          |
|                                 |                  | passport (or idea VER used this p        |                      |                |             |                    | traval?  |          |                        | Date    | <u></u>  | Es            | timated           | YES NO              | ,        |
| (Multiple                       | Branch           | VER used this p                          |                      |                |             | to which you       |          | ed on th | is                     | Cou     | ntrv     | From          |                   | To Date             |          |
| Entries<br>Allowed)             |                  | ntries Allowed)                          |                      |                |             | card) and the      |          |          |                        | Cou     | 1111 9   | (Estin        |                   | (Est/Pres           |          |
| Allowed)                        |                  |  | each                 | 1              |             |                    |          |          |                        |         |          | ,             |                   | ,                   |          |
|                                 | •                | an additional f                          | foreign <sub>l</sub> | passport (or   | ident       | tity card) to      |          | YES      |                        |         |          | NO            |                   |                     |          |
|                                 | report?          |  |                      |                |             |                    |          | (Yes ac  | dds anotl              | ner en  | try)     | (Requ         | ired to v         | alidate)            |          |
| Section 11 -                    | - Where Y        | ou Have L                                | Lived                |                |             |                    |          |          |                        |         |          |               |                   |                     |          |
| List the places w               |                  |  |                      | our present    | resid       | lence and wor      | king ba  | ck 10 y  | ears. Re               | siden   | ces for  | the entire    | e period          | must be             |          |
| accounted for wi                |                  |  |                      |                |             |                    |          |          |                        |         |          |               |                   |                     |          |
| were not physica                |                  |  |                      |                |             |                    |          |          | ime perio              | od, yo  | u mus    | t list all re | esidence          | s. Do not li        | st       |
| residence before                | your 18th birt   | hday unless to p                         | provide              | a minimum      | of 2        | years residen      | ce histo | ory.     |                        |         |          |               |                   |                     |          |
| You are not requ                | ired to list tem | porary location                          | ns of les            | s than 90 day  | ys th       | at did not ser     | ve as yo | our pern | nanent or              | r mail  | ing ad   | dress.        |                   |                     |          |
| •                               |                  | •  |                      | •              |             |                    | •        | •        |                        |         | •        |               |                   |                     |          |
| For any address i               |                  |  |                      |                |             |                    |          |          |                        |         |          |               |                   |                     |          |
| knew you well for of residence. | r residences c   | ompletely outsi                          | ide this             | 3 year period  | u, an       | a ao not nst y     | our spo  | ouse, co | naomant                | or ou   | ier reia | mves as t     | ne verm           | er for perio        | as       |
| Enter residence is              | nformation (     | Multiple Entries                         | s Allow              | red)           |             |                    |          |          |                        |         |          |               |                   |                     |          |
| Provide dates of                |                  | Tarapic Emire.                           | o i ino ii           | <del></del>    |             | From Date          | Estima   | ted)     |                        |         | To D     | ate (Estir    | nated/Pr          | esent)              |          |
| Is/was this reside              |                  | d by you □ Rer                           | nted or l            | leased by you  | u 🗆         |                    |          |          | rovide e               | xplan   |          |               |                   | Free Text)          |          |
| Provide the stree               |                  |  |                      |                |             | Street addre       |          | City     |                        |         |          |               |                   |                     |          |
| Provide the coun                |                  | he United State                          | es; other            | wise provide   | е           | State              |          | Zip C    | ode                    |         | Cour     | ntry          |                   |                     |          |
| State and Zip Co                |                  | 11 | /FID O               |                |             |                    |          | L.,      |                        |         |          |               |                   |                     |          |
| Branch<br>Physical              |                  | dicated an APO<br>ome port/fleet l       |                      |                |             |                    |          |          | reet addi              | ress, t | ase, p   | ost, emba     | ssy, unit         | , and count         | ry       |
| Location                        |                  | ss/Unit/Duty L                           |                      |                | ae pi       | iysicai iocalio    | m uata.  |          |                        |         | City     | or Post N     | ame               |                     |          |
| Location                        |                  | e for ports in U                         |                      |                | ntrv        | location.          |          |          |                        |         |          | and Zip       |                   | Country             |          |
| Branch                          |                  | dicated an addre                         |                      |                |             |                    |          |          |                        |         |          |               |                   | <u> </u>            |          |
| APO/FPO                         |                  | nave an APO/FI                           |                      |                |             |                    |          |          |                        |         |          |               |                   | Yes No              | )        |
| Address                         |                  | u have indicate                          |                      | u have or had  | d an        |                    |          |          |                        |         |          |               |                   | 1                   |          |
|                                 |                  | D/FPO address:                           |                      | 11 1 // 0      | . 45        |                    | Address  |          | O or FP                |         |          | /FPO Sta      | te Code           | Zip Cod             | e        |
|                                 | Provide the i    | name of a neigh                          |                      |                |             |                    |          |          | ou at thi<br>of last c |         |          | Г             | N-4-              |                     |          |
|                                 | Provide the      | ruii name:                               | Last<br>name:        |                | Aidd<br>ame |                    | Provi    | ide date | or last c              | ontac   | t:       |               | Date<br>Estimated |                     |          |
|                                 | Provide your     | r relationship to                        |                      |                |             |                    | □ Ne     | ighbor   | □ Frien                | d 🗆 1   | Landlo   | ord □ Bus     |                   |                     |          |
|                                 | ,                | 1  | •                    | `              |             | 11 37              |          |          |                        |         |          | xplanatio     |                   |                     |          |
|                                 |                  | following conta                          |                      |                |             |                    |          |          |                        |         |          |               |                   |                     |          |
|                                 | Provide ever     | ning phone num                           | iber for             | this person:   |             | lumber/Ext         | Provi    | ide dayt | ime pho                | ne nu   | mber f   | or this pe    |                   | Number/Ex           | te       |
|                                 |                  |  |                      |                |             | nsion<br>Check box |          |          |                        |         |          |               |                   | nsion<br>_Check box |          |
|                                 |                  |  |                      |                | if          |                    |          |          |                        |         |          |               |                   | _Check bo.          | X.       |
| Branch                          |                  |  |                      |                |             | nternational       |          |          |                        |         |          |               |                   | internation         | al       |
| Dranen                          |                  |  |                      |                |             | I don't            |          |          |                        |         |          |               |                   | _I don't            |          |
| Person Who                      |                  |  |                      |                |             | now                |          |          |                        |         |          |               |                   | know                |          |
| Knew you                        | Provide cell/    | mobile phone r                           | number               | for this perso | on:         |                    |          |          | _                      | Check   | box i    | f internati   | onal              |                     |          |
| (:C - 11                        | Provide e m      | oil address for t                        | his nors             | ion:           |             |                    |          | n't kno  | w<br>Text) I d         | on't l  | THOM:    |               |                   |                     |          |
| (if address dates within        | Provide stree    | ail address for the<br>et address for th | nis perso            | on (including  | rana        | rtment             |          | t addres |                        | OII t i | City     | 1             |                   |                     |          |
| last 3 years)                   | number).         | et address for th                        | ns perse             | on (meraamg    | , upu       | rtment             | Stree    | t addres | ,,,                    |         | City     |               |                   |                     |          |
|                                 |                  | ntry if outside t                        | the Unit             | ted States; ot | herw        | vise,              | State    | :        | Zip Co                 | de      | Cour     | ntry          |                   |                     |          |
|                                 |                  | e and Zip Code                           |                      |                |             |                    |          |          | •                      |         |          |               |                   |                     |          |
|                                 | Branch           | You have indi                            |                      |                |             |                    |          |          |                        |         |          |               | se, post,         | embassy,            |          |
|                                 | Physical         | unit, and cour                           |                      |                |             | rt/fleet headq     | uarter.  | Provid   | e physica              | al loca |          |               |                   |                     |          |
|                                 | Location         | Street Address                           |                      |                |             | ·                  | 10       |          |                        |         |          | or Post N     |                   | Constr              |          |
|                                 |                  | Provide State You have indi              |                      |                |             |                    | 10catic  | nl.      |                        |         | State    | and Zip       | code or           | Country             |          |
|                                 | Branch           | Does the pers                            |                      |                |             |                    | address  | 37       |                        |         |          |               | Τ.                | Yes No              | ,        |
|                                 | APO/FPO          | Branch You                               |                      |                |             |                    |          |          | as or had              | an A    | PO/FP    | O address     |                   | 100 110             |          |
|                                 | Address          | Provide APO                              |                      |                | • Р         |                    |          |          |                        |         |          | FPO State     |                   | Zip Cod             | e        |

Type is Other Provide the name of your employer Employer name (Free Text) Federal Provide the address of employer Street address City employment, Provide Country if outside the United States; otherwise, provide State and Zip Code State Zip Code Country State Provide telephone number Number/Extension Time Day Government, Night Both \_Check box if Federal International or DSN phone Contractor, Nonnumber government Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on employment, or more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 Other separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below). Not Applicable  $\square$ (Multiple Entries Allowed) From Date (Estimated) To Date (Estimated/Present) Dates of employment Supervisor (Free Text) Position title Position (Free Text) Supervisor Is/was your physical work address different than your employer's address? NO Provide the work address where you are/were physically located. Street address City Zip Code Provide Country if outside the United States; otherwise provide State and Zip State Country Branch Code Physical Provide telephone number: Number/Extension Time Day Location Night Both \_Check box if International or DSN phone number You have indicated an APO/FPO address; provide physical location data with either street address, base, post, Branch embassy, unit, and country location or home port/fleet headquarter. Provide physical location data: Physical Street Address/Unit/Duty Location: City or Post Name: Location Zip Code Country 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 an APO/FPO YES APO/FPO address while at this location? APO/FPO State Zip Code Address **Branch** if Yes Provide APO/FPO address: Address APO/FPO Provide the name of your supervisor. Supervisor name (Free Text) Provide the position title of your supervisor. Supervisor position (Free Text) Provide the email address of your supervisor.  $\Box$  I don't know Supervisor email (Free Text) Provide the physical work location of your supervisor. City Street address Zip Code Provide Country if outside the United States; otherwise, provide State and Zip Code State Country Number/Extension Time Day Provide the telephone number for this supervisor. Night Both \_Check box if International or DSN phone number You have indicated an APO/FPO address for your supervisor. Provide physical location data with either street Branch address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location Physical data of your supervisor: City or Post Name: State Zip Code Location Street Address/Unit/Duty Location: Provide state for ports in the United States, or country location. Country You have indicated an address outside of the United States. Did/does your supervisor have an YES NO Branch APO/FPO APO/FPO address while at this location? Provide APO/FPO address: Address APO/FPO APO/FPO State Address **Branch** if Yes Zip Code Self-Employment Provide most recent position title. Position (Free Text) Select the employment status for this position: □ Full-time □ Part-time Provide the name of your employment Employment name (Free Text) Provide the address of employment Street address City Provide Country if outside the United States; otherwise, provide State and Zip Code State Zip Code | Country Number/Extension Time Day Provide telephone number Night Both \_Check box if International or DSN phone number Is your physical work address different than your employment address? YES NO Provide the work address where Street address City you are/were physically located. Country Provide Country if outside the United States; otherwise, provide State and Zip State Zip Branch Code Physical Provide telephone number: Number/Extension Time Day Location Night Both \_Check box if **Branch** International or DSN phone number If Employment You have indicated an APO/FPO address; provide physical location data with either street address, base, post, Branch Type is Selfembassy, unit, and country location or home port/fleet headquarter. Provide physical location data: Physical Employment City or Post Name: Street Address/Unit/Duty Location: Location Zip Code Provide state for ports in the United States, or country location. State Country Branch You have indicated an address outside of the United States. Do you or did you have an APO/FPO YES NO APO/FPO address while at this location? Address Branch if Yes Provide APO/FPO address: Address APO/FPO APO/FPO State Zip Code Provide the name of someone that can verify your self-employment. Last name First name Provide the address of this verifier. State Provide Country if outside the United States; otherwise, provide State and Zip Code Zip Code Country Provide the telephone number for this person Number/Extension Time Day Night Both \_Check box if

International or DSN phone number

|                                       | Branch   |         |                                       |           |                       | ur self-employment     |              |             |              |             |             |
|---------------------------------------|--|---------|---------------------------------------|-----------|-----------------------|------------------------|--------------|-------------|--------------|-------------|-------------|
|                                       | Verifier   |         | sical location dat                    |           |                       | nd country location    | or nome po   | ort/Heet I  | neadquarte   | r. Provid   | ie          |
|                                       | Physical<br>Location   |         | et Address/Unit/                      |           |                       |                        | City or P    | ost Nam     | ie:          |             |             |
|                                       |  |         |                                       |           | United States, or co  |                        | State        |             | ip Code      |             | Country     |
|                                       | Branch<br>Verifier   |         | i have indicated a<br>e an APO/FPO ac |           | ss outside of the Un  | ited States. Does yo   | ur self emp  | oloyment    | verifier     | YES         | NO          |
|                                       | APO/FPO  |         | nch if Yes                            | Provid    | le APO/FPO addres     | s for this person:     |              | Addre       |              | APO/I       | FPO         |
|                                       | Address<br>Unemploym   |         | nen n res                             | APO/I     | FPO State             |                        |              | Zip C       | ode          |             |             |
|                                       | _ ,  |         | of someone who                        | can ver   | ify your unemployn    | nent activities and m  | eans of sur  | pport       | Last         | First na    | me:         |
|                                       | Provide the  | addres  | ss of this verifier                   |           |                       | Street address         |              | City        | name:        | <u> </u>    |             |
|                                       |  |         |                                       |           | es; otherwise, provid |                        | le           |             | e Zip (      | Code C      | ountry      |
| Branch                                | Provide the  | teleph  | one number for t                      | this pers | on                    |                        |              |             | Both _Cl     | neck box i  | if          |
| If Employment                         | Branch   |         |                                       |           |                       |                        |              |             |              |             |             |
| Unemployment                          | Verifier   |         |                                       |           |                       | nd country location    | or home po   | ort/fleet l | neadquarte   | r. Provid   | le          |
| 1 1                                   |  | Stre    | et Address/Unit/                      | Duty Lo   | cation:               |                        |              | City o      |              |             |             |
|                                       |  |         |                                       |           |                       |                        |              | State       |              |             |             |
|                                       | Branch<br>Verifier   |         |                                       |           | ss outside of the Un  | ited States. Does yo   | ur unemplo   | oyment v    | rerifier     | YES         | NO          |
|                                       | APO/FPO  | Bra     | nch if Yes                            |           |                       | s for this person:     |              |             |              | APO/I       | FPO         |
|                                       | 1  |         |                                       |           |                       |                        |              |             |              | t)          |             |
|                                       |  |         |                                       |           |                       | on in the last seven   | (7) years?   | Reaso       | n (Free Te   |             | NO          |
|                                       | • Fired •  | Quit at | fter being told yo                    | u would   | be fired • Left by    | y mutual agreement     | following of |             |              | 125         | 110         |
|                                       | allegations  | of mis  | conduct • Left by                     | y mutua   | l agreement following | ng notice of unsatisf  | actory perf  | ormance     | <u> </u>     |             |             |
| Branch                                |  |         | Select the type                       | of incid  | ent: • Fired • Ou     | it after being told va | ou would be  | e fired     |              |             |             |
| If Employment                         | Duonah   |         | • Left by mutua                       | ıl agreen | nent following char   | ges or allegations of  | miscondu     | ct          |              |             |             |
| Type is Active                        | branch   |         |                                       | ıl agreen | nent following notic  | re of unsatisfactory p | erformanc    | e           | Page         | on (Eroo T  | Fowt)       |
| Duty, National                        |  |         | If Fired                              |           |                       |                        |              |             |              |             |             |
| · · · · · · · · · · · · · · · · · · · |  |         | Branch                                |           | Provide the reaso     | n for quitting.        |              |             |              |             |             |
| Commissioned                          | Left After   | OI      | If Quit                               |           |                       | you quit after being   | old you wo   | ould be     | Date         | Estimated   | 1 🗆         |
| Corps, Other                          |  | •       | Dooral                                |           |                       | es or allegations of   | misconduc    | t.          | Char         | ges (Free   | Text)       |
| employment,                           |  | e       | ***                                   | arges     |                       | you left following ch  | arges or al  | legation    | s Date       | Estimate    | d 🗆         |
| Government,                           | Entries  |         | Branch                                | c ,       | Provide the reaso     | · /                    | v 1          |             |              |             |             |
| Federal<br>Contractor, Non-           | Allowed)   |         | performance                           | •         | notice of unsatisf    | actory performance.    |              | ollowing    | a Date       | Estimated   | 1 🗆         |
| government                            |  |         |                                       |           |                       | other reason for leav  |              |             |              | \ I         |             |
| employment,<br>Self-                  | For this em  | oloym   |                                       |           |                       | eived a written warn   |              |             |              |             |             |
| Employment,                           | reprimanded  |         | ended, or discipl                     | lined for | misconduct in the v   | workplace, such as a   | violation of |             |              |             |             |
|                                       |  | ed.     |                                       |           |                       |                        |              | Lor         | Date         | /Estimated  | d $\square$ |
| or outer                              | Warned,  |         | disciplined.                          |           |                       |                        | 1            |             |              |             |             |
|                                       |  | ed, or  |                                       |           |                       |                        |              |             |              |             |             |
|                                       | (Multiple E  | ntries  | provide?                              | e anome   | mistance of discipi   | ine or a warning to    |              |             | l l          | \ I         |             |
| Do you have an add                    | Allowed) ditional emplo  | yment   | activity to enter                     | ?         |                       | YES (Yes adds          | another er   | ntry)       | NO (Reau     | ired to val | lidate)     |
|                                       |  |         |                                       |           | ner Federal S         |                        | , ,          |             |              |             |             |
|                                       | r federal civili   | ian em  | ployment, exclud                      | ding mil  |                       |                        | , to report? | ı           |              | YES         | NO          |
| Branch                                |  |         |                                       |           |                       | E D. (E.               | . 1) [       | T. D.       | Œ            | 1/D ()      |             |
|                                       |  |         |                                       |           |                       |                        |              |             | (Estimated   | /Present)   |             |
| If Yes to Former                      |  |         |                                       | rar agent | cy for wineir you are | c, were employed.      |              |             | title (Free  | Text)       |             |
| rederal Service                       |  |         |                                       |           | Street address        |                        |              |             |              |             |             |
| (Multiple Entries                     | Provide the address of this verifier.    Provide the provide Country if outside the United States; otherwise, provide State and Zip Code   State   Zip Code   Country Provide the telephone number for this person   Number Estension Time Day Night Both   Check box if International or DSN phone number for this person   Number Estension Time Day Night Both   Check box if International or DSN phone number for this person   Number Estension Time Day Night Both   Check box if International or DSN phone number for this person   Number Estension Time Day Night Both   Check box if International or DSN phone number for this person   Number Estension Time Day Night Both   Check box if International or DSN phone number for this person   Number Estension Time Day Night Both   Check box if International or DSN phone number for this person   Number Estension Time Day Night Both   Check box if International or DSN phone number for this person   Number Estension Time Day Night Both   Check box if International or DSN phone number for this person   Number Estension Time Day Night Both   Check box if International Check box if Inte |         |                                       |           |                       |                        |              |             |              |             |             |
| Allowed)                              |  |         |                                       |           | 1 *                   | ent, excidents minu    | -            |             | l I          |             |             |
|                                       |  |         |                                       |           |                       |                        |              |             |              |             |             |
|                                       |  |         |                                       |           |                       |                        |              |             |              |             |             |
|                                       |  |         |                                       |           |                       |                        | on after bei | ing told    | you would    | be fired?   |             |
| • Left a job by mutt                  | ual agreement  | follov  | wing notice of un                     | satisfact | ory performance?      |                        |              |             |              |             |             |
|                                       | n warning, bee   | en offi | cially reprimand                      | ed, suspe | ended, or disciplined | d for misconduct in    | he workpla   | ace, such   | ı as violati | on of a se  | curity      |
| poncy.                                |  |         |                                       |           |                       |                        |              |             |              | YES         | NO          |

| Were you bor                       | n a male after De | ecember 31, 1959?                |                       |                        |                 |            |           | YES      | NO          | )  |
|------------------------------------|-------------------|----------------------------------|-----------------------|------------------------|-----------------|------------|-----------|----------|-------------|--|
|                                    |                   | ervice Registration              |                       |                        |                 |            |           |          |             |  |
|                                    | Have you re       | egistered with the Selective Ser | vice System (SSS)?    |                        | Ιd              | don't kno  | )W □      | YES      | NO          | )  |
|                                    |                   |                                  |                       |                        | ide the registr | ation nur  | nber fo   | r perso  | ns who      | have   |
| Branch                             |                   | registered. Note: Se             | lective Service Nur   | nber is not your Soc   | ial Security N  | umber      |           | •        |             |  |
| TCXZ · D                           |                   |                                  |                       | •                      |                 |            | n num     | ber (Fr  | ee Text)    | )  |
| If Yes to Born                     | Branch            |                                  |                       | with the Selective S   |                 |            |           |          |             |  |
| Male After                         | If No             |                                  |                       |                        |                 |            | n (Free   | e Text)  |             |  |
| 12/31/1959                         | If Yes            |                                  |                       |                        |                 |            |           |          |             |  |
|                                    |                   |                                  |                       | 8                      |                 |            |           |          |             |  |
| G 41 14                            | 7 3 50104         |                                  |                       |                        | l .             | 1          |           | /        |             |  |
|                                    |                   |                                  |                       |                        |                 |            |           |          |             |  |
| Have you <b>EV</b>                 | ER served in the  | U.S. Military?                   |                       |                        |                 |            |           | ]        | Е           |  |
|                                    | You responded     | I 'Yes' to having served in the  | U.S. Military:        |                        |                 |            |           |          |             |  |
|                                    | Provide the bra   | anch of service you served in:   | State of servic       | e, if National         | Officer or e    | nlisted:   | Prov      | ide you  | ır servic   | e  |
|                                    |                   | 2                                |                       |                        |                 | icable     | numl      | ber.     |             |  |
|                                    | •                 |                                  |                       |                        |                 |            |           |          |             |  |
|                                    | □ Marine Corp     | os 🗆 Coast Guard                 |                       |                        | □ Enlisted      |            | Num       | ber (Fi  | ee Text)    | )  |
|                                    |                   |                                  |                       |                        |                 |            | <u> </u>  |          |             |  |
|                                    | Provide your d    | ates of service                  |                       |                        |                 |            | Present   |          | 17 270      |  |
|                                    | Were you disch    | harged from this instance of U.  | S. military service,  | to include Reserves,   | or National (   | buard?     |           | ]        | Е           |  |
|                                    | Branch            | or National Guard.               |                       |                        |                 |            |           | ·        |             |  |
| Branch                             | ICAZ              |                                  |                       |                        |                 | ter Other  | than H    | Ionoral  | ole         |  |
|                                    |                   |                                  |                       | Other (provide type)   |                 | 1          | 1 .       | · (F     | T (         |  |
| If Yes to                          | Discharged        |                                  |                       |                        |                 |            |           | 10n (F   | ee Text     | <u>)                                    </u> |
| Serving in                         | Duonah If Die     |                                  |                       | on the dischance       |                 |            |           | t)       |             |  |
| the U.S.<br>Military               |                   |                                  |                       | or the discharge.      |                 |            |           |          | (D agui     | and d  |
| (Multiple                          | ·                 | -                                |                       | on dissimlinam; musso  | and             | ther entr  | y)        | to       | /alidate)   |  |
| Entries                            |                   |                                  |                       |                        |                 |            | .11       | I ES     | NO          |  |
| Allowed)                           | Code of William   | You responded 'Yes' to havi      | ng been subject to    | court martial or other | r disciplinary  | nrocedur   | e unde    | r the II | niform (    | Code   |
|                                    |                   |                                  |                       |                        |                 |            |           |          |             |  |
|                                    |                   |                                  |                       |                        |                 |            |           |          |             | uro.   |
|                                    |                   |                                  |                       |                        |                 |            |           |          |             | ion  |
|                                    | Branch            | -                                |                       |                        | ,(-,            |            | . ,       |          |             |  |
|                                    |                   |                                  | iplinary procedure,   | such as Court Martia   | al, Article 15, | Captain'   | s mast.   |          |             |  |
|                                    | If Yes to         | Article 135 Court of Inquiry,    | etc.                  |                        |                 | _          |           | (        | Free Te     | ext)   |
|                                    |                   | Provide the description of the   | e military court or o | ther authority in wh   | ich you were    | charged (  | (title of | ' ]      | Descript    | ion  |
|                                    | Discipline        | court or convening authority,    | , address, to include | city and state or cor  | untry if overse | eas).      |           | (        | Free Te     | xt)  |
|                                    |                   | Provide the description of the   | e final outcome of t  | he disciplinary proce  | edure, such as  | found gu   | uilty,    | ]        | Descript    | ion  |
|                                    |                   | found not guilty, fine, reduct   | ion in rank, imprisc  | nment, etc.            |                 |            |           | (        | Free Te     | xt)  |
|                                    |                   | In the last 7 years do you ha    | ave an additional     | YES (Yes ac            | dds another er  | ntry) 1    | NO (Re    | quired   | to valid    | ate)   |
|                                    |                   |                                  |                       |                        |                 |            |           |          |             |  |
|                                    |                   |                                  | a foreign country's   | military, intelligence | e, diplomatic,  | security   | 7         | YES      | NO          |  |
| forces, militia                    |                   |                                  |                       |                        |                 |            |           | 111      |             |  |
|                                    |                   |                                  |                       |                        | oreign country  | y's milita | ary, inte | elligen  | ce,         |  |
|                                    |                   |                                  |                       |                        | ( A »T          | A : T      | 11        |          | 4-) 0       | -:c  |
|                                    |                   | oreign service, which organizati |                       |                        |                 |            |           |          |             |  |
|                                    | Agency, Specif    | Service Diplomatic Service   fv  | Becurity Porces       | Ivilliua 🗆 Other Del   | iciisc Foices,  | specify    | _ Ouit    | J UUV    | JIIIIIIIIII |  |
|                                    |                   | me of the foreign organization.  |                       |                        |                 | Name       | (Free 7   | Teyt)    |             |  |
|                                    |                   | eriod of service                 | From Date             | (Estimated)            |                 |            |           |          | Present)    | )  |
| Branch                             |                   | me of the country                |                       | r highest position/ra  | ink held        |            | on held   |          |             |  |
|                                    |                   | vision/department/office in whi  | *                     | position/10            |                 | 1          | on (Fre   |          |             |  |
| If Yes to                          |                   | cription of the circumstances of |                       | ith this organization  |                 |            | ption (   |          |             |  |
| Serving in a                       |                   | cription of the enganisances of  |                       | OIBMIIZMIOII           |                 |            | ption (   |          |             |  |
| Foreign                            |                   | ain contact with current or form |                       | agues, or acquaintan   | ces from vou    |            |           | YES      | NO          |  |
| Military                           | this organization |                                  |                       | J,                     |                 |            |           | _~       |             |  |
| (M <sub>2</sub> ,1 <sub>4</sub> ;1 |                   | You responded 'Yes' to main      | ntaining contact wit  | h current or former a  | associates, col | leagues.   | acquai    | ntances  | s from v    | our  |
| (Multiple                          |                   | service in this organization. I  |                       |                        |                 |            |           |          |             |  |
| Entries<br>Allowed)                | Branch            | of contact for each former as    |                       |                        |                 |            |           |          | 1           |  |
| Allowed)                           |                   | Provide the contact's full nar   |                       | Last name:             | First           |            | e name    | :        | Suffix      |  |
|                                    | If Yes to         |                                  |                       |                        | name:           | <u></u>    |           |          |             |  |
|                                    | Maintain          | Provide the contact's address    | 3.                    | Street address         |                 | City       |           |          |             |  |
|                                    | Contact           | Provide Country if outside th    |                       | nerwise, provide Stat  | te and Zip      |            | Zip Co    | ode      | Countr      | y  |
|                                    |                   | Code.                            |                       | <u> </u>               |                 |            |           |          |             |  |
|                                    | (Multiple         | Provide the contact's official   | title.                |                        |                 | Off        | icial tit | le (Fre  | e Text)     |  |
|                                    | Entries           | Provide the length of your as    |                       |                        | te (Estimated)  |            |           |          | ed/Prese    | ent)   |
|                                    | Allowed)          | Provide the frequency of con     |                       | Frequency (Free 7      |                 |            |           |          |             |  |
|                                    |                   | Do you have an additional fo     |                       | YES (Yes adds ar       | nother entry)   | NO         | (Requ     | ired to  | validate    | ;)   |
|                                    |                   | service contacts to report?      |                       | <u> </u>               |                 |            |           |          |             |  |

|  | Do you ha   | ve an additional foreign   | military service   | to report?   | YES (Yes adds                                     | another    | r entry)                             | NO        | (Required to    | validate)                |
|--|---|--|--|--|---|------------|--------------------------------------|-----------|-----------------|--------------------------|
| Section 1  | 6 – <b>Peop</b> l                                   | le Who Know Yo   | u Well   |  |   |            |                                      |           |                 |                          |
|  |   | know you well and who  |  |  |   |            |                                      |           |                 |                          |
|  |   | ollectively aware of your  |  |  |   |            |                                      |           |                 |                          |
| (Multiple Ent  |   | ne last seven (7) years. I   | o not list your s  | spouse, former s   | pouse (s), otner                                  | relatives  | s, or <b>anyo</b> i                  | ne iiste  | a eisewnere o   | n this form.             |
| Provide dates  |   | From Date  | To Date (Estst   | imated/Present)  | Provide full                                      | name       | Last                                 | Firs      | st Middle       | Suffix                   |
|  |   | (Estimated)  |  | ,  |   |            | Name:                                | Naı       |                 |                          |
|  |   |  |  |  |   |            |                                      | :         |                 |                          |
| Provide rank   |   | Rank/title (Free Text)   |  | onship to you: (C  |   |            |                                      |           |                 |                          |
| ☐ Not applica  |   | this nerson  | ☐ I don't kno  | iate   Schoolma  | ate U Other (Pr                                   | ovide ex   | pianation)                           |           | (Free To        | one/Extensio             |
| 1 Tovide phon  | ic number for                                       | uns person.  | □ I doll t kilo  | · vv   |   |            |                                      |           |                 | Day Night                |
|  |   |  |  |  |   |            |                                      |           |                 | Check box                |
|  |   |  |  |  |   |            |                                      |           |                 | ational or               |
| D  | .1-/111   |  | _ 1 '4 1   |  |   |            |                                      |           |                 | one number               |
| Provide mobi   | ne/cen phone  | e number for this person.  | □ I don't kno  | W  |   |            |                                      |           |                 | ne/Extensio<br>Day Night |
|  |   |  |  |  |   |            |                                      |           |                 | Check box                |
|  |   |  |  |  |   |            |                                      |           | if Intern       | ational or               |
|  |   |  |  |  |   |            |                                      |           |                 | one number               |
| Provide e-ma   |   |  | □ I don't kno  | _  |   | Late       |                                      |           | Email (         | Free Text)               |
|  |   | dress for this person.  the United States; other                                   | wise provide Se  | Street address   |   | Cit        |                                      | State     | Zip Code        | Country                  |
|  |   | l person who knows you   |  |  | ds another entry                                  | ) NO       | (Required                            |           |                 | Country                  |
|  |   |  |  | 120 (100 dd)   |   | ,   110    | (Leguiro                             | _ 10 141  |                 |                          |
|  |   | tal/Relationship   |  | I marriaga 1   | 11v roco on !== 1                                 | sivil year | on onless                            | 11,,      | onized dama     | tio                      |
|  |   | tal <mark>/relationship</mark> status wi<br><del>ried</del> entered into a civil n |  |  |   |            |                                      |           |                 |                          |
|  |   | <del>rea</del> enterea into a civil h<br>mon Law) Currently in a                   |  |  |   |            |                                      |           |                 |                          |
|  | $\Box$ Annulled                                     | □ Divorced <mark>/Dissolved</mark> □   | Widowed  |  |   |            |                                      |           |                 |                          |
|  |   | ed "Currently in a civil r   |  |  |   |            |                                      |           |                 |                          |
|  |   | or "Separated." Complet  |  |  |   |            |                                      |           |                 |                          |
|  |   | egally recognized domes<br>ouse's full name  |  | First Middle   |   |            | ntiy separa<br>e <del>spouse's</del> |           |                 | ate (Est.)               |
|  |   | ouse's place of birth  | Last   | iist Wilddie   | Sullix  | City       | 1                                    | unty      | State or Cou    | \ /                      |
|  | Trovide sp  | For your foreign b   | orn spouse If the  | e person is foreig   | gn born, provid                                   |            |                                      |           |                 |                          |
| Branch  If In A  Marriage, Civil Union, or Domestic Partnership Married Or Separated | Branch<br>If Spouse<br>person is<br>Foreign<br>Born | Certificate of C   | on (on Certification (N5) aturalization (N5) on (on Certification (N5) on (on Certification (N5) certificate urrent or most re tare at Resident ent Authorization of Eligibility for icate of Eligibility explanation) ion certificate explanation | 1)<br>550 or N570)<br>te of Citizenship<br>51)<br>0 or N561)<br>eeent)<br>on | p—utilize USC<br>t-F1-Student<br>Visitor-J1-Statu | IS, CIS o  |                                      | gistratio |                 | · Text)                  |
|  |   |  |  |  |   |            | nt expiration                        |           | Date of expira  |                          |
|  |   |  |  |  | date, if a  | pplicabl   | le.                                  |           | Estimated       |                          |
|  | Da: 1   | TIO C 11   | Committee NT 1   |  | anhla   |            |                                      |           | Estimated       |                          |
|  |   | <del>our spouse's</del> U.S. Social<br>her names used <del>by your</del>           |  |  |   | Las        | t I                                  | First     | 1.4             | iddle                    |
|  |   | civil marriages, legally   |  |  |   | Suf        |                                      |           | iden Name       | iduic                    |
|  |   | partnerships, nicknames,   |  |  |   | Sul        |                                      | _ 141d1   |                 |                          |
|  | □ Not app   |  | . 1  |  | <u> </u>  |            |                                      |           |                 |                          |
|  | Dates Use   | d  |  |  | From Date   |            |                                      |           | te (Estimated/l | Present)                 |
|  | Provide ye  | <del>our spouse's</del> country(ies)   | of Citizenship   |  | Provide da  |            |                                      | Date (    | Estimated)      |                          |
|  |   |  |  |  | entered int<br>marriage, o                        |            |                                      |           |                 |                          |
|  |   |  |  |  | domestic p  |            |                                      |           |                 |                          |
|  |   |  |  |  | married   |            | 1                                    |           |                 |                          |
|  | Provide pl  | ace married location   |  |  | City  | Co         | ounty                                | State o   | or Country      |                          |

| □ Use my current address.  Provide telephone number. □ Use my current telephone number  Provide email address  Email (Free Text) Does your spouse the person have an APO/FPO address?  Branch APO/FPO Address  APO State Code  |   |
|--|---|
| Night Both _C International or number  Provide email address   | Code or Country   |
| Provide email address   Email (Free Text)   Does your-spouse the person have an APO/FPO address?   |   |
| Provide email address  |   |
| Provide email address  | DSN phone   |
|  | VEC NO  |
| Branch APU/FPU   Address   LAPU/FPU   LAPU/State LADA  | YES NO  |
|  | Zip   |
| Branch  Branch  Polytical Polytical Polytical Property of the Polytical Poly | t address, base,  |
| Provide physical location   Street Address/unit/duty location   City/Post Name   State   7ir   | ip Country  |
| Location data for your spouse:   | .p Country  |
| Are you separated from your spouse?  | YES NO  |
| Provide date of separation Date (Estimated)  | ,\  |
| Branch  If Separated  If legally separated, provide the location of the record.   Not Applicable   |   |
| If Separated City State and Zip Code or Country  |   |
| Do you have a former spouse person from whom you are divorced/dissolved, annulled, or widowed to report?   | YES NO  |
| Provide information about your former spouse (such as any person from whom you are divorced/dissolved, annulled,   | l, <mark>or</mark> widowed <del>or</del>                |
| other former spouses).   |   |
| Provide the full name of your former spouse.  Last First Midd  | dle Suffix  |
| Provide the date of birth of your former spouse.  Date (Estimated  | Ct  |
|  | Country<br>Country                                      |
| Branch Provide the country(ies) of citizenship for your former spouse. C  Provide the telephone number.  | I don't know  |
|  | Date (Estimated)  |
| Widowed,   your former spouse.   | Jate (Estimated)  |
|  | Date (Estimated)  |
| Dissolved, location.   | Jule (Estimated)  |
| or Annulled Provide the status □ Divorced/Dissolved □ Widowed □ Annulled   | ınulled   |
| For your divorced or annulled marriage, pProvide where the record of City State and  | l Zip Code or   |
| (Multiple divorce/dissolution or annulment is located.   |   |
| Is this former spouse person deceased?   | YES NO  |
| or Annulled Reach If Not Street and City   |   |
| address of the former spouse person from whom you are State and Zip Code   | de or Country   |
| divorced/dissolved or annulled.  |   |
| Do you have any additional person(s) from whom you are divorced/dissolved, annulled, or widowed former spouse (such as (Yes adds another entry) (Required  | d to validate)  |
| divorced, annulled, widowed, or other former spouses) to report?   | J to validate)  |
| A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with who  | om you live with  |
| for reasons of convenience (e.g. a roommate). If applicable, complete the following about your cohabitant. If your cohabitant was bo   |   |
| <del>U.S., provide citizenship information.</del>  |   |
| Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share   | YES NO  |
| bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a  |   |
| roommate)? If so, complete the following. If the person was born outside the U.S., provide citizenship information. a cohabitant?  |   |
| X7 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   |
| You have indicated that you currently have a cohabitant  | 1dla Cuffin   |
| Provide the cohabitant full name.  Last First Mide   |   |
| Provide the cohabitant full name.  Provide the cohabitant date of birth.  Date (Estimated)  Provide the cohabitant place of birth.  City State   | te Country  |
| Provide the cohabitant full name.  Provide the cohabitant date of birth.  Date (Estimated)  Provide the cohabitant place of birth.  City  State  For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the   | te Country  |
| Provide the cohabitant full name.  Provide the cohabitant date of birth.  Date (Estimated)  Provide the cohabitant place of birth.  City State   | te Country  |
| Provide the cohabitant full name.  Provide the cohabitant date of birth. Date (Estimated) Provide the cohabitant place of birth. City State  For your foreign born cohabitant, indicate one type of documentation that he or she possesses and the number.   | te Country  |
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|  |  | e other names use   |  |  |  |   |   | _  | ast                          | First                | ' 1 NT                       |         | Middle      |
|--|--|---|--|--|--|---|---|--|------------------------------|----------------------|------------------------------|---------|-------------|
| -  | Dates U  | narriage etc., and  | provide  | uates each na  | me was used  |   | Date (Estin   |  | uffix                        |                      | iden Nam<br>ate (Estin       |         | resent)     |
|  |  | e your cohabitant   | 's countr  | y(ies) of Citiz  | zenship  | Provide   | e date coh  | abitatio                                   |                              |                      | (Estimate                    |         | - 200111/   |
| _  | Do you   | have an addition  | nal cohab  | itant to repor   | t?   |   | es adds a   |  |                              | NO (I                | Required                     | to vali | date)       |
| Section 18   | – Re   | latives   |  |  |  |   |   |  |                              |                      |                              |         |             |
| Select each type each type.) Character Sist Provide relative Mother For    | ne of related the second secon | ative applicable that apply. $\square$ Moreophrother $\square$ Step Multiple Entries Stepmother $\square$ S | other $\square$ Fosister $\square$ Allowed tepfather | Tather □ Step Half-brother    Foster particular   Particu | mother   St<br>  Half-siste  | epfather □ F r □ Father-in l (including a   | oster pare  | nt □ C<br>Iother-                          | Child (includin-law □ C      | ding ado<br>Guardian | pted/fost                    | er) 🗆 S | Stepchild [ |
| Provide your re  |  | rother □ Half-sis<br>full name.   | Last   | First  | Middle   | <i>law</i> □ <i>Guard</i><br>Suffix   |   | your r                                     | elative's da                 | ate of bir           | th.                          | Date/E  | stimated    |
| Provide your re  | elative's  | nlace of hirth  | Name:<br>City  | Name:<br>State   | Name:<br>Country   |   | Provide   | vour r                                     | elatives cou                 | untry(ies            | s) of citize                 | enshin  |             |
| Branch - If Mo   |  | Provide your m  | ,  |  | -  | isted)  | Last Na   |  | First Nan                    |                      | Middle                       | _       | uffix       |
|  |  | Dalativas athan   | ***************************************              | and  |  |   |   |  |                              |                      | Name:                        |         |             |
|  |  | Relatives other<br>Has this relativ   |  |  | ·c?  |   |   |  |                              |                      |                              | Y       | NO          |
| Branch   |  | rius uns relativ  | e usea an  | ly other hame  |  |   |   |  |                              |                      |                              | E<br>S  |             |
| If Father, Moth Child, Stepchil  |  | Branch  |  | e other names  |  |   |   | ur rela                                    | tive used th                 | nem (suc             | ch as mai                    | den na  | me by a     |
| Brother, Sister  |  | If Other<br>Names   |  | marriage, for<br>First   | mer name, a  | lias, or nickn<br>Suffix  | ame).<br>Maiden   | 2000-0                                     | ,                            |                      |                              | *:      | NO          |
| Half-Brother, I<br>Sister, Step-Br   | other,   | (Multiple<br>Entries  | Last<br>Name:  | Name:  | Name:  | Sumx  | Maiden  | name !                                     |                              |                      |                              | E<br>S  |             |
| Step-Sister, Step-H<br>Mother, Step-H                                      |  | Allowed)  | From D   | Date   | To Date  | I   | Provide   | the rea                                    | ason(s) why                  | y the nar            | ne                           |         | eason       |
| Would, Step 1  | autoi  |   | (Estima  |  | (Estimated   |   | changed   |  |                              |                      | 110 (D                       |         | Free Text)  |
|  |  |   | Has thi  | s relative use   | d any additio  | onal names?   | YES (Y  | es add                                     | s another e                  | ntry)                | NO (Re                       |         | to          |
| Is your relative   | e deceas   | ed?   |  |  |  |   | I   |  |                              |                      |                              | Y<br>E  |             |
|  |  | Provide your re   | elative's c  | current addres   | SS.  |   | Street ac   | ddress                                     |                              | City                 |                              | S       |             |
|  |  | Provide Countr  |  |  |  | rwise, provid   |   |  | Code.                        | State                | Zip Coo                      | de      | Country     |
| Branch   |  | Does this relati  | ve have a  | n APO/FPO  | address?   |   |   |  |                              | I don                | 't know □                    |         |             |
| If Not Decease   | ed   |   |  |  |  |   |   |  |                              |                      |                              | E<br>S  |             |
|  |  | Branch If APO   | O/FPO  | Provide you  | r relative's A   | APO/FPO ado   | dress   | Addre                                      | ess AP                       | PO/FPO               | APO/I<br>State               |         | Zip         |
| Sister, Half-Br  | other, Hep-Moth is U.S. POB is is Dece not Addr POB is is U.S. PO/FPC POB is is U.S. PO/FPC is is U.S. PO/FPC POB is is U.S.   | Foreign ased OR ess is in U.S. Foreign Citizen OR O Address Foreign Citizen OR or OR or OR or OR gn         |  | Provide Born Al  FS 24  DS 12  Natural  Alien INS Reg  Pern  Certi Derivee  Alien INS Reg  Pern  Certi Other  U.S.4  Provide Provide  ecrtifica  Court N   | broad to U.S. 40 or 545 350 ized: a Registration numanent Resideficate of Natural Registration numanent Resideficate of City (Provide expension) (City (City (Provide expension)) (City (Provide expension)) (City (Provide expension) (City (Provide expension)) (City (Pro | n (on Certifice mber) ent Card (I-5 curalization (Note Card (I-5 curalization)) ent Card (I-5 curalization) ent Card (I-5 curalization) ent Card (I-5 curalization) ertificate rent or most- nt number the court that | cate of Na<br>51)<br>N550 or N:<br>cate of Ci<br>551)<br>60 or N56<br>recent)<br>Number | turaliza<br>570)<br>tizensh<br>1)<br>(Free | nip—utilize Text) Citizenshi | USCIS,               | r below:  IS, CIS or  CIS or | (1 (1 ) |             |
| Branch  If Relative doe have U.S. Citizenship AND Relative is Not Deceased |  | <b>Branch</b> If Relative has Address   | U.S.   | U.S. resider<br>Not a U.S. (<br>I-551 Per<br>I-766 En<br>I-94 Arriv<br>U.S. Visa   | nce: Citizen: manent Resignal A val-Departure (red foil nur  | uthorization<br>e Record  |   |  |                              | Exp                  | lanation (                   | Free T  | 'ext)       |

|                        |  | D  | S-2019 Certificate of Eligibilit   | y of Ex         | change V              | isitor-J1-      |        |                    |                  |                  |                     |          |
|------------------------|--|--|--|-----------------|-----------------------|-----------------|--------|--------------------|------------------|------------------|---------------------|----------|
|                        |  | Stat   | us<br>ther (Provide explanation)   |                 | J                     |                 |        |                    |                  |                  |                     |          |
|                        |  |  | U.S. Alien Registration □ U.S. vide the document number.                 | <del>V1sa</del> |                       |                 |        | Docu               | ment '           | Numb             | er (Free            | e Tevt)  |
|                        |  |  | vide document expiration date.   |                 |                       |                 |        |                    |                  |                  |                     |          |
|                        |  |  | Ť  |                 |                       |                 |        | Estim              | nated _          |                  |                     |          |
|                        |  |  | vide approximate date of first c<br>vide approximate date of last co     |                 |                       |                 |        |                    | Estima<br>Estima |                  |                     |          |
|                        | n .  |  | vide approximate date of last ed   |                 | t apply)              | In person       |        |                    | anation          |                  | 1                   |          |
|                        | Branch If Relative has   | □ Te   | elephone   Electronic (Such as   | s e-mai         | l, texting,           | chat rooms      |        | (Free              | Text)            |                  |                     |          |
|                        | Foreign Address  |  | ☐ Written correspondence ☐ wide approximate frequency of                 |                 |                       |                 |        | Expla              | nation           | ı (Fre           | e Text)             |          |
|                        |  | □ M<br>expl  | Ionthly □ Quarterly □ Annuall lanation)                                  | ly 🗆 O          | ther (Prov            | ide             |        |                    |                  |                  |                     |          |
|                        | not currently employed   | (if kn   |  |                 |                       |                 | •      | Î                  |                  |                  | (Free T             | 'ext)    |
|                        | employer if not current  | ly emp   |  |                 |                       |                 | 1      |                    | t addre          |                  | City                |          |
|                        |  |  | e United States; otherwise, pro<br>a foreign government, military        |                 |                       |                 |        | State<br>I don     |                  | Code             |                     | Ountry   |
|                        | foreign movement, or it  | ntellig  | ence service?  |                 | •                     | •               |        | know               | 7 🗆              |                  |                     |          |
|                        | Branch - If Relative hat Foreign Affiliation                         | as   | Describe the relative's relation security, defense industry, for         |                 |                       |                 |        |                    |                  | De<br>Te:        |                     | on (Free |
| Do you have an         | additional relative to enter?  |  |  |                 |                       |                 | ince   |                    |                  |                  | validate            | e)       |
| -                      |  | Foreign Contacts  s defined as any person who is not a citizen or national of the U.S.  by you had, close and/or continuing contact with a foreign national within the last seven (7), or cohabitant are bound by affection, influence, common interests, and/or obligation? Inclet previously listed in Section 18.  by including the foreign national, if known I don't know Last Finance in the foreign national, if known I don't know I ast Name:  continuing the foreign national, if known I don't know I ast Name:  Name: Na |  |                 |                       |                 |        |                    |                  |                  |                     |          |
|                        |  | is no  | t a citizen or national of the U.S                                       | S.              |                       |                 |        |                    |                  |                  |                     |          |
| Do you have, or        | have you had, close and/or con                                       | ntinuin  | g contact with a foreign nation  | al withi        |                       |                 |        |                    |                  |                  | YES                 | NO       |
|                        |  |  | tion, influence, common intere   | sts, and        | l/or obliga           | tion? Inclu     | de a   | ssociate           | s as             |                  |                     |          |
| well as letatives.     |  |  | ve had, close and/or continuing  | contac          | t with a fo           | oreign natio    | nal.   |                    |                  |                  |                     | <u>I</u> |
|                        | Provide the full name of the f                                       | foreigr  | n national, if known 🗆 I don't l   | know            |                       | Fire            |        |                    | Middl            |                  | Suff                | ΪX       |
|                        | Explanation if name is unkno   | own  |  | Expla           |                       |                 | me:    |                    | Name             | :                |                     |          |
|                        | Provide approximate date of  | ovide approximate date of first contact   Date/Estimated   Provide approximate dat   |  |                 |                       |                 |        |                    |                  | Date             | e/Estima            | ated 🗆   |
|                        |  | vide approximate date of first contact   Date/Estimated □   Provide approximate date vide methods of contact (check all that apply) □ In person □ Telephone □ Electronic (Sing, chat rooms, etc) □ Written correspondence □ Other (Provide explanation)  |  |                 |                       |                 |        |                    | ,                |                  | lanation            |          |
|                        | Provide approximate frequen  | cv of  | correspondence   | vide ex         | planation<br>hlv □ Oi | )<br>ıarterlv ⊓ | Ann    | ually              |                  |                  | e Text)<br>lanation |          |
|                        | ☐ Other (Provide explanation   | 1)   |  | _ 1,10116       | ,                     |                 |        |                    |                  | (Fre             | e Text)             |          |
|                        |  | Perso  | onal (Such as family ties, friend  |                 | ffection, o           | common int      | eres   | ts, etc)           |                  |                  | lanation<br>e Text) |          |
| Branch If Yes to       | Provide other names and/or n   |  | ☐ Other (Provide explanation) mes, as appropriate                        |                 | Name:                 | First Nan       | ne:    | Mid<br>Nan         |                  | Suff             | ïx                  |          |
| having contact         | Provide country(ies) of citize                                       | nship  | Country  | Provi           | de date of            | birth 🗆         | I doi  | n't knov           |                  | Date             | e/Estima            | ated 🗆   |
| with a Foreign         | Provide place of birth.  |  | □ I don't know   | City            |                       | 1 ~.            |        | Cou                | ntry             |                  |                     |          |
| National               | Provide Country if outside th  |  | now Street address<br>red States; otherwise, provide S                   | tata an         | d Zin Cod             | City            | У      | State              | Zin              | Code             | Col                 | untry    |
| (Multiple              |  |  | address? $\square$ Yes $\square$ No $\square$                            |                 |                       | ic.             |        | State              | Zip (            | Code             | Cot                 | unuy     |
| Entries<br>Allowed)    |  |  | oreign national's APO/FPO ad   |                 | Addres                |                 | O/FI   |                    |                  |                  | State               | Zip      |
| Allowed)               | employer if not currently employer                                   |  | tional's current employer, or pr   | ovide t         | he name o             | of their mos    | st rec | cent               |                  | iloyer<br>e Text | Name                |          |
|                        |  |  | national's current employer, or  | provide         | the addr              | ess Stre        | eet a  | ddress             | Cit              |                  | •/                  |          |
|                        |  |  | t currently employed.   I don't  |                 | 17:- C-               |                 |        | C4-4-              | 7:-              | . C- 1           | - [ C               |          |
|                        |  | ted wi   | the a foreign government, militate                                       |                 |                       |                 | ry, o  | State<br>r intelli |                  | servi            |                     | ountry   |
|                        | Branch Contact Descri  | be the   | contact's relationship with the urity, defense industry, or intel        |                 |                       | nent,           |        | Descri             | ption            | (Free            | Text)               |          |
|                        | Do you have, or have you had   | d, clos  | e and/or continuing contact wi   | th any a        | additional            |                 |        | YES                |                  |                  | NO                  |          |
|                        |  |  | <b>ears</b> with whom you, or your s<br>mon interests, and/or obligation |                 |                       |                 | 1      | (Yes another       |                  | 7)               | (Requivalida        | ired to  |
|                        | as relatives, not previously lis                                     |  |  |                 | ade associ            | ares as wer     | •      | unoune             | · circi          | ,                | randa               |          |
| Section 20a            | – Foreign Activities   |  |  |                 |                       |                 |        |                    |                  |                  |                     |          |
| Have you, your         | spouse or legally recognized cive                                    |  |  |                 |                       |                 |        |                    |                  | gn               | YES                 | NO       |
|                        | ts (such as stocks, property, inv<br>hich you or they have direct co |  |  |                 |                       |                 |        |                    |                  |                  |                     |          |
|                        | at are publicly traded on a U.S.                                     |  |  | mancia          | ii iiiterests         | т сотрап        | nes (  | or drver           | 3111CU           |                  |                     |          |
| Branch                 | You responded 'Yes' to you,  | your   | spouse or legally recognized ci  |                 |                       |                 |        |                    |                  |                  |                     |          |
| If Ves to              | having <b>EVER</b> had any foreig<br>entities, ownership of corpor   |  | incial interests (such as stocks,  | propert         | ty, investr           | nents, bank     | acc    | ounts, c           | wners            | ship o           | f corpor            | rate     |
| If Yes to<br>Having    | interests or businesses) in wh                                       | nich yo  | ou or they have direct control or  |                 | ownershi              | p (Exclude      | fina   | ıncial in          | terests          | s in co          | ompanie             | es or    |
| Foreign                | diversified mutual funds that  | are pu   | ablicly traded on a U.S. exchan  | ge).            |                       |                 |        |                    |                  |                  |                     |          |
| Financial<br>Interests |  | /) 🗆 Y   | ourself □ Spouse or legally  | recogni         | zed civil             | union/dome      | estic  | partner            | _ (              | Cohab            | itant               |          |
| microsis               | Dependent children   |  |  |                 |                       |                 |        |                    |                  |                  |                     |          |

|  |  | of financial interest  | Type (Free Tex   |  |  | date acquired  |  | Date (Es   | timated)            |  |
|--|--|--|--|--|--|--|--|--|---------------------|--|
| Multiple   |  | financial interest was   | How Acquired   | l  |  | cost (in U.S. d  |  | Cost (Fr   | ee Text)            |  |
| Entries<br>Allowed)  |  | s purchase, gift, etc.)<br>ent value (in U.S. dollar   | (Free Text)  | the time   |  | isition.   Estir   | free Text)   |  |                     |  |
| inowed)  |  | old, lost or otherwise d   |  | Estimated  | control of   | value  | nee rext)  |  |                     |  |
|  |  | control or ownership   | Date   |  | ide explanatio   | on of how inte   | rest control o   | r  | Explai              | natior                                   |
|  |  | .   Not applicable:  | (Estimated)  |  |  | ld, lost or othe   |  |  | (Free               |  |
|  | Are there any co-  | owners of this foreign   |  |  |  |  |  |  | YES                 | NC                                       |
|  | Branch   | You responded 'Yes   | s' to there being c  | co-owners:   | provide the  | name, address.   | citizenship,   | and rela   | tionship (          | of the                                   |
|  | If Yes to  | co-owner(s).  Provide full name or   | f an arrinan   | Last Na  | ma Eis   | st Name:   | Middle Na  | ****   | Suffix              |  |
|  | Having Co-   | Provide run name of  |  |  | ddress and cit   |  | State and Z  |  |                     | trv                                      |
|  | Owners   | Provide co-owner's   |  |  |  | Country  | State and 2  | лр соце  | or coun             | itry                                     |
|  | (Multiple<br>Entries   | Provide the nature of  | * ` '  |  |  | Nature of rel  | ationship (Fr  | ee Text)   |                     |  |
|  | Allowed)   | Are there any additi   | onal co-owners of  | f this fore  | ign  | YES  |  | NO   |                     |  |
|  |  | financial interest?  |  |  |  | (Yes adds an   | other entry)   |  | iired to v          | alida                                    |
|  |  | ouse <mark>or legally recogniz</mark><br>pendent children have a   |  |  |  | YES<br>(Yes adds an  | other entry)   | NO<br>(Requ  | ired to v           | alida                                    |
|  | spouse or legally re-  | cognized civil union/detrolled on your behalf  |  | cohabitant   | , or dependen  | t children <b>EV</b> I   | ER had any fo  | oreign   | YES                 | NO                                       |
|  | You responded "  | Yes' to you, your spou   | se <mark>or legally reco</mark> g  |  |  |  | ohabitant, or  | depende  | ent childr          | en                                       |
|  |  | nd any foreign financial   |  |  |  |  |  |  |                     |  |
|  | Specify: (check a children   | all that apply)   Yours  | en 🗆 Spouse or l   | legally rec  | ognized civil  | union/domest   | c partner   C  | onabita  | nt □ Dep            | ende                                     |
| ranch  |  | of financial interest  |  |  |  | 1  | Type (Free   | Text)  |                     |  |
|  |  | e of the individual who  | controls this fina   | ıncial inter   | est on your b  | ehalf.   | Last   |  | First               |  |
| Yes to   | Provide this indiv   | vidual's relationship to   | you.   |  | •  |  | Relationshi  | p (Free 7  |                     |  |
| aving<br>oreign  |  | the financial interest w   |  |  |  |  | Date (Estim  |  |                     |  |
| nancial  |  | (in U.S. dollars) at time  |  |  |  |  | Cost (Free   |  | To4\                |  |
| terests  |  | egarding how it was accent value (in U.S. dollar   |  |  |  | lost or  | How acquir<br>Value (Free  |  | rext)               |  |
| ontrolled on   |  | ent value (in U.S. dollar<br>ed of.   Estimated  | is, or value at the  | ame mei  | csi was soid,  | 103t OI  | vaiue (FIEE  | I CAL)   |                     |  |
| our Behalf   |  | interest was sold, lost,   | or otherwise disp  | osed of.   | ☐ Not applical   | ble  | Date (Estim  | nated)   |                     |  |
| Iultiple   |  | ion if interest was sold   |  |  |  |  | Explanation  | (Free T  | ext)                |  |
| itries   |  | owners of the foreign  |  |  | -  | alf?   |  |  | YES                 | No                                       |
| lowed)   | Branch   | You responded 'Yes   |  |  |  | To a No.   | 1 3 6' 1 11 3Y   | 1  | CL CC               |  |
|  | If Yes to<br>Having Co-  | Provide full name of   |  | Last Na  |  | First Name:  | Middle Na<br>State and Z   |  | Suffix              | . t-m :                                  |
|  | Owners   | Provide the current a  |  |  | Street add   | lress and city Country   | State and A  | Zip Cod  | e or Cour           | ntry                                     |
|  | (Multiple  | Provide the nature of  |  |  | co-owner.  | Relationship   | (Free Text)  |  |                     |  |
|  | Entries  | Are there any additi   | •  |  |  | YES  | ( , , , , ,  | NO   |                     |  |
|  | Allowed)   | financial interest con   |  |  |  | (Yes adds an   | other entry)   | (Requ  | ired to v           | alida                                    |
|  |  | ouse or legally recogniz   |  |  |  | YES  | a  | NO   |                     |  |
|  | conabitant, or dej   | pendent children have  | any additional for   | reign finar  | iciai  | (Yes adds an   | otner entry)   | (Requ  | iired to v          | anda                                     |
|  | interests controlle  | ad on vour behalt?   |  |  | or dependen  |  | ER owned, or   | r do   | YES                 | NO                                       |
| ave you, your  | interests controlle  | *  | omestic partner, c   | cohabitant   |  | t children EVI   |  |  |                     |  |
|  | spouse or legally re-  | ed on your behalf?<br>cognized civil union/dearchase real estate in a  | •  | cohabitant   | , or dependen  | t children EV  |  |  |                     | an                                       |
|  | spouse or legally recovering, or plan to pure You responded 'y   | cognized civil union/dearchase real estate in a yes' to you, your spous  | foreign country? se or legally recog   | gnized civi  | il union/dome  | estic partner, c   | ohabitant, or  | depende  | nt childre          |  |
|  | spouse or legally recovering, or plan to pu You responded 'y having ever owne  | cognized civil union/durchase real estate in a yes' to you, your spoused, or anticipate ownin  | foreign country? se or legally recog g, or planning to p   | gnized civi<br>purchase i  | il union/dome  | estic partner, co  | ohabitant, or  | •  |                     |  |
|  | spouse or legally re-<br>owning, or plan to put<br>You responded 'y<br>having ever owne<br>Specify: (check a   | cognized civil union/durchase real estate in a yes' to you, your spoused, or anticipate ownin all that apply)   Yours  | foreign country? se or legally recog g, or planning to p   | gnized civi<br>purchase i  | il union/dome  | estic partner, co  | ohabitant, or  | •  |                     |  |
| u anticipate o   | spouse or legally re-<br>owning, or plan to pu<br>You responded 'y<br>having ever owne<br>Specify: (check a<br>Dependent childr  | cognized civil union/durchase real estate in a yes' to you, your spoused, or anticipate ownin all that apply)   Yours ren  | foreign country? se or legally recog g, or planning to p self   Spouse or le   | gnized civi<br>purchase 1<br>legally rec   | il union/dome<br>real estate in a<br>ognized civil   | estic partner, con foreign count union/domest  | ohabitant, or try.   | Cohabita   |                     | C11                                      |
| u anticipate o   | spouse or legally re-<br>owning, or plan to put<br>You responded 'y<br>having ever owne<br>Specify: (check a<br>Dependent childr<br>Provide the type   | cognized civil union/durchase real estate in a yes' to you, your spoused, or anticipate ownin all that apply)   Yours  | foreign country? se or legally recog g, or planning to p elf   Spouse or le (such as home, bu  | gnized civi<br>purchase 1<br>legally rec   | il union/dome<br>real estate in a<br>ognized civil   | estic partner, con foreign count union/domest  | ohabitant, or  | Cohabita   |                     |  |
| ranch Yes to   | spouse or legally re-<br>owning, or plan to put<br>You responded 'y<br>having ever owned<br>Specify: (check a<br>Dependent childred<br>Provide the type<br>Provide the locati  | cognized civil union/durchase real estate in a yes' to you, your spoused, or anticipate ownin all that apply)  Yours ren of real estate property ion/address of property of purchase or to be ac   | foreign country? se or legally recog g, or planning to leff  Spouse or le (such as home, bu y.  Sequired.  | gnized civi<br>purchase r<br>legally rec<br>usiness, et<br>Street  | il union/dome<br>real estate in a<br>ognized civil<br>c.).   | estic partner, con a foreign count union/domest:  Real es City Date (F   | ohabitant, or the control of the con | Cohabita<br>ee Text)   | ant 🗆               |  |
| ranch Yes to aving   | spouse or legally re- owning, or plan to pu You responded 'y having ever owne Specify: (check a Dependent childr Provide the type Provide the locati Provide how the   | cognized civil union/durchase real estate in a yes' to you, your spoused, or anticipate ownin all that apply)  Yours ren of real estate property ion/address of property   | foreign country? se or legally recog g, or planning to leff  Spouse or le (such as home, bu y.  Sequired.  | gnized civi<br>purchase i<br>legally rec<br>usiness, et<br>Street  | il union/dome<br>real estate in a<br>ognized civil<br>c.).   | estic partner, con a foreign count union/domest:  Real es City Date (F   | ohabitant, or iry.   | Cohabita<br>ee Text)   | ant 🗆               |  |
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|                      |                       | ildren received in the past seven (7) years,  |                               | to receive in the future         | , any edu        | icational, r             | nedical,        |          |
|----------------------|-----------------------|---|-------------------------------|----------------------------------|------------------|--------------------------|-----------------|----------|
|                      |                       | all that apply)   Vourself   Spouse or other such benefit from a foreithal such that apply)   Vourself   Spouse or other such benefit from a foreithal such that apply   Spouse or other such benefit from a foreithal such that apply   Output  Description:   |                               | ized civil union/domest          | tic partne       | or □ Col                 | nabitant        |          |
|                      | Dependent child       |   | regarry recogn                | nzed civii dinon/domes           | ne partife       | <u>a</u> = C01           | aonant          | ш        |
|                      | Provide the type      | of benefit. Educational, Medical, Retirem   |                               | le the frequency of the b        |                  |                          |                 |          |
| Branch               | Social Welfare,       | Other such benefit (Provide explanation)  |                               | benefit, Continuing be           | nefit, Oth       | ner (Provid              | le explai       | nation)  |
| If Yes to            | Explanation (Fre      |   | 1                             | nation (Free Text)               |                  |                          | 1 *             |          |
| Having               |                       | You have indicated that you, your spous dependent children received a onetime be  |                               |                                  | mestic p         | artner, coh              | iabitant,       | or       |
| Foreign              |                       | Provide the date the benefit was received   |                               | Torongii country                 |                  | Date (Est                | imated)         |          |
| Benefit              | Branch                | Provide the name of the country providi   |                               |                                  | -                | Country                  | matea)          |          |
| (Multiple            | If Onetime            | Provide the total value (in U.S. dollars)   |                               |                                  |                  | Value (Fr                | ee Text)        | )        |
| Entries              | Benefit               | Provide the reason this benefit was received  | ived.                         |                                  |                  | Reason (I                | Free Tex        | t)       |
| Allowed)             |                       | As a result of this benefit are you, your   |                               |                                  | -                | YES                      | NO              |          |
|                      |                       | union/domestic partner, your cohabitant way to this foreign country? If yes provi   |                               |                                  | ny               | Explanati                | on (Free        | Text)    |
|                      |                       | You have indicated that you, your spous   |                               |                                  | mestic n         | artner col               | ahitant         | or       |
|                      |                       | dependent children expect to receive a b  |                               |                                  | посте р          | ururer, con              | acorearre,      | 01       |
|                      |                       | Provide the date the benefit will begin   |                               |                                  |                  | Date (Est                | imated)         |          |
|                      |                       | Provide the frequency the benefit will be   |                               |                                  |                  | Explanati                | on (Free        | Text)    |
|                      | Branch                | Annually Quarterly Monthly  |                               | Other (Provide explan            | ation)           | <u> </u>                 |                 |          |
|                      | If Future<br>Benefit  | Provide the name of the country providi<br>Provide the value (in U.S. dollars) of the   |                               |                                  |                  | Country<br>Value (Fr     | too Tout)       |          |
|                      | Belletit              | Provide the value (iii 0.5. dollars) of the   |                               | received.   Estimated            |                  | Reason (I                |                 |          |
|                      |                       | As a result of this benefit are you, your   |                               | lly recognized civil             |                  | YES                      | NO              |          |
|                      |                       | union/domestic partner, your cohabitant   | t, or dependent               | children obligated in a          | ny               | Explanati                |                 |          |
|                      |                       | way to this foreign country? If yes provi   |                               |                                  |                  | •                        | `               | ,        |
|                      |                       | You have indicated that you, your spous   | se <mark>or legally re</mark> | cognized civil union/do          | mestic p         | <mark>artner,</mark> coh | iabitant,       | or       |
|                      |                       | dependent children receive a continuing Provide the date the benefit began.   | or other benef                | it from a foreign count          | у.               | Date (Est                | imated)         |          |
|                      |                       | Provide the date the benefit is expected  | to end                        |                                  |                  | Date (Est                |                 |          |
|                      |                       | Provide the frequency that this benefit is  |                               |                                  |                  | Explanati                |                 | Text)    |
|                      | Branch If Continuing  | 1 2   |                               | er (Provide explanation          | )                | I                        |                 | ,        |
|                      | Benefit               | Provide the name of the country providi   |                               |                                  |                  | Country                  |                 |          |
|                      |                       | Provide the total value (in U.S. dollars)   |                               | to be received.   Estima         | ited             | Value (Fr                |                 |          |
|                      |                       | Provide the reason this benefit will be re  |                               | 11 1 1 1 1                       |                  | Reason (I                |                 |          |
|                      |                       | As a result of this benefit are you, your sunion/domestic partner, your cohabitant  |                               |                                  | nv –             | YES<br>Explanati         | NO<br>ion (Fron |          |
|                      |                       | way to this foreign country? If yes provi   |                               |                                  | 19               | Explanau                 | .011 (1166      | ( Text)  |
|                      |                       | ouse or legally recognized civil union/dome   | estic partner,                | YES                              |                  | NO                       |                 |          |
|                      |                       | ependent children receive any additional ber  | nefits from a                 | (Yes adds anoth                  | er entry)        | (Requi                   | ired to va      | alidate) |
| Have you EVE         | foreign country?      | al support for any foreign national?  |                               |                                  |                  |                          | YES             | NO       |
| Branch               |                       | 'Yes' to providing financial support for any  | foreign natior                | nal.                             |                  |                          | 125             | 110      |
| If Yes to            |                       | e of the foreign national you support or hav  |                               |                                  | First            | Midd                     |                 | uffix    |
| Foreign<br>National  |                       | ress of the foreign national listed above.  |                               |                                  |                  | nd Zip Cod               |                 | ıntry    |
| Support              |                       | re of your relationship with the foreign nati<br>unt (in U.S. dollars) of all financial support   |                               |                                  |                  |                          | Text)           |          |
| (Multiple            |                       | uency of your support. Frequency (Free  |                               | vide this foreign nation         |                  |                          | citizens        | hip      |
| Entries              |                       | onally provided financial support for any fo  |                               |                                  | 5 00011          | NO                       | - CITIZOTIO     |          |
| Allowed)             | ·                     |   |                               | (Yes adds anoth                  | er entry)        | (Requi                   | ired to va      | alidate) |
| Section 20h          | o – Foreign B         | usiness, Professional Activitie   | s, and For                    | eign Governme                    | nt Cor           | ıtacts                   |                 |          |
| Have you in the      | e past seven (7) yea  | ars provided advice or support to any indivi  | idual associate               | d with a foreign busines         | ss or othe       | er                       | YES             | NO       |
| 0 0                  | -                     | not previously listed as a former employer?   | ? (Answer "No                 | " if <b>all</b> your advice or s | upport w         | as                       |                 |          |
| authorized pursu     |                       | Government business.)  Yes' to having in the past seven (7) years   | muovidad advi                 | as an aumment to any ind         | lividual e       | annointed.               | vith a fe       | unai am  |
|                      |                       | r foreign organization that you have not pre  |                               |                                  | .ividuai a       | ISSOCIATEU               | with a ic       | neign    |
| Branch               |                       | ption of advice/support provided.   |                               | Description (Free Text)          |                  |                          |                 |          |
| If Yes to            |                       | e of the individual to whom advice or support   |                               |                                  |                  | Middle                   | Su              | ffix     |
| Advice or            |                       | e of the foreign organization or foreign bus  |                               | om the individual is asso        | ociated.         |                          |                 |          |
| Support              |                       | ntry of origin for the organization or busines<br>(s) during which this advice or support was   |                               | From date (Estimated)            |                  | o date (Est              | /Dragan         | +)       |
| Multiple             |                       | ompensation, if any, was provided for your  |                               | Compensation (Free Tex           |                  | Juane (ESI               | ./ 1 1 CSCIII   | ·/       |
| (Multiple<br>Entries |                       | past seven (7) years provided advice or su  |                               |                                  | YES              |                          | NO              |          |
| Allowed)             |                       | a foreign business or other foreign organiza  |                               |                                  | (Yes ad          |                          | (Requi          |          |
|                      |                       | er employer? (Answer "No" if <b>all</b> your adviction of the contraction o | ce or support v               | vas authorized                   | another          | entry)                   | validat         | ie)      |
| For this question    |                       | ily" means your spouse or legally recognize   | ed civil union/               | domestic partner, paren          | ts, sten-r       | arents.                  | YES             | NO       |
| siblings, half an    | d step-siblings, chil | ldren, step-children, and cohabitant. Have  | you, your spou                | ise, cohabitant, or any n        | nember o         | of your                  | - 25            |          |
| immediate fami       | ly in the past sever  | n (7) years been asked to provide advice or   | serve as a con                | sultant, even informally         | y, by any        | foreign                  |                 |          |
|                      | icial or agency? (Ai  | nswer "No' if all the advice or support was   | authorized pur                | rsuant to official U.S. G        | overnme          | nt                       |                 |          |
| business.)  Branch   | You responded '       | 'Yes' to you, your spouse, cohabitant, or an  | y member of y                 | our immediate family h           | naving <b>in</b> | the past                 | seven (7        | ) years  |
| If Yes to            |                       | ovide advice or serve as a consultant, even   |                               |                                  |                  |                          |                 | ,        |
| Foreign              | Provide the nam       | e of the government official.   | Last                          | First                            | Mido             | lle                      | Suffix          |          |

| Consulting   | Provide the name of the   |  |  |  |   | Age  | ency name  | (Free Te   | ext)   |
|--|---|--|--|--|---|--|--|--|--|
| (Multiple  | Provide the country with  |  |  |  |   |  |  | <u></u>  |  |
| Entries  | Provide the date of the r   |  |  |  | stances of reque  |  | cumstance  |  | ext)   |
| Allowed)   | Have you, your spouse   |  |  | <mark>tic partner,</mark> col  | nabitant, or any  | YE   |  | NO   |  |
|  | member of your immed  | iate family in the past  | t  |  |   | (Ye  | es adds  | (Requ  | ired t   |
|  | seven (7) years been as   | ked to provide advice  | or serve as a cons   | sultant, even in   | formally, by any  | ano  | other  | valida   | ite)   |
|  | other foreign governmen   |  |  |  |   | enti   |  |  | 1  |
|  | authorized pursuant to o  |  |  |  | FF  |  | -37  |  |  |
| Has any foreign  | national in the past seven  |  |  | to work as a c   | onsultant or con  | sider emn  | lovment  | YES  | NC   |
| with them?   | -   |  | •  |  |   | •  | •  |  | NC   |
|  | You responded 'Yes' to consultant, or consider of   |  |  | t seven (7) yea  | ars offered you a   | job, asked   | l you to wo  | ork as a   |  |
| Branch   | -   |  |  | T  | E:4   | Ma   | 11 -   | Einet  |  |
| If Yes to  | Provide the name of the   |  | made the offer.  | Last   | First   | Mide   | ne   | First  |  |
| Offered Job  | Provide a description of  |  |  | Description (  | · /   |  |  |  |  |
| (Multiple  | Provide the date when t   |  |  | Date (Estima   |   |  |  |  |  |
| Entries  | Provide the location wh   | ere this occurred.   |  | City   | State and Zip   | Code or 0  | Country  |  |  |
|  | Did you accept the offer  | r?   |  |  | Explanation   | (Free Text   | :)   | YES  | NC   |
| Allowed)   | Has any additional forei  |  | st seven (7) vear  | s offered you  | YES   | `  | NO   |  |  |
|  | a job, asked you to work  |  |  |  | (Yes adds an  | other entry  |  | uired to v   | ralidat  |
| Have you <b>in the</b>   | past seven (7) years been   |  |  |  |   |  |  | YES  | NC   |
|  | own, serve as business cor  | nsultant, provide finan  | cial support, etc.)  | ?  |   |  |  |  |  |
|  | You responded 'Yes' to<br>national not described a  |  | ven (7) years bee  | en involved in   | any other type of   | business   | venture wi   | th a forei   | gn   |
|  | Provide the full name of  |  | Last   | First  | Mide  | dle  | Ç.,  | ıffix  |  |
| Branch   |   |  |  |  |   |  |  |  | ****   |
|  | Provide the full current  |  |  |  | ress and city   |  | and Zip Co   |  |  |
| f Yes to Other   | Provide the citizenship(  |  |  |  | of the business v   | enture.  | Descrip  | tion (Free   | Text   |
|  | Provide your relationshi  | ip to this foreign natio   | nal.   |  | nip (Free Text)   |  |  |  |  |
| Foreign  | Provide the length of tir   |  |  | From Date  | e (Estimated)   | To Da  | te (Estima   | ted/Prese  | nt)  |
| Business   | business venture.   | ,  |  |  | /   |  | ,  |  | ′  |
| Ventures   | Provide the nature of as  | sociation with this but  | siness venture   | Natura of  | association (Free   | Tevt)  |  |  |  |
|  |   |  | mess venuit.   | Position (1  |   | icalj  |  |  |  |
| (Multiple  | Provide the position you  |  | /D   |  |   |  | 1 ~  | —  |  |
| Entries  | Provide the service you   |  | e (Free Text)  |  | e financial suppo   |  |  | port (Fre  | e Tex  |
| Allowed)   | Provide a description of  | what compensation v  | vas provided for y   | our service.   | Description of  | compensa   | tion (Free   | Text)  |  |
| /  | Have you, in the past se  | even (7) years, been i   | nvolved in any ot  | her type of bus  | siness venture  | YES  |  | NO   |  |
|  | with a foreign national i   |  |  |  |   | (Yes a   | ıdds   | (Requ  | ired t   |
|  | provide financial suppor  |  | ,  |  | 7   | ×  | er entry)  | valida   |  |
| Tave you in the  | past seven (7) years atter  |  | any conferences  | trade shows  | seminars or meet  |  |  | YES  | NO   |
|  | clude those you attended of   |  |  |  |   | 55 04131   |  | 120  | 1.,(   |
|  | Provide the name and de   | escription of event.   |  |  | description (Free   |  |  |  |  |
| Branch   | Provide the name of spo   |  | T  |  | ion name (Free T  |  |  | -  |  |
| If Yes to  | Provide the city where t  |  | City (Free Text  |  | e country where   |  |  | Count  | try  |
|  | Provide the dates for the   | e event.   | From Date (Est   | imated)  | To I  | Date (Estin  | nated/Pres   | ent)   |  |
| Attending  | Provide the purpose of t  | he event.  |  | Purpose (I   | Free Text)  |  |  |  |  |
| Foreign  | Was there any subseque  | ent contact with any fo  | reign nationals as   |  |   |  |  | VEC  | NC   |
| G C  |   |  |  |  |   |  |  | 1 1 1 1 1 2 3  |  |
| Conferences  | Drongh  | Vou responded 'Ves   | ' to there having  |  |   | ny foreign   |  | YES  |  |
| Conferences  |   | You responded 'Yes   | ' to there having  |  |   | ny foreign   | nationals  |  | t or tr  |
|  | If Yes to Subsequent  | event.   | to there having  |  | nt contact with a   |  | nationals  |  | t or tr  |
| Multiple   | If Yes to Subsequent<br>Contact   | event. Provide explanation   |  | been subseque  | nt contact with as<br>Explanation (Fr   |  |  |  | t of tr  |
| Multiple<br>Entries  | If Yes to Subsequent<br>Contact<br>(Multiple Entries  | event. Provide explanation Do you have another   |  | been subseque  | Explanation (Fr   | ree Text)  | NO   | as a resul   |  |
| (Multiple<br>Entries   | If Yes to Subsequent<br>Contact<br>(Multiple Entries<br>Allowed)  | event.  Provide explanation  Do you have another for this event?   | r subsequent conta   | been subseque  | Explanation (Fr<br>YES<br>(Yes adds anoth   | ree Text)  | NO   |  |  |
| (Multiple<br>Entries   | If Yes to Subsequent<br>Contact<br>(Multiple Entries  | event.  Provide explanation  Do you have another for this event?   | r subsequent conta   | been subseque  | Explanation (Fr<br>YES<br>(Yes adds anoth   | ree Text)  | NO   | as a resul   |  |
| Multiple<br>Entries  | If Yes to Subsequent<br>Contact<br>(Multiple Entries<br>Allowed)  | event.  Provide explanation  Do you have another for this event?  even (7) years, attended   | r subsequent conta   | act to report in any addition  | Explanation (Fr<br>YES<br>(Yes adds anothal conferences,  | ree Text)  | NO<br>(Require   | as a resul   | date)  |
| Multiple<br>Entries  | If Yes to Subsequent Contact (Multiple Entries Allowed) Have you in the past se trade show, seminars, or  | Provide explanation Do you have another for this event?  even (7) years, attender meetings outside the   | r subsequent contact of or participated U.S.? (Do not inc  | act to report in any addition  | Explanation (Fr<br>YES<br>(Yes adds anothal conferences,  | ree Text) ner entry) YES (Yes a  | NO<br>(Require   | ed to vali NO (Requ  | date)  |
| (Multiple<br>Entries<br>Allowed)   | If Yes to Subsequent Contact (Multiple Entries Allowed) Have you in the past se trade show, seminars, or participated in on officia   | Provide explanation Do you have another for this event?  even (7) years, attender meetings outside the all business for the U.S.   | r subsequent contact or participated U.S.? (Do not incompose).   | act to report in any addition  | Explanation (Fr<br>YES<br>(Yes adds anothal conferences,<br>a attended or   | ree Text)  ner entry)  YES (Yes a another  | NO (Require  | ed to vali  NO (Requivalida  | date)<br>iired t                                   |
| Multiple<br>Entries<br>Allowed)  | If Yes to Subsequent Contact (Multiple Entries Allowed) Have you in the past se trade show, seminars, or participated in on officia "Immediate Family" mea  | Provide explanation Do you have another for this event?  Even (7) years, attender meetings outside the all business for the U.S. ans your spouse, paren  | r subsequent control ed or participated U.S.? (Do not incompare the control ed over the control ed or participated U.S. (Do not incompare the control ed or participated to subsequent control ed or part | act to report in any addition clude those you iblings, half an   | Explanation (Fr<br>YES<br>(Yes adds anothal conferences,<br>a attended or<br>ad step-siblings, c  | ree Text)  Per entry)  YES  (Yes a another children, st  | NO (Require  | ed to vali NO (Requ  | date)<br>iired t                                   |
| Multiple<br>Entries<br>Allowed)<br>For Section 20b,<br>children, and col-  | If Yes to Subsequent Contact (Multiple Entries Allowed)  Have you in the past se trade show, seminars, or participated in on officia "Immediate Family" mea nabitant. Have you or any   | Provide explanation Do you have another for this event?  Even (7) years, attender meetings outside the al business for the U.S ans your spouse, paren member of your imme  | r subsequent control ed or participated U.S.? (Do not incompare). ts, step-parents, sediate family in the  | act to report in any addition clude those you iblings, half an   | Explanation (Fr<br>YES<br>(Yes adds anothal conferences,<br>a attended or<br>ad step-siblings, c<br>(7) years had any   | ree Text)  ner entry)  YES  (Yes a another children, sty contact w   | NO (Require  | ed to vali  NO (Requivalida  | date)<br>iired t                                   |
| (Multiple<br>Entries<br>Allowed)  For Section 20b,<br>children, and cof-<br>foreign governme   | If Yes to Subsequent Contact (Multiple Entries Allowed)  Have you in the past se trade show, seminars, or participated in on officia "Immediate Family" mea nabitant. Have you or any ent, its establishment (suc   | Provide explanation Do you have another for this event?  Even (7) years, attender meetings outside the all business for the U.S ans your spouse, paren member of your immedia as embassy, consula  | r subsequent control ed or participated U.S.? (Do not incompare). ts, step-parents, sediate family in the tte, agency, milita  | act to report  in any addition clude those you iblings, half an the past seven ary service, into   | Explanation (Fr<br>YES<br>(Yes adds anothal conferences, a attended or<br>ad step-siblings, c<br>(7) years had any  | ree Text)  Per entry)  YES  (Yes a another contact writy service)  | NO (Require adds er entry) rep-vith a e, etc.) or  | ed to vali  NO (Requivalida  | date)<br>iired t                                   |
| (Multiple<br>Entries<br>Allowed)  For Section 20b,<br>children, and conforeign governments representative  | If Yes to Subsequent Contact (Multiple Entries Allowed)  Have you in the past se trade show, seminars, or participated in on officia "Immediate Family" mea nabitant. Have you or any ent, its establishment (suc es, whether inside or outside   | event.  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 imme h as embassy, consula de the U.S.? (Answer   | r subsequent contact of participated U.S.? (Do not in G. government). st, step-parents, stediate family in thate, agency, militatho' if the contact  | in any addition<br>clude those you<br>iblings, half an<br>the past seven<br>ary service, inter<br>the was for routi  | Explanation (Fr<br>YES<br>(Yes adds anothal conferences, a attended or<br>ad step-siblings, company of the conference of the conf | ree Text)  YES (Yes a another children, sty contact writy services ons and box   | NO (Require adds er entry) rep- with a e, etc.) or order   | ed to vali  NO (Requivalida  | date)<br>iired t                                   |
| children, and coh<br>foreign governments<br>its representative<br>crossings related  | If Yes to Subsequent Contact (Multiple Entries Allowed) Have you in the past se trade show, seminars, or participated in on officia "Immediate Family" mea nabitant. Have you or any ent, its establishment (suc es, whether inside or outside to either official U.S. Go   | event.  Provide explanation Do you have another for this event?  Even (7) years, attender meetings outside the lal business for the U.S. ans your spouse, paren member of your immeth as embassy, consulade the U.S.? (Answervernment travel, of for   | r subsequent contact of participated U.S.? (Do not in G. government). st, step-parents, stediate family in thate, agency, militatho' if the contact  | in any addition<br>clude those you<br>iblings, half an<br>the past seven<br>ary service, inter<br>the was for routi  | Explanation (Fr<br>YES<br>(Yes adds anothal conferences, a attended or<br>ad step-siblings, company of the conference of the conf | ree Text)  YES (Yes a another children, sty contact writy services ons and box   | NO (Require adds er entry) rep- with a e, etc.) or order   | ed to vali  NO (Requivalida  | date)<br>iired t                                   |
| (Multiple<br>Entries<br>Allowed)  For Section 20b,<br>children, and conforeign governments representative  | If Yes to Subsequent Contact (Multiple Entries Allowed)  Have you in the past se trade show, seminars, or participated in on officia "Immediate Family" mea abitant. Have you or any ent, its establishment (suc ess, whether inside or outside to either official U.S. Government mi   | event.  Provide explanation Do you have another for this event?  even (7) years, attender meetings outside the all business for the U.S. ans your spouse, paren member of your immediate the U.S.? (Answer vernment travel, or for illitary duty.)   | r subsequent contact of or participated U.S.? (Do not indo.) government). ts, step-parents, step-to-gradiate family in the tet, agency, militate, agency, militate, agency on a Urange of the contact of  | act to report in any addition clude those you iblings, half an the past seven ary service, intert was for routing. J.S. passport, or the past seven are the past seven are service, intert was for routing.  | Explanation (Fr YES (Yes adds anothal conferences, a attended or ad step-siblings, c (7) years had anyelligence or secure visa application as a U.S. militar  | ree Text)  Per entry)  YES  (Yes a another children, sty contact which services one and both services one ary services one and both services one and both services one and both services one and both services one are services one and services one are services on the services of the | NO (Require  | ed to vali  NO (Requ valida YES  | date) tired tate) NO                               |
| (Multiple<br>Entries<br>Allowed)  For Section 20b,<br>children, and conforeign governments representative  | If Yes to Subsequent Contact (Multiple Entries Allowed)  Have you in the past se trade show, seminars, or participated in on officia "Immediate Family" mea anabitant. Have you or any ent, its establishment (suc es, whether inside or outside to either official U.S. Go ith a U.S. Government mi You responded 'Yes' to   | event.  Provide explanation  Do you have another for this event?  Even (7) years, attender meetings outside the lal business for the U.S. ans your spouse, paren member of your immed has embassy, consula de the U.S.? (Answer vernment travel, or for illitary duty.)  | r subsequent contact of or participated U.S.? (Do not indo.) government). Its, step-parents, step-pa | in any addition clude those you iblings, half an he past seven ary service, intert was for routiful. S. passport, of family having   | Explanation (Fr YES (Yes adds anothal conferences, a attended or ad step-siblings, c (7) years had anyelligence or secure ne visa application as a U.S. militate in the past severe   | ree Text)  Per entry)  YES  (Yes a another children, strong contact writy services on and both carry services on (7) years   | NO (Require and see entry)  sep- with a co, etc.) or order  member  sep had any  | ed to vali NO (Requ valida YES   | date) tired total NO                               |
| Multiple Entries Allowed) For Section 20b, children, and coloreign governments representative crossings related  | If Yes to Subsequent Contact (Multiple Entries Allowed)  Have you in the past se trade show, seminars, or participated in on officia "Immediate Family" mea abitant. Have you or any ent, its establishment (suc est, whether inside or outside to either official U.S. Go ith a U.S. Government mi You responded 'Yes' to foreign government, its  | event.  Provide explanation  Do you have another for this event?  even (7) years, attender meetings outside the all business for the U.S. ans your spouse, paren member of your immediate the U.S.? (Answer vernment travel, or for illitary duty.)  by you or any member of establishment (such as  | r subsequent contact of or participated U.S.? (Do not indo.) government). Its, step-parents, step-parents, stediate family in that, agency, militate, agency, militate, agency militate, agency or a U.S. or immediate of your immediates embassy, consultations.  | in any addition clude those you iblings, half an he past seven ary service, intert was for routiful. S. passport, of family having   | Explanation (Fr YES (Yes adds anothal conferences, a attended or ad step-siblings, c (7) years had anyelligence or secure ne visa application as a U.S. militate in the past severe   | ree Text)  Per entry)  YES  (Yes a another children, strong contact writy services on and both carry services on (7) years   | NO (Require and see entry)  sep- with a co, etc.) or order  member  sep had any  | ed to vali NO (Requ valida YES   | date) tired total NO                               |
| (Multiple<br>Entries<br>Allowed)  For Section 20b,<br>children, and conforeign governments representative  | If Yes to Subsequent Contact (Multiple Entries Allowed)  Have you in the past se trade show, seminars, or participated in on officia "Immediate Family" mea anabitant. Have you or any ent, its establishment (suc es, whether inside or outside to either official U.S. Go ith a U.S. Government mi You responded 'Yes' to   | event.  Provide explanation  Do you have another for this event?  even (7) years, attender meetings outside the all business for the U.S. ans your spouse, paren member of your immediate the U.S.? (Answer vernment travel, or for illitary duty.)  by you or any member of establishment (such as  | r subsequent contact of or participated U.S.? (Do not indo.) government). Its, step-parents, step-parents, stediate family in that, agency, militate, agency, militate, agency militate, agency or a U.S. or immediate of your immediates embassy, consultations.  | in any addition clude those you iblings, half an he past seven ary service, intert was for routiful. S. passport, of family having   | Explanation (Fr YES (Yes adds anothal conferences, a attended or ad step-siblings, c (7) years had anyelligence or secure ne visa application as a U.S. militate in the past severe   | ree Text)  Per entry)  YES  (Yes a another children, strong contact writy services on and both carry services on (7) years   | NO (Require and see entry)  sep- with a co, etc.) or order  member  sep had any  | ed to vali NO (Requ valida YES   | date) tired total NO                               |
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|                                  |   | security service, etc.) or its<br>the contact was for routine                                  |                       |             |                            |              | another<br>entry)               | validat         | æ)       |
|                                  | either official U.S. Gov  | ernment travel or foreign t  | ravel on a U.S. pas   | sport).     |                            |              |                                 |                 |          |
| Have you <b>in th</b> residence? | ne past seven (7) years spo   | nsored any foreign nationa   | l to come to the U.   | S. as a st  | tudent, for work,          | or for p     | permanent                       | YES             | NO       |
|                                  |   | in the past seven (7) yea  | rs having sponsore    | d any fo    | reign national to          | come t       | to the U.S. as a                | student,        | for      |
|                                  | work, or for permanent  | residence. e sponsored foreign nationa   | h1                    | Last        | First                      | Midd         | lle                             | Suffix          |          |
|                                  |   | h for the sponsored foreign  |                       |             | Tilst                      |              | (Estimated)                     | Sullix          |          |
|                                  |   | th for the sponsored foreig  |                       | City        |                            |              | and Zip Code                    |                 |          |
| Branch                           | Provide the current stre national.  | et address of the sponsored  | l foreign             | Street a    | address and                | State        | and Zip Code                    | or Count        | ry       |
| If Yes to                        | Provide the country(ies   | ) of citizenship for the spor  | nsored foreign nati   |             |                            | l            |                                 |                 |          |
| Sponsorship of<br>a Foreign      | Provide the name of the   | ovide the name of the organization through which sponsorship was arranged, if Name (Free Text) |                       |             |                            |              |                                 |                 |          |
| National                         | applicable. Not Applic Provide the address of t                                 | the organization through w   | hich sponsorship v    | as arran    | ged, if applicable         | e. Not.      | Applicable □                    |                 |          |
| (Multiple                        | Street address and city   |  |                       |             |                            | State        | and Zip Code                    |                 |          |
| Entries                          |   | y in the U.S. for the sponsor the sponsored foreign nation                                     |                       |             | From date (I               | Estimat      | ed) To da                       | te (Est./P      | resent)  |
| Allowed)                         | Street address and city   | ne sponsored foreign flatio  | mai wille residing    | in the O.   | .5.                        | State        | and Zip Code                    |                 |          |
|                                  |   | stay in the U.S. for the spo   |                       |             |                            |              | ose of stay (Fre                |                 |          |
|                                  |   | your sponsorship for the speed (7) years sponsored a   |                       |             | nal to come to             | Purpo<br>YES | ose of sponsors                 | hip (Free<br>NO | Text)    |
|                                  |   | or work, or for permanent r  |                       | SII IIddioi | nar to come to             | (Yes         |                                 | (Required       | l to     |
| H EXT                            | <b>7D</b> 11-111411   | £:   |                       |             |                            | anoth        | ner entry)                      | validate)       | NO       |
| Branch                           | You responded 'Yes' to  | having <b>EVER</b> held politic  | cal office in a forei | gn count    | try.                       |              |                                 | YES             | NO       |
| If Yes to Held                   | Provide the position he   | ld.  | Position (Fre         | ee Text)    |                            |              |                                 |                 |          |
| Political<br>Office              | Provide the dates you h Provide the name of the                                 | eld political office.  | From Date (           |             | ed)<br>) for these activit |              | To Date (Estin<br>Reasons (Free |                 | sent)    |
| (Multiple                        |   | igibility to hold political of   |                       |             | Current eligibil           |              |                                 | Text)           |          |
| Entries                          | Have you EVER held any additional political office in a foreign country? YES NO |  |                       |             |                            |              |                                 |                 |          |
| Allowed) Have you EVI            | ER voted in the election of a   | a foreign country?   |                       |             | (Yes adds anot             | her enti     | ry) (Require                    | YES             | NO       |
| Branch                           | You responded 'Yes' to  | having EVER voted in the   | e election of a fore  | ign cour    | ntry.                      |              |                                 | L               | I.       |
| If Yes to<br>Voting in           | Provide the date you vo   | e country involved   | Provide the reason    | n(s) for t  | hese activities            |              | Date (Estimate<br>Reasons (Free |                 |          |
| Foreign                          |   | igibility to vote in a foreign   |                       | 1(3) 101 ti | nese detryttes.            |              | Current eligibi                 |                 | e Text)  |
| Election<br>(Multiple            | Do you have other insta   | ances of voting in the election  | ion of a foreign co   | intry to i  | report?                    |              | YES<br>(Ves adds                | NO              | and to   |
| Entries                          |   |  |                       |             |                            |              | (Yes adds another               | (Requi          |          |
| Allowed)                         |   |  |                       |             |                            |              | entry)                          |                 |          |
|                                  | c – Foreign Count   |  |                       |             |                            |              |                                 | T               |          |
|                                  | eled outside the U.S. in the lin the-last seven (7) year                        |  |                       | n officia   | 1 government org           | lers (i e    | no nersonal                     | YES<br>YES      | NO<br>NO |
|                                  | ction with the official U.S.  | Government business)?  |                       |             |                            |              | •                               |                 |          |
|                                  |   | naving traveled outside the lers. Provide information a  |                       |             |                            |              |                                 |                 |          |
|                                  |   | al U.S. Government busine  |                       |             | <mark>rders</mark> .       |              | ٥.                              | nai trips       | made     |
| -                                | Provide the country visited   |  |                       |             |                            |              |                                 | te (Estim       | nated)   |
| -                                |   | of days involved in the visite travel to this country (Che                                     |                       |             | siness/profession          |              | □ Wany snor □ Volunteer act     |                 |          |
| Branch                           | □ Education □ Tourism   | ☐ Trade shows, confere   | nces, and seminars    | □ Vis       | sit family or frien        | ıds 🛭        | Other                           |                 |          |
| Diancii                          |   | nis country, were you quest<br>equirements) by the local c                                     |                       |             |                            | er           | Explanation (Free Text)         | YES             | NO       |
| If Yes to                        |   | untry? If yes provide explain  |                       | SEI VICE    | officials when             |              | (Mee Text)                      |                 |          |
| Having<br>Traveled               |   | is country, were you involve   | ved in any encount    | er with tl  | he police? If yes          |              | Explanation                     | YES             | NO       |
| Outside the                      | provide explanation.  | is country, were you contac  | cted by or in conta   | et with s   | ny pareon knovy            |              | (Free Text)<br>Explanation      | YES             | NO       |
| U.S. on<br>Other than            |   | ed or associated with foreign  |                       |             |                            |              | (Free Text)                     | 1LS             | 110      |
| Official                         | organizations? If yes prov  |  | vad in                | .m+c11'     | man on **                  |              | Evelonet'                       | VEC             | NO       |
| Business                         | While traveling to, or in the issues not reported? If yes                       | nis country, were you invol<br>s provide explanation.  | ved in any counter    | ıntelligei  | nce or security            |              | Explanation (Free Text)         | YES             | NO       |
| (Multiple                        | While traveling to or in th   | is country, were you contact   |                       |             |                            | g            | Explanation                     | YES             | NO       |
| Entries<br>Allowed)              |   | r undue interest in you or y<br>is country, were you contact                                   |                       |             |                            | g to         | (Free Text) Explanation         | VEC             | NO       |
| rinowed)                         | obtain classified informati   | on or unclassified, sensitiv   | e information? If     | yes provi   | ide explanation.           | g iO         | (Free Text)                     | YES             | NO       |
|                                  |   | nis country, were you threa  |                       |             |                            | T            | Explanation (Error Toyt)        | YES             | NO       |
|                                  | provide explanation.  | overnment official or forei  | gn mæmgence or s      | security s  | service! If yes            |              | (Free Text)                     |                 |          |
|                                  |   | e of the last seven (7) yea  | rs, beginning with    | the most    | t recent and work          | ing bac      | ckwards (Do no                  | ot list trip    | s that   |

ONLY involved travel on official U.S. Government business on official government orders, but you must include any personal trips made in conjunction with the official U.S. Government travel).

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?

NO (Yes adds another entry)

#### Section 21 – Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates pro-active management of mental health conditions to support wellness and recovery. If you have experienced a mental health condition, you may benefit from mental health treatment and support. Left untreated or unaddressed, mental health conditions may affect an individual' judgment, reliability and trustworthiness.

Your decision to seek mental health care will NOT in and of itself adversely impact your ability to obtain or maintain a national security position. In fact, seeking personal wellness and recovery may favorably impact your eligibility for a national security position. Seeking mental health care will not prevent you from obtaining or maintaining a national security position, or prevent you from being found suitable or fit to obtain or retain Federal employment, fit to obtain or retain contract employment, or eligible for physical or logical access to federally controlled facilities or information systems. In fact, seeking personal wellness and recovery may favorably impact your eligibility for a national security position. Receiving mental health care for any reason is important and may serve to eliminate concerns arising from one or more affirmative answers to the following questions. All information pertaining to treatment will be handled on a strict need-to-know basis and any misuse of the provided information by investigators, adjudicators, supervisors or other personnel is punishable under applicable regulations, policies, and privacy laws.

Mental health counseling in and of itself is **not a reason** to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, eligibility for physical or logical access to federally controlled facilities or information systems.

In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court ordered:

strictly marital, family, grief not related to violence by you; or

strictly related to adjustments from service in a military combat environment

Please respond to this question with the following additional instruction:

"Victims of sexual assault who have consulted with the health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer 'No'."

In the last seven (7) years, have you had a mental health condition that would cause an objective observer to have concern about your judgment, reliability, or trustworthiness in relation to your work? Evidence of such a condition could include exhibiting behavior that was emotionally unstable, irresponsible, dysfunctional, violent, paranoid, or bizarre; receiving an opinion by a duly qualified mental health professional that you had a condition that might impair judgment, reliability, or trustworthiness; or failing to follow treatment advice related to a diagnosed emotional, mental, or personality condition (e.g., failure to take prescribed medication). These examples are merely illustrative. Merely consulting a mental health professional is not, standing alone, evidence of such a condition.

In the last seven years, have you had a mental health condition that adversely affected your judgment, reliability, or trustworthiness? [Y/N] [A "no" response will cause the navigation to proceed to the next independent question]

[If yes] Did you receive counseling or treatment for that condition? Merely consulting a mental health professional will not disqualify you. [Y/N] [A "no" response will cause the navigation to proceed to the next independent question]

[If yes] Provide the following about your counseling or treatment. [Permit multiple entries, capturing the below details for each entry]

Provide the dates of counseling or treatment. [From Date (Estimated) to Date (Estimated/Present)

Provide the name, address, and telephone number of the health care professional. [Street address and city, state, and Zip Code or country]
Provide the name, address, and telephone number of the agency/organization/facility where counseling/treatment was provided [Same as above or name, Same as above or street address and city, state, and Zip Code or country, telephone number]

In the last 7 years have you been hospitalized for any reason related to a mental health condition? [Y/N] [A "no" response will cause the navigation to proceed to the next independent question]

[If yes] [Permit multiple entries, capturing the below details for each entry]

Was the admission voluntary or involuntary? [Voluntary (provide explanation)/Involuntary (provide explanation)]

Provide the dates of treatment. [From Date (Estimated) to Date (Estimated/Present)

Provide the name and address of the facility where treatment was provided. [Name, Same as above or street address and city, state, and Zip Code or country]

In the last seven years, have you chosen <u>not</u> to follow a prescribed course of mental health treatment? [Y/N] [A "no" response will cause the navigation to proceed to the next independent question]

[If yes] [Permit multiple entries, capturing the below details for each entry]

Provide the date of treatment [From Date (Estimated) to Date (Estimated/Present)]

Provide the name, address, and telephone number of the health care professional who is or was directing your care. [Name, Same as above or Street address and city, state, and Zip Code or country, telephone number]

Provide the name and address of the agency/organization/facility where counseling/treatment was provided [Name, Same as above or Street address and city, state and Zip Code or country]

|  |   | r such a condition                         |  |   |                                       |                        |                      |                    |                   |
|--|---|--|--|---|---------------------------------------|------------------------|----------------------|--------------------|-------------------|
| If Yes to                                  |   | tes of counseling or treatm                | - · · ·                                      | TOTAL | - (                                   | <del>To Date (</del>   | <b>Estimate</b>      | d/Preser           | <del>It)</del>    |
| Receiving                                  |   | me of the health care prof                 |  | <del>Name (Fr</del>   | · · · · · · · · · · · · · · · · · · · |                        |                      |                    |                   |
| Counseling                                 | Provide the add   | dress of the health care pr                | <del>ofessional.</del>                       |   |                                       | State and              | Zip Cod              | e or Cou           | ı <del>ntry</del> |
| (3 f 1.1 1                                 |   | ephone number of the hea                   |  | Number/I  |                                       |                        |                      |                    |                   |
| <del>(Multiple</del><br><del>Entries</del> |   |  | n/facility where counseling/t                |   |                                       | <del>s above</del>     | <del>Nan</del>       | ne (Free           | <del>Text)</del>  |
| Entries                                    |   |  | i <mark>zation/facility provider. 🗆 A</mark> | <mark>Address is sa</mark>  | <mark>ime as above.</mark>            |                        |                      |                    |                   |
| Allowed)                                   | Street address :  |  |  |   | Zip Code or Country                   |                        |                      |                    |                   |
|  | Were you EVE  |  | nt to the agency/organization                |   |                                       |                        |                      | <b>YES</b>         | NO<br>NO          |
|  | Branch  |  | having been admitted as an                   |   | o the agency/organiza                 | tion wher              | e counse             | ling/trea          | tment             |
|  | If Admitted   |  | a <mark>dmission voluntary or invol</mark>   |   |                                       |                        |                      |                    |                   |
|  |   | □ Voluntary (Provide e                     | xplanation) □ Involuntary (l                 | Provide exp   | <del>lanation)</del>                  | Į.                     | <del>Explanati</del> | on (Free           | Text)             |
|  |   |  | nsulted with another health                  |   |                                       | <del>YES</del>         |                      | NO<br>ON           |                   |
|  |   |  | or were you hospitalized for                 |   |                                       | (Yes adds              | 3                    | (Requi             |                   |
|  |   |  | ny of the following reasons                  | <mark>and was not</mark>  | court-ordered:                        | <del>another e</del> i | <del>ntry)</del>     | <del>validat</del> | <del>e)</del>     |
|  |   | a <mark>l, family, grief not relate</mark> |  |   |                                       |                        |                      | l                  |                   |
|  |   |  | <mark>vice in a military combat en</mark>    |   |                                       |                        |                      | 1                  |                   |
|  | Has a court or  |  | ER declared you mentally i                   |   |                                       |                        | /ES                  |                    | NO                |
|  |   |  | having a court or administr                  | ative agenc   | y EVER declare you                    | mentally               |                      |                    |                   |
|  |   | Provide the date this oc                   |  |   |                                       |                        |                      | e (Estima          | ,                 |
|  |   |  | e court or administrative age                | ncy that dec  | clared you mentally                   |                        | Nan                  | ne (Free           | Text)             |
|  |   | incompetent.                               |  |   |                                       |                        |                      |                    |                   |
|  | Branch  |  | the court or administrative ag               | gency.  |                                       |                        |                      |                    |                   |
|  | If Yes to   | Street address and city                    |  |   | State and Zip Code                    | or Countr              | У                    |                    |                   |
|  | Being   | Was this matter appeals                    |  |   |                                       |                        |                      | YES                | NO                |
|  | Declared  | Branch                                     | Appeal Detail                                |   |                                       | -                      |                      |                    |                   |
|  | Incompetent   | If Yes to Appealing                        | Provide the name of the co                   | ourt.   | Name (Free Text)                      |                        | e the add            | iress of c         | court             |
|  |   | Decision                                   | Street address and city                      |   | State and Zip Code                    |                        | y                    |                    |                   |
|  |   |  | Provide the final disposition                |   | Disposition (Free T                   |                        |                      |                    |                   |
|  |   |  | instances where this matter                  | was   | YES                                   | _                      | 1O                   |                    |                   |
|  |   | appealed to a higher co                    |  |   | (Yes adds another e                   |                        | Required             | to valid           | ate)              |
|  | Do you have any other instances where a court or administrative agency has  YES  NO |  |  |   |                                       |                        |                      |                    |                   |
|  | EVER declared   | d you mentally incompete                   | ent?   |   | (Yes adds another e                   | entry) (1              | Required             | to valid           | ate)              |
| Section 22                                 | 2 – Police R  | ecord                                      |  |   |                                       |                        |                      |                    |                   |

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad. Have any of the following happened? (If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs.)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged with, convicted of, or sentenced for of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

|               |                            |             |                |                |                         |                     |               |             | YES        | NO     |
|---------------|----------------------------|-------------|----------------|----------------|-------------------------|---------------------|---------------|-------------|------------|--------|
|               |                            |             |                |                |                         |                     |               |             |            |        |
|               | Provide the date of        | of offense. | Date (Estim    | ated)          | Provide a description   |                     | Description   | n (Free Te  | ext)       |        |
|               |                            |             |                |                | specific nature of the  | e offense.          |               |             |            |        |
|               | Did this offense in        |             |                |                |                         |                     |               |             |            |        |
|               |                            |             |                |                | tery or assault) again: |                     |               |             |            |        |
|               |                            |             |                | ormer spouse   | or legally recognized   | d civil union/dom   | estic partne  | r, or some  | one with   | whom   |
|               | you share a child          |             |                |                |                         |                     |               |             |            |        |
|               | ☐ Involve firearm          |             | 1              |                |                         |                     |               |             |            |        |
|               | ☐ Involve alcohol          | or drugs'?  |                |                |                         |                     |               |             |            |        |
|               |                            |             |                |                |                         |                     |               |             | YES        | NO     |
| Branch        | Provide the locati         |             |                |                | Street address and ci   |                     | State and 2   |             |            |        |
|               |                            |             |                |                | a ticket to appear as   | a result of this of | fense by any  | police      | YES        | NO     |
| If Yes to the | officer, sheriff, m        |             |                |                |                         |                     |               |             |            |        |
| Above         | Branch                     |             | /citing/summo  |                |                         |                     |               |             |            |        |
| Happening     | If Yes to Being            |             |                |                | ment agency that arre   |                     |               |             | (Free Te   |        |
| ~             | Arrested/Cited/            |             | he location of | the law        | Street address and ci   | ty                  | State and     | Zip Code o  | or Count   | ry     |
| (Multiple     | Summoned                   |             | ent agency.    |                |                         |                     |               |             |            |        |
| Entries       |                            |             | , .            | d, convicted,  | currently awaiting tri  | ial, and/or ordere  | d to appear   | n court     | YES        | NO     |
| Allowed)      | in a criminal proc         |             | -              | // 1           | 0.11 00                 |                     |               |             |            | 1/     |
|               | Branch - If No             |             |                |                | of this offense were y  |                     | victed, curre | ntly await  | ing trial, | and/or |
|               | to Charged or<br>Convicted |             |                | urt in a crimi | nal proceeding agains   | st you?             | E 1 4         | Œ T         |            |        |
|               | Convicted                  | Court info  | Explanation    |                |                         |                     | Explanation   | on (Free 1) | ext)       |        |
|               |                            |             | he name of the |                |                         |                     | NT C          | . (F        | T ()       |        |
|               | Branch                     |             |                |                | C 11                    | 1 2                 | Name of c     |             | /          |        |
|               | If Yes to                  |             | ne location of |                | Street address and      |                     | State and     |             |            |        |
|               |                            |             |                |                | nst you for this offen  |                     |               |             |            |        |
|               | Charged or<br>Convicted    |             |                |                | ge dropped or "nolle p  |                     |               |             | or pieade  | ea     |
|               | Convicted                  |             |                |                | tely both the original  |                     |               |             | T4)        |        |
|               |                            | reiony/M    | usuemeanor     | геюпу, Мі      | sdemeanor, Other        | Charge              | Ch            | arge (Free  | rext)      |        |

|                  |                   | Outcome        |          | Outcome (Free Text)                  | Date (I     | Month/Year)    | Date             |           |        |
|------------------|-------------------|----------------|----------|--------------------------------------|-------------|----------------|------------------|-----------|--------|
|                  |                   |                |          |                                      |             |                | (Estimated)      |           |        |
|                  |                   | Were you sente | enced as | a result of this offense?            |             |                |                  | YES       | NO     |
|                  |                   |                | Convi    | ction detail                         |             |                |                  |           |        |
|                  |                   |                |          | de a description of the sentence.    |             |                |                  |           |        |
|                  |                   | Branch         |          | you sentenced to imprisonment for    |             |                |                  | YES       | NO     |
|                  |                   | If Yes to      |          | you incarcerated as a result of tha  |             |                |                  | YES       | NO     |
|                  |                   | Being          |          | conviction resulted in imprisonm     |             |                | From Date (Es    |           |        |
|                  |                   | Sentenced      |          | ou actually were incarcerated. (     | 1.1         |                | To Date (Estin   |           |        |
|                  |                   |                |          | viction resulted in probation or pa  |             |                | From Date (Es    | timated)  |        |
|                  |                   |                |          | of probation or parole. (Not Appl    | icable □ )  |                | To Date (Estin   | nated/Pre | esent) |
|                  |                   | Branch         | Trial o  |                                      |             |                |                  |           |        |
|                  |                   | If No to       | -        | ou currently on trial, awaiting a tr | ial, or awa | aiting sentenc | eing on criminal | YES       | NO     |
|                  |                   | Being          | Ú        | es for this offense?                 |             |                |                  |           |        |
|                  |                   | Sentenced      |          | le Explanation                       |             |                | ı (Free Text)    |           |        |
|                  |                   |                |          | of the following has happened to     |             |                | YES              | NO        |        |
|                  | •                 |                | -        | en issued a summons, citation, or    |             |                | (Yes adds        | (Requir   |        |
|                  |                   |                |          | ? (Do not include citations involv   |             | ;              | another entry)   | validate  | )      |
|                  |                   |                |          | 00 and did not include alcohol or    | 0 /         | 1 1            |                  |           |        |
|                  |                   |                |          | en arrested by any police officer,   | sneriii, ma | arsnai or      |                  |           |        |
|                  | any other type of |                |          | en charged, convicted, or sentence   | d of a ami  | ma in          |                  |           |        |
|                  |                   |                |          | , convictions, or sentences in a Fo  |             |                |                  |           |        |
|                  |                   |                |          | sly listed on this form.)            | zuciai, sta | ie, iocai,     |                  |           |        |
|                  |                   |                |          | en or are you currently on probation | on or paro  | ole?           |                  |           |        |
|                  |                   |                |          | rial on criminal charges?            | on or puro  |                |                  |           |        |
| Other than those |                   | •              |          | the following happen to you?         |             | I              | L                |           |        |

- Other than those offenses already listed, have you EVER had the following happen to you?

   Have you EVER been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form.)
- Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses.)
- Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- $\bullet$  Have you  $\ensuremath{\mathbf{EVER}}$  been charged with an offense involving firearms or explosives?
- Have you **EVER** been charged with an offense involving alcohol or drugs?

| · Have you EVE         | R been charged wit  | ii aii oiteiise ii                   | ivoivilig ai          | conor or drugs?                                 |               |                        |  | YES                    | NO        |
|------------------------|---------------------|--------------------------------------|-----------------------|---|---------------|------------------------|--|------------------------|-----------|
|                        |                     |                                      |                       |   |               |                        |  |                        |           |
|                        | Provide the date of | of the offense.                      |                       |   |               | Date (Estima           |  |                        |           |
|                        | Provide a descript  |                                      |                       |   |               | Description            | of nature of offense                     | (Free To               | ext)      |
|                        |                     |                                      |                       | ng? (Check all that app                         |               |                        |  |                        |           |
|                        | □ Domestic viole    | nce or a crime                       | of violence           | e (such as battery or ass                       | ault) against | your child, depen      | dent, cohabitant, spo                    | ouse <mark>or l</mark> | egally    |
|                        |                     |                                      | partner, fo           | ormer spouse or legally                         | recognized c  | ivil union/domest      | ic partner, or someo                     | ne with                | whom      |
|                        |                     | hild in common? earms or explosives? |                       |   |               |                        |  |                        |           |
|                        |                     | olve alcohol or drugs?               |                       |   |               |                        |  |                        |           |
|                        | involve diconor     | or drugs:                            |                       |   |               |                        |  |                        | NO        |
|                        | Provide the name    | of the court.                        |                       |   |               | Name of cou            | ırt (Free Text)                          | YES                    |           |
|                        | Provide the locati  |                                      |                       | Street address and ci                           | ty            |                        | p Code or Country                        |                        |           |
|                        | Provide all the ch  | arges brought                        | against you           | for this offense, and the                       | ne outcome o  |                        |  | guilty, 1              | ound      |
|                        |                     |                                      |                       | s,", etc). If you were fo                       | und guilty of | or pleaded guilty      | to a lesser offense,                     | list both              | the       |
|                        | original charge an  |                                      |                       |   |               |                        | T  |                        |           |
| Branch                 | Felony/Misdemea     | nor                                  | •                     | Misdemeanor, Other                              | Charge        |                        | Charge (Free Tex                         | t)                     |           |
| ****                   | Outcome             |                                      |                       | (Free Text)                                     | Date Month    | n/Year                 | Date                                     | ******                 | 110       |
| If Yes to the<br>Above | Were you sentence   |                                      | ult of these charges? |   |               |                        |  | YES                    | NO        |
| Happening              |                     |                                      |                       | f the sentence.                                 |               |                        | Cantanaa dagawint                        | on (Eno                | Tout)     |
| Trappening             |                     |                                      |                       | imprisonment for a ter                          | m avcaading   | 1 veer?                | Sentence description (Free Text)  YES NO |                        |           |
| (Multiple              | Branch              |                                      |                       | as a result of that sente                       |               |                        |  | YES                    | NO        |
| Entries                | If Yes to Being     |                                      |                       | ed in imprisonment, pro                         |               | •                      | From Date (Estim                         |                        | 110       |
| Allowed)               | Sentenced           |                                      |                       | ted. (Not Applicable                            |               | <b>,</b>               | To Date (Estimate                        |                        | nt)       |
|                        |                     | If the convic                        | tion result           | ed in probation or parol                        | e, provide th | e dates of             | From Date (Estim                         | ated)                  | ,         |
|                        |                     | probation or                         | parole. (N            | ot Applicable □)                                |               |                        | To Date (Estimate                        | ed/Preser              | nt)       |
|                        | Branch              | Trial detail                         |                       |   |               |                        |  |                        |           |
|                        | If No to Being      |                                      | ently on tr           | ial, awaiting a trial, or                       | awaiting sent | encing on crimina      | l charges for this                       | YES                    | NO        |
|                        | Sentenced           | offense?                             |                       |   |               | 1 1 7 7                |  |                        |           |
|                        | D 1                 | Provide Exp                          |                       | d C 11 ' 1 TEN                                  |               | xplanation (Free 7     | YES                                      | NO                     |           |
|                        |                     |                                      |                       | re the following has Evenut of the United State |               |                        | (Yes adds                                | (Requi                 | red to    |
|                        |                     |                                      |                       | for that crime, and inca                        |               |                        | another entry)                           | validat                |           |
|                        |                     |                                      |                       | all qualifying conviction                       |               |                        | unother entry)                           | variau                 | <i>c)</i> |
|                        | military court, eve |                                      |                       |   |               | , , .                  |  |                        |           |
|                        | Have you EVEI       | R been charged                       | with any              | felony offense? (Includ                         | e those under | the Uniform            |  |                        |           |
|                        | Code of Military .  |                                      |                       |   |               |                        |  |                        |           |
|                        |                     |                                      |                       | fense involving domes                           |               |                        |  |                        |           |
|                        | violence (such as   | battery or assa                      | ult) agains           | t your child, dependent                         | , cohabitant, | spouse <mark>or</mark> |  |                        |           |

|  | legally recognized civil union/dom   |  |  | nized civil  |  |  |  |
|--|--|--|--|--|--|--|--|
|  | <ul> <li>union/domestic partner, or someon</li> <li>Have you EVER been charged w</li> </ul>  |  |  | 1007   |  |  |  |
|  | • Have you <b>EVER</b> been charged w  |  |  | res:   |  |  |  |
| Is there currently   | a domestic violence protective orde  | er or restraining order issued aga   | ninst you?   |  |  | YES  | NO   |
| Branch   | You responded 'Yes' to currently l   | having a domestic violence pro-  | tective order o  | or restraining order   | r issued against yo  | u.   |  |
| If Yes to  | Duranida annian ationa   |  | E1   | : (Ens. Test)  |  |  |  |
| Domestic   | Provide explanation: Provide the date the order was issu   | ned.   | Date (Est  | ion (Free Text)  |  |  |  |
| Violence   | Provide the name of the court or as  |  | ,  | court (Free Text)  |  |  |  |
| (Multiple<br>Entries   | Provide the location of the court of   |  |  | dress and city   | State and Zip Co   | de or Co   | ountry   |
| Allowed)   | Do you have another domestic vio   | lence protective order or  | YES  |  | NO   |  |  |
| ,  | restraining order currently issued a   | against you to report?   | (Yes add   | s another entry)   | (Require   | d to vali  | idate)   |
|  | - Illegal Use of Drugs and   |  |  |  |  |  |  |
|  | ference to this section, that neither y  |  |  |  |  |  |  |
| the Federal gove   | nst you in a subsequent criminal pro-<br>rnment. The following questions per   | tain to the illegal use of drugs of  | ction, this app<br>or controlled s   | ubstances or drug  | or controlled subs   | tance ac   | yea by<br>tivity <mark>in</mark>                         |
|  | Federal laws, even though permissib  |  |  | acottances of arag   | or commoned succ   | turree tre   | erviey <mark>arr</mark>                                  |
| In the last sever  | (7) years, have you illegally used a   | ny drugs or controlled substanc  |  |  |  | YES  | NO   |
| includes injectin  | g, snorting, inhaling, swallowing, ex  |  |  |  |  |  |  |
|  | You answered 'Yes' to in the last Provide the type of drug or control  |  |  | or controlled subs<br>if other (Free Tex   |  |  |  |
|  | □ Cocaine or crack cocaine (Such   |  |  | as amphetamines,   |  | h ecstas   | sv. etc.)  |
|  | □ THC (Such as marijuana, weed,  |  |  | h as barbiturates,   |  |  |  |
| Branch   | □ Ketamine (Such as special K, jet   |  |  | as opium, morphin  |  | etc.)  |  |
| If Yes to  | □ Hallucinogenic (Such as LSD, P   |  |  | the clear, juice, e  | tc.)   |  |  |
| Illegally Using  | ☐ <i>Inhalants (Such as toluene, amy)</i> Provide an estimate of the   | Date (Estimated)   | per (Provide e.  | <i>xptanation):</i><br>estimate of the mor   | nth Date (Estim  | ated)  |  |
| Drugs or   | month and year of first use.   | Date (Estimated)   |  | most recent use.   | Date (Estin  | aicu)  |  |
| Controlled<br>Substances   | Provide nature of use, frequency, a  | and number of times used.  | Nature of us   |  | <b>'</b>   |  |  |
| Substances   | Was your use while you were emp  | loyed as a law enforcement off   | cer, prosecuto   | or, or courtroom o   | fficial, or while  | YES  | NO   |
| (Multiple  | in a position directly and immediat  |  |  |  |  | MEG  | NO   |
| Entries  | Was your use while possessing a s  Do you intend to use this drug or c   |  | e?   |  |  | YES<br>YES   | NO<br>NO   |
| Allowed)   | Provide explanation of why you in  |  |  | rolled substance in  | the future.  |  | nation   |
|  | -  |  | _  |  |  | (Free  | Text)  |
|  | Do you have an additional instance   | e(s) of illegal use of a drug or co  |  | YES  | NO   |  | 11.1 ( )   |
| In the last sever  | substance to enter?  1 (7) years, have you been involved in  | in the illegal nurchase, manufac   |  | Yes adds another   |  | ired to v  | NO NO  |
|  | g, receiving, handling or sale of any  |  | ture, curtivati  | on, trafficking, pro   | oduction,  | 1L5  | 110  |
|  | You answered 'Yes' to in the last  | seven (7) years having been in   | 1 11 1   |  | C , 1,   |  |  |
|  |  |  |  |  |  | ation,   |  |
|  | trafficking, production, transfer, sh  | nipping, receiving, handling or s  | sale of a drug   | or controlled subs   |  | ation,   |  |
|  | trafficking, production, transfer, sh<br>Provide the type of drug or control   | nipping, receiving, handling or silled substance. If oth   | sale of a drug<br>ner explanation  | or controlled subs<br>on (Free Text)   | tance.   |  | sv. etc.)  |
|  | trafficking, production, transfer, sh  | nipping, receiving, handling or silled substance. If oth as rock, freebase, etc.)  | sale of a drug<br>ner explanatio<br>ulants (Such d   | or controlled subs   | speed, crystal met   | h, ecstas  |  |
|  | trafficking, production, transfer, sl<br>Provide the type of drug or control  Cocaine or crack cocaine (Such THC (Such as marijuana, weed, Ketamine (Such as special K, jet  | hipping, receiving, handling or sided substance. If of the as rock, freebase, etc.) Stimpot, hashish, etc.) Dep  | sale of a drug<br>ner explanatio<br>ulants (Such a<br>ressants (Such<br>cotics (Such a   | or controlled subs<br>on (Free Text)<br>as amphetamines,<br>h as barbiturates,<br>us opium, morphin  | tance.<br>speed, crystal met<br>methaqualone, tra<br>e, codeine, heroin  | h, ecstas  |  |
| Propel   | trafficking, production, transfer, sl<br>Provide the type of drug or control  Cocaine or crack cocaine (Such THC (Such as marijuana, weed, Ketamine (Such as special K, jet Hallucinogenic (Such as LSD, P   | hipping, receiving, handling or stated substance.  If other as rock, freebase, etc.)  John Stimpot, hashish, etc.)  John Stephane | sale of a drug<br>ner explanatio<br>ulants (Such a<br>ressants (Such a<br>cotics (Such a<br>coids (Such as   | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>h as barbiturates,<br>as opium, morphin<br>the clear, juice, e   | tance.<br>speed, crystal met<br>methaqualone, tra<br>e, codeine, heroin  | h, ecstas  |  |
| Branch<br>If Yes to  | trafficking, production, transfer, sl Provide the type of drug or control  Cocaine or crack cocaine (Such THC (Such as marijuana, weed, Ketamine (Such as special K, jet Hallucinogenic (Such as LSD, P Inhalants (Such as toluene, amy  | hipping, receiving, handling or stated substance.  If other as rock, freebase, etc.)  | sale of a drug<br>ner explanatio<br>ulants (Such a<br>ressants (Such a<br>cotics (Such a<br>roids (Such as<br>ner (Provide e.  | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>h as barbiturates,<br>is opium, morphin<br>the clear, juice, e<br>explanation):  | tance.  speed, crystal met methaqualone, tra e, codeine, heroin tc.)   | h, ecstas<br>nquilize<br>, etc.)   |  |
|  | trafficking, production, transfer, sl<br>Provide the type of drug or control  Cocaine or crack cocaine (Such THC (Such as marijuana, weed, Ketamine (Such as special K, jet Hallucinogenic (Such as LSD, P   | hipping, receiving, handling or stated substance. If of the as rock, freebase, etc.)    by the definition of the stated substance. If of the as rock, freebase, etc.)    condition of the base stated substance. If of the stated substance. If of the stated substance is stated substance. If of the stated substance is stated substance is stated substance. If of the stated substance is stated substance is stated substance. If of the stated substance is stated substance is stated substance. If of the stated substance is stated substance is stated substance. If of the stated substance is stated substance. If of the stated substance is stated substance is stated substance. If of the stated substance is stated substance is stated substance. If of the stated substance is stated substance is stated substance in the stated substance is stated substance is stated substance in the stated substance in the stated substance is stated substance in the stated substance in the stated substance is stated substance in the stated substance in the stated substance is stated substance in the stated substance in the stated substance is stated substance in the stated substance in the stated substance is stated substance in the stated substance in the stated substance is stated substance in the stated substance in the stated substance is stated substance in the stated substance in the stated substance is stated substance in the stated substance in the stated substance is stated substance in the stated substance in the sta | sale of a drug<br>ner explanatio<br>ulants (Such a<br>ressants (Such a<br>cotics (Such a<br>roids (Such as<br>ner (Provide e<br>ide an estimat   | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>h as barbiturates,<br>as opium, morphin<br>the clear, juice, e   | tance.  speed, crystal met methaqualone, tra e, codeine, heroin tc.)   | h, ecstas<br>nquilize<br>, etc.)   |  |
| If Yes to  | trafficking, production, transfer, sl Provide the type of drug or control  Cocaine or crack cocaine (Such THC (Such as marijuana, weed, Ketamine (Such as special K, jet Hallucinogenic (Such as LSD, P Inhalants (Such as toluene, amy) Provide an estimate of the month and year of first involvement. Provide nature of and frequency of  | nipping, receiving, handling or stelled substance. If of the as rock, freebase, etc.)   Stimpot, hashish, etc.)   Dep etc.)   Nar CP, mushrooms, etc.)   Stelled intrate, etc.)   Oth Date (Estimated)   Provyear factivity.   Nature   Natur | sale of a drug<br>ner explanatio<br>ulants (Such a<br>ressants (Such a<br>roids (Such as<br>ner (Provide e<br>ide an estimat<br>of most recen<br>re of activity  | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>in as barbiturates,<br>its opium, morphin<br>it the clear, juice, e<br>explanation):<br>te of the month and<br>it involvement.<br>(Free Text)  | tance.  speed, crystal met methaqualone, tra e, codeine, heroin tc.)   | h, ecstas<br>nquilize<br>, etc.)   |  |
| If Yes to<br>Illegal Drug<br>Activity  | trafficking, production, transfer, sl Provide the type of drug or control  Cocaine or crack cocaine (Such THC (Such as marijuana, weed, Ketamine (Such as special K, jet Hallucinogenic (Such as LSD, P Inhalants (Such as toluene, amy) Provide an estimate of the month and year of first involvement.  Provide nature of and frequency of Provide the reason(s) why you eng   | nipping, receiving, handling or stelled substance. If of the as rock, freebase, etc.)   Stimpot, hashish, etc.)   Dep etc.)   Nar CP, mushrooms, etc.)   Stelled intrate, etc.)   Oth Date (Estimated)   Provyear factivity.   Naturaged in the activity.   Reas   | sale of a drug<br>ner explanatio<br>ulants (Such a<br>ressants (Such a<br>roids (Such as<br>ner (Provide e.<br>dide an estimat<br>of most recen<br>re of activity (<br>on(s) (Free Te  | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>in as barbiturates,<br>its opium, morphin<br>it the clear, juice, e<br>explanation):<br>te of the month and<br>it involvement.<br>(Free Text)  | speed, crystal met<br>methaqualone, tra<br>e, codeine, heroin<br>tc.)  Date (Estim   | h, ecstas<br>nquilize<br>etc.)   | rs, etc.)  |
| If Yes to<br>Illegal Drug  | trafficking, production, transfer, sh Provide the type of drug or control  Cocaine or crack cocaine (Such  THC (Such as marijuana, weed,  Ketamine (Such as special K, jet  Hallucinogenic (Such as LSD, P  Inhalants (Such as toluene, amyn  Provide an estimate of the month and year of first involvement.  Provide the reason(s) why you eng  Was your involvement while you was   | hipping, receiving, handling or solded substance. If our state of the substance or solded substance. If our state of the substance or solded substance. If our state of the substance or su | sale of a drug<br>ner explanatio<br>ulants (Such a<br>ressants (Such a<br>roids (Such as<br>ser (Provide e<br>ide an estimat<br>of most recen<br>re of activity (<br>on(s) (Free Te  | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>in as barbiturates,<br>its opium, morphin<br>it the clear, juice, e<br>explanation):<br>te of the month and<br>it involvement.<br>(Free Text)  | speed, crystal met<br>methaqualone, tra<br>e, codeine, heroin<br>tc.)  Date (Estim   | h, ecstas<br>nquilize<br>, etc.)   |  |
| If Yes to Illegal Drug Activity  (Multiple   | trafficking, production, transfer, she Provide the type of drug or control    Cocaine or crack cocaine (Such    THC (Such as marijuana, weed,    Ketamine (Such as special K, jet    Hallucinogenic (Such as LSD, P    Inhalants (Such as toluene, amy)    Provide an estimate of the month   and year of first involvement.    Provide nature of and frequency of    Provide the reason(s) why you eng    Was your involvement while you   or while in a position directly and  | hipping, receiving, handling or solded substance. If other as rock, freebase, etc.) Stimpot, hashish, etc.) Dept, etc.) Nar (CP, mushrooms, etc.) Sterl Initrate, etc.) Out (Estimated) Provyear factivity. Naturaged in the activity. Reas were employed as a law enforce immediately affecting the public  | sale of a drug<br>ner explanatio<br>ulants (Such a<br>ressants (Such a<br>roids (Such as<br>ser (Provide e<br>ide an estimat<br>of most recen<br>re of activity (<br>on(s) (Free Te  | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>in as barbiturates,<br>its opium, morphin<br>it the clear, juice, e<br>explanation):<br>the of the month and<br>it involvement.<br>(Free Text)   | speed, crystal met<br>methaqualone, tra<br>e, codeine, heroin<br>tc.)  Date (Estim   | h, ecstas<br>nquilize<br>etc.)   | rs, etc.)  |
| If Yes to Illegal Drug Activity  (Multiple Entries   | trafficking, production, transfer, she Provide the type of drug or control    Cocaine or crack cocaine (Such    THC (Such as marijuana, weed,    Ketamine (Such as special K, jet    Hallucinogenic (Such as LSD, P    Inhalants (Such as toluene, amy)    Provide an estimate of the month   and year of first involvement.    Provide the reason(s) why you eng    Was your involvement while you   or while in a position directly and    Was your involvement while posses    Do you intend to engage in this act  | hipping, receiving, handling or solded substance. If other as rock, freebase, etc.) Stimpot, hashish, etc.) Deptot, etc.) NarcCP, mushrooms, etc.) Ster Initrate, etc.) Other Estimated Provyear factivity. Naturaged in the activity. Reas were employed as a law enforce immediately affecting the publicessing a security clearance?  | sale of a drug-<br>ner explanation<br>ulants (Such a<br>ressants (Such a<br>cotics (Such as<br>er (Provide et<br>ide an estimat<br>of most recen<br>rer of activity (con(s) (Free Te<br>ment officer,<br>c safety?   | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>h as barbiturates,<br>is opium, morphin<br>the clear, juice, e<br>explanation):<br>te of the month and<br>t involvement.<br>(Free Text)<br>ext)<br>prosecutor, or cou  | speed, crystal met<br>methaqualone, tra<br>e, codeine, heroin<br>tc.)  Date (Estimative)   | h, ecstas<br>nquilize<br>etc.)   | rs, etc.)  |
| If Yes to Illegal Drug Activity  (Multiple Entries   | trafficking, production, transfer, she Provide the type of drug or control    Cocaine or crack cocaine (Such    THC (Such as marijuana, weed,    Ketamine (Such as special K, jet    Hallucinogenic (Such as LSD, P    Inhalants (Such as toluene, amyore    Provide an estimate of the month   and year of first involvement.    Provide nature of and frequency of    Provide the reason(s) why you eng    Was your involvement while you   or while in a position directly and    Was your involvement while posses    Do you intend to engage in this act    Branch    You have indicated    You have indicated    The control of the provide    The con | aipping, receiving, handling or solded substance. If other as rock, freebase, etc.) Stimpot, hashish, etc.) Dept, etc.) Nar CP, mushrooms, etc.) Ster Initrate, etc.) Other CP activity. Naturaged in the activity. Reas were employed as a law enforce immediately affecting the publicessing a security clearance? Entity in the future?   | sale of a drug- ner explanatio ulants (Such a ressants (Such a roids (Such as er (Provide e. dide an estimato of most recen re of activity ( on(s) (Free Te ment officer, c safety?  | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>h as barbiturates,<br>is opium, morphin<br>the clear, juice, e<br>explanation):<br>te of the month and<br>t involvement.<br>(Free Text)<br>ext)<br>prosecutor, or cou  | speed, crystal met methaqualone, tra e, codeine, heroin tc.)  Date (Estimatroom official, re, Explanati  | h, ecstas<br>inquilize<br>etc.)  YES  YES  YES   | NO NO NO   |
| If Yes to Illegal Drug Activity  (Multiple Entries   | trafficking, production, transfer, she Provide the type of drug or control    Cocaine or crack cocaine (Such    THC (Such as marijuana, weed,    Ketamine (Such as special K, jet    Hallucinogenic (Such as LSD, P    Inhalants (Such as toluene, amyore    Provide an estimate of the month   and year of first involvement.    Provide nature of and frequency of    Provide the reason(s) why you eng    Was your involvement while you   or while in a position directly and    Was your involvement while posses    Do you intend to engage in this act    Branch    If Yes to    You have indicated    cultivation, traf  | aipping, receiving, handling or siled substance. If other as rock, freebase, etc.) Stimpot, hashish, etc.) Dept, etc.) Nar CP, mushrooms, etc.) Ster Initrate, etc.) Other CP activity. Nature aged in the activity. Reas were employed as a law enforce immediately affecting the publices in a security clearance? Entity in the future? ated that you plan to engage in ficking, production, transfer, sh   | sale of a drug- ner explanatio ulants (Such a ressants (Such a ressants (Such a roids (Such as rer (Provide e. dide an estimato of most recen rer of activity ( on(s) (Free Te ment officer, c safety?   | or controlled subs<br>in (Free Text)<br>as amphetamines,<br>h as barbiturates,<br>is opium, morphin<br>the clear, juice, e<br>explanation):<br>te of the month and<br>ti involvement.<br>(Free Text)<br>ext)<br>prosecutor, or courchase, manufactur<br>ing, handling or si  | speed, crystal met methaqualone, tra e, codeine, heroin tc.)  Date (Estimatroom official, re, Explanati  | h, ecstas<br>inquilize<br>etc.)  YES  YES  YES   | NO NO NO   |
| If Yes to Illegal Drug Activity  (Multiple Entries   | trafficking, production, transfer, she Provide the type of drug or control    Cocaine or crack cocaine (Such    THC (Such as marijuana, weed,    Ketamine (Such as special K, jet    Hallucinogenic (Such as LSD, P    Inhalants (Such as toluene, amy).  Provide an estimate of the month   and year of first involvement.  Provide nature of and frequency of   Provide the reason(s) why you eng   Was your involvement while you wor while in a position directly and   Was your involvement while posses   Do you intend to engage in this act    Branch   If Yes to   Future Activity   Or who was your involvement of a drug or correct    Grant   Future Activity   Or daright   Grant   Grant | nipping, receiving, handling or solded substance. If other as rock, freebase, etc.) Stimpot, hashish, etc.) Dept, etc.) Nar CP, mushrooms, etc.) Steel nitrate, etc.) Other activity. Naturaged in the activity. Reas were employed as a law enforce immediately affecting the publicessing a security clearance? The stirity in the future?  attended that you plan to engage in ficking, production, transfer, sharrolled substance in the future.   | sale of a drug- ner explanatio ulants (Such a ressants (Such as re | or controlled subs on (Free Text) as amphetamines, the as barbiturates, as opium, morphine the clear, juice, explanation): the of the month and tinvolvement. (Free Text) ext) prosecutor, or country  | speed, crystal met methaqualone, trae, codeine, heroin tc.)  Date (Estimatroom official, e.e., Explanatiale  | h, ecstas<br>nquilize<br>etc.)  YES  YES  YES  YES  On (Free   | NO NO NO   |
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| If Yes to Illegal Drug Activity (Multiple Entries Allowed)  Have you EVER  | trafficking, production, transfer, she Provide the type of drug or control    Cocaine or crack cocaine (Such    THC (Such as marijuana, weed,    Ketamine (Such as special K, jet    Hallucinogenic (Such as LSD, P    Inhalants (Such as toluene, amyne    Provide an estimate of the month   and year of first involvement.  Provide nature of and frequency of    Provide the reason(s) why you eng    Was your involvement while you   or while in a position directly and    Was your involvement while posse    Do you intend to engage in this act    Branch  | tipping, receiving, handling or seled substance. If other as rock, freebase, etc.) Stimpot, hashish, etc.) Dept, etc.) Substance Stimpot, hashish, etc.) Stimpot, hashish, etc.) Stimpot, hashish, etc.) Stimpot, hashish, etc.) Stimpot, etc.) Stimpo | sale of a drug ner explanatio ulants (Such a ressants (Such a ressants (Such a roids (Such as rer (Provide e dide an estimat of most recen re of activity ( on(s) (Free Te ment officer, c safety?  the illegal pur ipping, receiv Provide expla the illegal pur g, receiving, f   | or controlled subs in (Free Text) as amphetamines, in as barbiturates, its opium, morphin is the clear, juice, explanation): tee of the month and it involvement. (Free Text) ext) prosecutor, or countries, handling or sale  | speed, crystal met methaqualone, trae, codeine, heroin tc.)  d Date (Estimation of the code of the cod | h, ecstasinquilize, etc.)  YES YES YES YES On (Free  | NO NO NO Text)   |
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| If Yes to Use               |  | inployed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed. |                                    |                            |  |            |                                |            |           |                |                      |                 |
|-----------------------------|--|---|------------------------------------|----------------------------|--|------------|--------------------------------|------------|-----------|----------------|----------------------|-----------------|
| While in Law<br>Enforcement |  |   | 1                                  | 2                          | ostances used and y                        | our invo   | lvement.                       | Descrit    | otion (F  | ree Tex        | t)                   |                 |
|                             | Provide the dates                        | of involv   | vement/use                         | e.                         | From Date (Esti                            | mated)     |                                |            |           | nated/Pi       |                      |                 |
| (Multiple<br>Entries        |  |   |                                    |                            | and/or were involv                         | ed this di | rug or                         | Estima     | te (Free  | e Text)        |                      |                 |
| Allowed)                    | Controlled substan                       |   |                                    |                            | ty.<br>e or involvement w                  | ith a denu | a or controlle                 | d V        | ES        |                | NO                   |                 |
|                             |  |   |                                    |                            | ficer, prosecutor, o                       |            |                                |            | Yes add   | ls             | (Requi               | red to          |
|                             | while in a position                      | directly  | and imm                            | ediately affecti           | ing the public safet                       | y to ente  | r?                             | aı         | nother    | entry)         | validat              |                 |
|                             | (7) years have you                       |   |                                    | nged in the mis            | use of prescription                        | drugs, re  | egardless of v                 | whether o  | or not th | ne             | YES                  | NO              |
| drugs were presc            | ribed for you or son                     |   |                                    | ovon (7) voore             | s having intentional                       | lly engag  | ed in the mis                  | suse of n  | recerint  | ion drug       | s record             | less of         |
| Branch                      | whether the drugs                        |   |                                    |                            |  | ny engag   | eu iii uie iiiis               | suse of pr | rescript  | ion urug       | s, regard            | 1688 01         |
| If Yes to                   | Provide the name                         |   |                                    |                            | misused.                                   |            |                                |            |           | Free Tex       |                      |                 |
| Misuse of<br>Prescription   | Provide the dates                        |   |                                    |                            | From Date (Esti                            |            |                                |            |           | nated/Pi       | resent)              |                 |
| Drugs                       |  |   |                                    |                            | misuse of the presons a law enforcement    |            |                                | Reason     |           |                | YES                  | NO              |
| 0.5.12.1                    |  |   |                                    |                            | ecting the public sa                       |            | , prosecutor,                  | or courti  | ioom oi   | iliciai,       | 1123                 | NO              |
| (Multiple<br>Entries        | Was your involve                         |   |                                    |                            |  |            |                                |            |           |                | YES                  | NO              |
| Allowed)                    |  |   |                                    |                            | ally engaging in the                       | misuse     | YES                            |            |           | NO             |                      |                 |
| Have you EVED               | of prescription dru                      |   |                                    |                            |  | ault of m  | (Yes adds                      |            |           | (Requ          | uired to v           |                 |
| controlled substa           | been ordered, advi<br>nces?              | scu, or a   | skeu to see                        | ck counseling (            | or meannent as a re                        | suit OI yo | our megai us                   | e or arag  | 35 01     |                | YES                  | NO              |
|                             |  | es' to ha   | aving <b>EVI</b>                   | ER been ordere             | ed, advised, or aske                       | d to seek  | counseling                     | or treatm  | ent as a  | a result o     | of your il           | legal           |
|                             | use of drugs or co                       | ntrolled  | substances                         | S                          |  |            |                                |            |           |                |                      | _               |
|                             | Have any of the fo                       |   |                                    |                            | ed you to seek cour                        | nseling o  | r treatment a                  | s a result | of you    | r illegal      | use of di            | ugs or          |
|                             |  |   |                                    |                            | assistance program                         | ı 🗆 .      | A medical pr                   | ofessiona  | al        |                |                      |                 |
|                             | □ A mental health                        | profess   | ional                              |                            |  |            | A court offic                  | ial / judg |           |                |                      |                 |
|                             |  |   |                                    |                            | k counseling or tre                        |            |                                |            |           | 40             | VEC                  | NO              |
|                             | Provide explanation  Branch If No        |   |                                    | ion (Free Text             | Did you take                               |            |                                |            |           |                | YES<br>n (Free T     | NO<br>(ext)     |
|                             | to Action Taken                          | 10011   | ave marea                          | ica inai you an            | a not receive treath                       | ioni. Tro  | лис слрши                      | ition.     | LA        | piunutioi      | 1 (1100 1            | CAL)            |
| Branch                      |  |   |                                    |                            | trolled substance for                      |            | you were tre                   | ated.      |           |                |                      |                 |
| If Yes to                   |  |   |                                    |                            | ich as rock, freeba<br>mines, speed, cryst |            | acetaen ata                    |            |           |                |                      |                 |
| Being Ordered               |  |   |                                    |                            | ed, pot, hashish, et                       |            | ecsiusy, eic.)                 |            |           |                |                      |                 |
| Treatment for               |  | $\Box$ Dep  | ressants (S                        | Such as barbitu            | ırates, methaqualo                         |            | uilizers, etc.,                | )          |           |                |                      |                 |
| the Misuse of               |  |   |                                    | h as special K,            |  |            | - 1                            |            |           |                |                      |                 |
| Drugs                       |  |   |                                    |                            | orphine, codeine, h<br>), PCP, mushroom.   |            | <i>c.)</i>                     |            |           |                |                      |                 |
| (Multiple                   | Branch                                   |   |                                    | as the clear, j            |  | , ,        |                                |            |           |                |                      |                 |
| Entries                     | TCT7                                     |   |                                    |                            | myl nitrate, etc.)                         |            |                                |            |           |                |                      |                 |
| Allowed)                    | If Yes to Action<br>Taken                |   | e <i>r (Provide</i><br>nation (Fre | e explanation):<br>e Text) | Provide the nam                            | e of the t | reatment                       | l N        | Jame (F   | ree Text       | t)                   |                 |
|                             | Tuncii                                   | Lapiai  | iation (Fre                        | e rext)                    | provider. (Last n                          |            |                                | '`         | varrie (1 | ice ica        | .,                   |                 |
|                             |  | Provid  | e the addr                         | ess for this trea          | atment provider.                           | Street ac  | ddress and ci                  | ty S       | tate and  | d Zip Co       | de or Co             | untry           |
|                             |  | Provid  | le a telepho                       | one number for             | r the treatment prov                       | vider.     |                                |            |           |                | on Time<br>neck box  |                 |
|                             |  |   |                                    |                            |  |            |                                |            | nternati  |                | ieck dox             | 11              |
|                             |  |   |                                    | s of treatment.            |  | Date Fro   | om (Estimate                   |            |           |                | ted/Prese            | ent)            |
|                             |  |   |                                    |                            | the treatment?                             |            | 0.44                           |            |           |                | YES                  | NO              |
|                             |  |   | h If No<br>cessful                 | You have in                | dicated that you die treatment. Provide    | not suc    | cessfully<br>ntion             | E          | xplana    | tion (Fre      | e Text)              |                 |
|                             |  | Treatn  | nent                               |                            |  | _          |                                |            |           |                |                      |                 |
|                             | Do you have anot                         | her insta   | nce of hav                         | ing been order             | red, advised, or ask                       | ed to      | YES                            | •          |           | NO             |                      |                 |
| Have you EVED               | seek drug or contr<br>voluntarily sought | olled su  | bstance co                         | unseling or tre            | atment to enter?                           | dena on -  | (Yes adds                      |            | entry)    | (Requ          | uired to v           | validate)<br>NO |
| nave you EVEN               | Voluntarily sought Voluntary treatme     |   |                                    | inient as a resu           | n or your use or a                         | arug or c  | ommonied sub                   | istalice!  |           |                | IES                  | INU             |
|                             | Provide the type of                      | f drug o  | r controlle                        |                            | r which you were t                         |            |                                |            |           |                |                      |                 |
|                             | □ Cocaine or crac                        |   |                                    |                            |  |            | as amphetai                    |            |           |                |                      |                 |
| Branch                      | □ THC (Such as n □ Ketamine (Such        |   |                                    |                            |  |            | ch as barbitu<br>as opium, m   |            |           |                |                      | rs, etc.)       |
| If Yes to                   | □ Hallucinogenic                         |   |                                    |                            |  |            | as opium, mo<br>s the clear, j |            |           | , neroill      | ,)                   |                 |
| Voluntarily<br>Seeking      | □ Inhalants (Such                        | as tolue  | ne, amyl n                         | itrate, etc.)              | □ Other (                                  |            | explanation)                   | : <u> </u> |           |                |                      |                 |
| Treatment for               | Provide the name                         |   |                                    |                            | Street address an                          | ad aits:   |                                |            |           | ree Text       |                      | unter:          |
| the Misuse of               | Provide the address Provide a telephone  |   |                                    |                            |  | iu city    |                                |            |           |                | ode or Co<br>on Time |                 |
| Drugs                       | - 10 . Ide a telephol                    |   |                                    | - Junioni provi            |  |            |                                | N          | light Bo  | oth _Cl        | neck box             |                 |
| (Multiple                   | B 11 1                                   | C   |                                    |                            | In a mark                                  | . •        |                                | Ir         | nternati  | onal           |                      |                 |
| Entries                     | Provide the dates  Did you successfu     |   |                                    | reatment?                  | Date From (Esti                            | mated)     |                                | ן ט        | oate To   | (Estima        | ted/Prese<br>YES     | nt)<br>NO       |
| Allowed)                    | Branch If No to                          | 11y com   | You have i                         | ndicated that v            | ou did not you suc                         | cessfully  | complete the                   | e E        | Explana   | tion (Fre      |                      | 110             |
|                             | Successful Treatm                        | nent t  | reatment. l                        | Provide explan             | ation.                                     |            |                                |            |           |                |                      |                 |
|                             |  |   |                                    |                            | y seeking counselir<br>strolled substance? |            | ES<br>es adds anot             | her entre  |           | NO<br>(Require | ed to vali           | date)           |
|                             | or a camient as a l                      | Court UI  | jour use 0                         | a arag or con              | anonce substance:                          | (1         | co aduo anot                   | nor onu y  | ,         | rrogant        | ou to vall           | uuc)            |

| I relationships you  | r finances or resul  | Itad in interv   | ention by law enforceme  | ant/public cafet   | performa   | 19   |   |  |  |  |
|--|--|--|--|--|--|--|---|--|--|--|
| relationships, you   |  |  | alcohol use having had a   |  |  |  | ce, your pro  | ofessiona  | al or perso  | onal                                     |
| Branch   |  |  | or resulted in intervention  |  |  |  |   | 0100010110   | ar or perso  | 01141                                    |
| If negative  |  |  | this negative impact occ   |  |  | Estimated)   |   |  |  |  |
| impact   | Provide an explan  | nation of the  | circumstances and the n  | egative impact.  |  | de circumstances   |   |  |  |  |
| (M-14:-1-  | D '11 1  | 1 .  |  |  | _  | de negative impac  |   |  | . 1/D  |  |
| (Multiple<br>Entries   | Provide dates of i   |  | or use<br>ner negative impacts on  | voue work porfe  |  | Date (Estimated)   | YES YES   | ite (Estin   | nated/Pre<br>NO  | sent)                                    |
| Allowed)   |  |  | onships, your finances,  |  |  |  | (Yes add  | ls   | (Requi   | red to                                   |
| ,  | enforcement/publ   |  |  | or resumed in in   |  | . 0 , 14   | another e   |  | validat  |  |
| Have you EVER  | been ordered, advi   | ised, or aske  | d to seek counseling or t  |  |  |  |   | -  | YES  | NO                                       |
|  | You responded 'Y   | Yes" to havir  | ng been ordered, advised   | l or asked to see  | k counsel  | ing or treatment a   | s a result o  | of your us   | se of alco   | hol.                                     |
|  | Have any of the for all that apply)  | ollowing ord   | lered, advised, or asked   | you to seek cou  | nseling or   | treatment as a re  | sult of you   | r use of a   | ilcohol? (   | Check                                    |
|  |  | nilitary comi  | mander, or employee ass  | sistance program   | n  |  | □ A med   | ical profe   | essional   |  |
|  | □ A mental health  |  |  | 1 10   |  |  | □ A cour  |  |  |  |
|  |  |  | vised, or asked to seek co   |  |  |  | . 🗆 Other (   | (Provide   |  |  |
| Branch   |  |  | Did you take action  |  |  |  | - I - 1   | ·  | YES  | NO                                       |
| Drunen   | Branch If No<br>Action Taken   |  | nded 'No' to having take<br>the reasons for not taking   |  |  | 0  | Explai  | nation (F  | ree Text)  | )  |
| If Yes to  | Action Taken   |  | nded 'Yes' to having tak   |  |  |  |   |  |  |  |
| Ordered to   |  |  | e dates of counseling or   |  |  |  | To Da   | te (Estin  | nated/Pre  | sent)                                    |
| Seek<br>Counseling   | Branch   |  | e name of the individual   |  |  |  |   |  | ne (Free T   | Γext)                                    |
| Counseiing   | If Yes to  | Provide th   | e full address of the cou  | nseling/treatme  | nt provide   | er. Provide tele   | phone num   |  | Number/I   |  |
| (Multiple  | Taking Action  |  |  |  |  |  |   |  | ension Ti<br>Day Nigh  |  |
| Entries  | runing ration  |  |  |  |  |  |   |  | Check b  |  |
| Allowed)   |  |  |  |  |  |  |   |  | _<br>Internatio  |  |
|  |  |  |  | and Zip Code or  |  |  |   |  |  |  |
|  |  |  | uccessfully complete the   |  |  | C 11   | 1.1.  | D 1  | YES  | NO                                       |
|  |  | Branch If  |  | esponded "No"<br>eatment progran   |  | successfully com   | pleted  | Explanat   | ion (Free  | Text)                                    |
|  | Do you have addi   |  | ices of having been orde   |  |  | YES  | 1   | NO   |  |  |
|  | to seek counseling or treatment as a result of your use of alcohol to enter? (Yes adds another entry) (Required to validate)   |  |  |  |  |  |   |  |  |  |
| Have you EVER  | Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?  Yes NO  Yes responded 'Yes' to voluntarily seeking counseling or treatment.  |  |  |  |  |  |   |  |  |  |
|  | You responded 'Yes' to voluntarily seeking counseling or treatment.  Provide the dates of counseling or treatment From Date (Estimated)  To Date (Estimated/Present)   |  |  |  |  |  |   |  |  |  |
| Branch   |  |  | idual counselor or treatn  | nent provider  | FIOIII Da  | te (Estimated)   |   | 1  | Free Tex   |  |
| Branch   |  |  | idual counsciol of treath  |  |  |  |   |  |  |  |
|  | Provide the full a   | ddress of the  | counseling/treatment pr  |  | Street ad  | dress and city   |   |  |  |  |
| If Yes to  | Provide the full ac<br>Provide telephone   |  |  | rovider.   |  | dress and city uplete the treatmen   | State and   | l Zip Coo  |  |  |
| to Seeking   |  |  | Number/Ext ension Time Day   | rovider.   |  |  | State and   | l Zip Coo  | de or Cou  | intry                                    |
|  |  |  | Number/Ext<br>ension Time Day<br>Night Both  | rovider.   |  |  | State and   | l Zip Coo  | de or Cou  | intry                                    |
| to Seeking   |  |  | Number/Ext ension Time Day   | rovider.   |  |  | State and   | l Zip Coo  | de or Cou  | intry                                    |
| to Seeking<br>Counseling<br>(Multiple<br>Entries   | Provide telephone  | e number You answ  | Number/Ext ension Time Day Night Both _Check box if International ered 'No' to having successions."  | rovider.<br>Did you success  | sfully com   | plete the treatmen   | State and   | l Zip Coo?   | de or Cou<br>YES   | intry                                    |
| to Seeking<br>Counseling<br>(Multiple  | Provide telephone  Branch If Unsuccessful  | You answord  | Number/Ext ension Time Day Night Both _Check box if International ered 'No' to having succe Provide explanation:   | rovider.  Did you success  cessfully comple  | sfully com   | plete the treatmen   | State and nt program'   | I Zip Coo?   | de or Cou<br>YES   | intry                                    |
| to Seeking<br>Counseling<br>(Multiple<br>Entries   | Branch If Unsuccessful Do you have addi  | You answ program.  | Number/Ext ension Time Day Night Both _Check box if International ered 'No' to having successory results and the successory of the success | rovider.  Did you success  cessfully compleuntarily sought   | eted the tr  | eatment  | State and nt program'  Explanat   | I Zip Coo?   | de or Cou<br>YES<br>Pe Text)   | NO                                       |
| to Seeking<br>Counseling<br>(Multiple<br>Entries<br>Allowed)   | Branch If Unsuccessful Do you have addicounseling or trea  | You answ program.  | Number/Ext ension Time Day Night Both _Check box if International ered 'No' to having success where you have voluces with a contraction of the con | rovider.  Did you success  cessfully compleuntarily sought hol to enter?   | eted the tr  | eatment  | Explanat  NO (Re  | d Zip Coo?  ion (Free  | de or Cou<br>YES   | NO                                       |
| to Seeking<br>Counseling<br>(Multiple<br>Entries<br>Allowed)   | Branch If Unsuccessful Do you have addi counseling or trea received counselin  | You answ program. tional instantment as a rug or treatment   | Number/Ext ension Time Day Night Both _Check box if International ered 'No' to having succ Provide explanation: ices where you have volt esult of your use of alcol ent as a result of your use  | cessfully compleuntarily sought hol to enter?  | eted the tr  | eatment  adds another entry what you have al   | Explanat  NO (Re ready listed   | d Zip Coo?  ion (Free  | de or Cou<br>YES<br>Pe Text)   | nntry<br>NO                              |
| to Seeking Counseling  (Multiple Entries Allowed)  Have you EVER   | Branch If Unsuccessful Do you have addi counseling or trea received counselin You responded 'Y   | You answ program. titional instantment as a rug or treatme   | Number/Ext ension Time Day Night Both Check box if International ered 'No' to having succ Provide explanation: aces where you have volutesult of your use of alcolute as a result of your use ag EVER received country.  | cessfully compleuntarily sought hol to enter? e of alcohol in a seling or treatm   | eted the tr  | eatment  adds another entry what you have al   | Explanat  NO (Re ready listed   | ion (Free  | e Text)  validate  YES   | NO NO NO                                 |
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| to Seeking Counseling (Multiple Entries Allowed)  Have you EVER this form?  Branch  If Yes to to Receiving Counseling (Multiple  | Branch If Unsuccessful Do you have addi counseling or trea received counselin You responded 'Y Provide the name Provide the full ac provider. Provide the addre Street address and   | You answ. program. titional instantiment as a ring or treatment of individual ddress of control of agency/outs  | Number/Ext ension Time Day Night Both _Check box if International ered 'No' to having succ Provide explanation: ices where you have volu- esult of your use of alcol ent as a result of your use ing EVER received count al counselor or treatment unseling/treatment organization where count everyong anization where countered to the  | cessfully complementarily sought hol to enter? e of alcohol in a seling or treatment provider.  Street add seling/treatment inseling/treatment ins | YES (Yes a addition to the tress and control was provent was provent was provent was provided to the tress and control was provent was provided to the tress and control was provided to | eatment  adds another entry what you have all esult of your use of ity County ided. ovided:  Description Same all Zip Code or Couthe date counseling   | Explanat  Explanat  NO (Re ready listed f alcohol. Counseld State and Agency r as above antry   | ion (Free  | e Text)  o validate YES  (Free Tex de or Cou   | NO N |
| to Seeking Counseling (Multiple Entries Allowed)  Have you EVER this form?  Branch  If Yes to to Receiving Counseling (Multiple Entries  | Branch If Unsuccessful Do you have addi counseling or trea received counselin You responded 'Y Provide the name Provide the full ac provider. Provide the addre Street address and Provide the date of treatment began.  | You answ. program. Itional instantement as a reg or treatment of individual didress of color of agency/oss of agen | Number/Ext ension Time Day Night Both _Check box if International ered 'No' to having succe Provide explanation: aces where you have voluesult of your use of alcolorent as a result of your use ag EVER received count al counselor or treatment unseling/treatment organization where count and County of the County organization where  | cessfully complementarily sought hol to enter? e of alcohol in a seling or treatment provider.  Street add seling/treatment inseling/treatment ins | YES (Yes and ddition to ent as a retain was provent was provent was provent was provided or treatment.)  | eatment  adds another entry what you have all esult of your use of ity County ided. ovided:  Same all Zip Code or Couthe date counseling ent ended   | Explanat  Explanat  NO (Re ready listed Galcohol. Counseld State and Agency r as above mtry g Dat   | ion (Free  | e Text)  Property of the control of  | NO N |
| to Seeking Counseling (Multiple Entries Allowed)  Have you EVER this form?  Branch  If Yes to to Receiving Counseling (Multiple  | Branch If Unsuccessful Do you have addi counseling or trea received counselin You responded 'Y Provide the name Provide the full ac provider. Provide the addre Street address and Provide the date of treatment began. Did you successful   | You answ program. Itional instan atment as a range or treatment of individual didress of colors of agency/oss of a | Number/Ext ension Time Day Night Both _Check box if International ered 'No' to having succ Provide explanation: ices where you have volu- esult of your use of alcol ent as a result of your use ing EVER received count al counselor or treatment unseling/treatment organization where count everyong anization where countered to the  | cessfully complementarily sought hol to enter? e of alcohol in a seling or treatment provider.  Street add seling/treatment inseling/treatment inseling/treatment end) atment?   | YES (Yes and dition to ent as a research was provent was provent was provent was provent was provided to treatment explanate.)   | eatment  adds another entry what you have all esult of your use of ity County ided. ovided:  Description Same all Zip Code or Couthe date counseling   | Explanat  Explanat  NO (Re ready lister  f alcohol.  Counseld State and  Agency r ss above  intry  g Dat  | ion (Free  | e Text)  o validate YES  (Free Text)  (Free Text)  ee Text)  | NO N |
| to Seeking Counseling (Multiple Entries Allowed)  Have you EVER this form?  Branch  If Yes to to Receiving Counseling (Multiple Entries  | Branch If Unsuccessful Do you have addi counseling or trea received counselin You responded 'Y Provide the name Provide the full ac provider. Provide the addre Street address and Provide the date of treatment began. Did you successful   | You answ program. Itional instan atment as a range or treatment of individual didress of colors of agency/oss of a | Number/Ext ension Time Day Night Both _Check box if International ered 'No' to having succe Provide explanation: aces where you have voluesult of your use of alcolor ent as a result of your use al counselor or treatment unseling/treatment organization where counselor where counselor or treatment organization where counselor or Date (Estimate e your counseling or treatment   | cessfully complementarily sought hol to enter? e of alcohol in a seling or treatment provider.  Street add seling/treatment inseling/treatment inseling/treatment end) atment?   | YES (Yes and dition to ent as a research was provent was provent was provent was provent was provided to treatment explanate.)   | eatment  adds another entry what you have all esult of your use of ity County ided. ovided:  Same all Zip Code or County the date counseling ent ended ition for Yes or No   | Explanat  Explanat  NO (Re ready lister  f alcohol.  Counseld State and  Agency r ss above  intry  g Dat  | ion (Free  | e Text)  o validate YES  (Free Text)  ee Text)  ated/Pres  YES   | NO N |
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|                                 | investigatin     |   |  |                 |              |                                   |             |                            |                              |          |
|---------------------------------|------------------|---|--|-----------------|--------------|-----------------------------------|-------------|----------------------------|------------------------------|----------|
|                                 |                  |   | bility/access was granted.                                     |                 |              |                                   |             | Date (Estim                | ated)                        |          |
|                                 |                  | level of clearance  | □ None □ Confident   |                 |              | □ Top Sec                         |             |                            | x 1 1 1                      |          |
|                                 |                  | ccess granted.  | ☐ Sensitive Compartment  |                 | on (SCI)     | □ Q                               |             | □ L □<br>explanation       | I don't l                    | know     |
|                                 |                  | (Free Text)<br>e another investigati  | ☐ Issued by foreign count                                      | YES (Yes ad     | de another   |                                   |             | NO (Requir                 | /                            | lidata)  |
| Have you EVER                   |                  |   | access authorization denied                                    |                 |              |                                   |             |                            | YES                          | NO       |
|                                 |                  |   | y clearance is not a revocati                                  |                 | or revokee   | 1. (140tc. All                    | adiiii      | iistrative                 | ILS                          | 110      |
|                                 |                  |   | EVER had a security clear                                      |                 | ty/access a  | uthorization                      | n denie     | d, suspended               | l, or revo                   | oked.    |
| Branch                          | Provide the      |   | nce eligibility/access author                                  |                 |              |                                   |             |                            | Estimate                     |          |
| If Yes to Denied                | Provide the      | name of the agency  | that took the action.  |                 | ·            |                                   |             | Name (Free                 | Text)                        |          |
| (Multiple Entries               | Provide an e     | explanation of the ci   | ircumstances of the denial, s                                  | suspension or   | revocatio    | n action.                         |             | Explanation                | (Free Te                     | ext)     |
| Allowed)                        | Do you have      | ,   | voked or suspended security                                    | 1               | YES          |                                   |             | NO                         |                              |          |
| <u> </u>                        |                  | igibility/access auth   |  |                 | (Yes add     | s another en                      | try)        | (Required to               |                              | 1        |
| •                               |                  | rom government en   |  |                 |              |                                   |             |                            | YES                          | NO       |
| Branch If Yes to                |                  |   | EVER been debarred from  |                 | employme     | ent.                              |             | A aan ari nan              |                              |          |
| Debarment                       |                  | date the debarment  | ment agency taking debarm                                      | ent action.     |              |                                   |             | Agency nan<br>Date (Estim  |                              |          |
| (Multiple Entries               |                  | Provide an explanation of the circumstances of the debarment  Circumstances (Free text) |  |                 |              |                                   |             | text)                      |                              |          |
| Allowed)                        |                  |   | ent debarment to enter?  |                 | es adds a    | nother entry                      | )           | NO (Requir                 |                              |          |
| G 4: 26                         | •                |   |  | (-              |              | <i>y</i>                          | <u> </u>    | (                          |                              |          |
| Section 26 -                    |                  |   | 1 1 1 1  |                 | 2            |                                   |             |                            | ******                       | 110      |
| In the last seven               |                  |   | under any chapter of the bar<br>ed a petition under any chap   |                 |              | - 1-                              |             |                            | YES                          | NO       |
|                                 |                  | icable bankruptcy p   |  | □ Chapt         |              | ode.<br>Chapter 11 <mark>i</mark> | Char        | ton 12 = (                 | Chanton                      | 12       |
|                                 |                  | nkruptcy court dock   |  | □ Cnapi         | EI / ∐ (     | inapier 11                        |             | unt Number                 | <i>Chapter I</i><br>(Free Te |          |
|                                 |                  | te bankruptcy was fi  |  |                 |              |                                   |             | (Estimated)                | (1100 10                     | m)       |
| Branch                          |                  |   | rge.   Not Applicable  |                 |              |                                   |             | (Estimated)                |                              |          |
| If Yes to                       |                  |   | lollars) involved in the bank                                  | ruptcy.   E     | stimated     |                                   | Amo         | unt (Free Te               | xt)                          |          |
| Having Filed<br>Bankruptcy      |                  | me debt is recorded   |  | Last            | F            | irst                              | Midd        |                            | Suffix                       |          |
| Bankruptcy                      |                  | me of the court invo  |  |                 |              |                                   |             | t Name (Free               |                              |          |
| (Multiple                       | Provide the add  | dress of the court in   |  |                 | ddress and   | City                              |             | and Zip Cod                |                              | ıntry    |
| Entries                         | Branch           |   | of the trustee for this bankr                                  | 1 7             |              |                                   | Name        | e (Free Text)              | 1                            |          |
| Allowed)                        | If Chapter 13    | Street address and  | ss of the trustee for this ban                                 | кгирісу.        |              |                                   | State       | and Zip Cod                | le or Cor                    | untry    |
|                                 | Were you disch   |   | laimed in the bankruptcy?                                      | Provide Expl    | anation      | Explanation                       |             |                            | YES                          | NO       |
|                                 |                  |   | ou filed any additional peti                                   |                 |              |                                   | (           | NO                         |                              |          |
|                                 |                  | oankruptcy code?  |  |                 |              | s adds anoth                      | er entr     | y) (Requi                  | red to va                    | alidate) |
|                                 |                  | ancial problems due   |  |                 |              |                                   |             |                            | YES                          | NO       |
| Branch If Yes to                |                  |   | VER experienced financial                                      |                 |              | _                                 | I T-        | D-4- (E-4:                 | -4-1/D                       | 4        |
| Financial                       |                  |   | incial problems due to gamb<br>(in U.S. dollars) of gamblin    |                 | om Date (I   | estimated)                        | _           | Date (Estim                | ee Text)                     |          |
| Problems Due                    |                  |   | icial problems due to gambl                                    |                 | iicu.        |                                   |             | escription (Fi             |                              |          |
| to Gambling                     |                  |   | rectify your financial proble                                  |                 | mbling, pi   | ovide a                           |             | escription (Fr             |                              |          |
| (Multiple                       |                  |   | have not taken any action(s                                    |                 |              |                                   |             |                            |                              |          |
| Entries<br>Allowed)             | Have you EVE     | ER experienced addi   | tional financial problems                                      | YES (Y          | es adds ar   | other entry)                      | NO          | O (Required                | to valida                    | ite)     |
|                                 | due to gamblin   |   | mary Endough state, on other                                   | torros rribon a | aguinad br   | , lovy, on ondi                   | in on oo'   | )                          | YES                          | NO       |
| In the past seve                |                  |   | pay Federal, state, or other<br>led to file or pay Federal, st |                 |              |                                   |             |                            | ies                          | NO       |
|                                 |                  | file, pay as required   |  |                 | anes when    | required b                        | y iaw c     | n oramance.                |                              |          |
| Branch                          |                  |   | or pay your Federal, state or                                  |                 | (Estimate    | ed)                               |             |                            |                              |          |
| If Yes to                       |                  |   | are to file or pay required ta                                 |                 |              |                                   |             | Reasons (F                 | ree Text                     | 1)       |
| Failing to                      |                  |   | agency to which you failed                                     |                 |              |                                   |             |                            | ree Text                     |          |
| File/Pay Taxes                  |                  |   | d to file or pay (such as proj                                 | perty, income   | , sales, etc | :.).                              |             | Tax Type (F                |                              |          |
| ·                               |                  |   | s) of the taxes.   Estimated                                   |                 |              |                                   |             | Amount (F                  |                              | )        |
| (Multiple                       |                  | tisfied.   Not applied  | cable<br>i(s) you have taken to satisfy                        | this dabt (~    | ich ac vvit  | holdings                          |             | Date (Estim<br>Description |                              | evt)     |
| Entries<br>Allowed)             |                  |   | s, etc.). If you have not take                                 |                 |              |                                   | 1.          | Description                | (Fiee ie                     | :Xt)     |
| Allowed)                        |                  |   | e past seven (7) years when                                    |                 |              |                                   |             | NO                         |                              |          |
|                                 | file or pay Fede | eral, state or other ta   | axes when required by law of                                   | or ordinance?   | (Ye          | s adds anoth                      | er entr     | y) (Requi                  | red to va                    | alidate) |
|                                 |                  |   | l, warned, or disciplined for                                  | violating the   | terms of     | agreement fo                      | or a tra    | vel or                     | YES                          | NO       |
| credit card provi               |                  |   |  |                 |              |                                   |             |                            |                              |          |
|                                 |                  |   | en counseled, warned, or dis                                   | sciplined for   | violating t  | ne terms of                       | agreen      | nent for a tra             | vel or cre                   | edit     |
| Branch                          |                  | by your employer.  me of the agency or  | company  |                 |              |                                   | Agen        | cy (Free Tex               | rt)                          |          |
| If Yes to                       |                  | dress of the agency   |  | Street ad       | dress and    | City                              |             | and Zip Coo                |                              | untrv    |
| Violation of                    |                  |   | g, warning, or disciplinary a                                  |                 |              | •                                 |             |                            | Est.                         |          |
| Credit/Travel                   | Provide the rea  | son(s) for the couns  | seling, warning or disciplina                                  | ry action.      |              |                                   |             | ons (Free Te               |                              |          |
| Card Terms                      |                  |   | s) of violation.   Estimated                                   |                 |              |                                   |             | unt (Free Te               |                              |          |
| Multiple                        |                  |   | (s) you have taken to rectify                                  | y this situatio | n. If you h  | ave not                           | Desc        | ription (Free              | Text)                        |          |
| (Multiple<br>Entries            |                  | on(s) provide explan  | ation.<br>e past seven (7) years whe                           | ra vou barra L  | aan aarr     | alad                              | YES         |                            | NO                           |          |
| Allowed)                        |                  |   | g the terms of agreement for                                   |                 |              |                                   | YES<br>(Yes | adds                       | (Requi                       | ired to  |
|                                 | by your employ   |   | 5 torring or agreement 101                                     |                 | are cara     |                                   |             |                            | S                            |          |
|                                 |                  | yer?  |  |                 |              |                                   | anoth       | er entry)                  | validat                      | te)      |
| Are you currently difficulties? |                  |   | m, a credit counseling service                                 |                 | nilar reso   | irce to resol                     |             |                            | validat<br>YES               | NO       |

| Branch         | You responded 'Yes' to currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to esolve your financial difficulties. |  |                 |              |  |  |  |  |
|----------------|--|--|-----------------|--------------|--|--|--|--|
| If Yes to      | Provide explanation (Free Text)  |  |                 |              |  |  |  |  |
| Seeking Credit | Provide the phone number of the cre  | dit counseling organization.                           | Number / Ext    |              |  |  |  |  |
| Counseling     | Provide the location of the credit cou   | inseling organization.                                 | City            | State        |  |  |  |  |
|                | As a result of this counseling provide   | e a description of any action(s) you have taken to     | Description (Fr | ee Text)     |  |  |  |  |
| (Multiple      | resolve your financial difficulties. If  | you have not taken any action(s) provide explanation.  |                 |              |  |  |  |  |
| Entries        | Are you currently utilizing, or seeking  | ng assistance from any other credit counseling service | YES (Yes adds   | NO (Required |  |  |  |  |
| Allowed)       | or other similar resource to resolve y   | our financial difficulties?                            | another entry)  | to validate) |  |  |  |  |

Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below).

- In the past seven (7) years, you have been delinquent on alimony or child support payments.
- In the past seven (7) years, you had a judgment entered against you. (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 had a lien placed against your property for failing to pay taxes or other debts. (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 delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

| are a cosigner or   | r guarantor).  |  |                  |                          |  |  |  |
|---------------------|--|--|------------------|--------------------------|--|--|--|
|                     |  |  |                  | YES NO                   |  |  |  |
|                     | You answered 'Yes' to having experienced one or mo   | re of the previously stated financial issu | ies.             | <u> </u>                 |  |  |  |
|                     | Provide the name of agency/organization/individual to  | which debt is/was owed                     | Name (Fr         | ree Text)                |  |  |  |
|                     | Did/does this financial issue include any of the follow  | ing: (Check all that apply)                | -                |                          |  |  |  |
|                     | ☐ In the past seven (7) years, you have been delinqu   | ent on alimony or child support paymen     | nts.             |                          |  |  |  |
|                     | ☐ In the past seven (7) years, you had a judgment en   | tered against you. (Include financial ob   | ligations 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 a lien placed a   |  |                  |                          |  |  |  |
| Branch              | obligations for which you were the sole debtor, as wel   |  |                  |                          |  |  |  |
| TC 37               | ☐ You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as |  |                  |                          |  |  |  |
| If Yes to           | those for which you are a cosigner or guarantor).  |  |                  | F                        |  |  |  |
| Having<br>Financial |  |  |                  | YES NO                   |  |  |  |
| Issues              | Provide the associated loan / account number(s) involved   |  |                  | count number (Free Text) |  |  |  |
| Involving           | Identify/describe the type of property involved (if any).  |  |                  | type (Free Text)         |  |  |  |
| Enforcement         | Provide the amount (in U.S. dollars) of the financial issue.   |  |                  | Amount (Free Text)       |  |  |  |
| Zimoreement         | Provide the reason(s) for the financial issue.   |  |                  | (Free Text)              |  |  |  |
| (Multiple           | Provide the current status of the financial issue.   |  | Status (Fr       |                          |  |  |  |
| Entries             | Provide the date the financial issue began.  |  | Date (Estimated) |                          |  |  |  |
| Allowed)            | Provide date the financial issue was resolved. □ Not re  | esolved                                    | Date (Est        |                          |  |  |  |
|                     | Provide the name of the court involved.  |  |                  | ne (Free Text)           |  |  |  |
|                     | Provide the address of the court involved.   | Street address and City                    |                  | Zip Code or Country      |  |  |  |
|                     | Provide a description of any action(s) you have taken  | ` `  | gs,              | Description (Free Text)  |  |  |  |
|                     | frequency and amount of payments, etc.). If you have   | * * * *                                    |                  |                          |  |  |  |
|                     | Other than previously listed, are there any other instan   | 2  |                  |                          |  |  |  |
|                     | • In the past seven (7) years, you have been delinque  |  |                  | 111 4 1                  |  |  |  |
|                     | • In the past seven (7) years, you had a judgment ent  |  | igations for     | which you were the sole  |  |  |  |
|                     | debtor, as well as those for which you were a cosigner   |  |                  | . d-1 (I1d6::-1          |  |  |  |
|                     | • In the past seven (7) years, you had a lien placed as obligations for which you were the sole debtor, as wel                   |  |                  |                          |  |  |  |
|                     | • You are currently delinquent on any Federal debt. (In  |  |                  |                          |  |  |  |
|                     | those for which you are a cosigner or guarantor).  | nerude imaneiai obligations for which y    | ou are the s     | sole debtor, as well as  |  |  |  |
|                     | those for which you are a cosigner or guarantor).  | YES (Yes adds another entry)               | NO (Rea          | uired to validate)       |  |  |  |
| O4141               | iously listed, have any of the following hannened?   | 125 (105 adds another entry)               | Tio (Regi        | uned to variable)        |  |  |  |

Other than previously listed, have any of the following happened?

- In the past seven (7) years, you had any 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 a cosigner or guarantor)
- In the past seven (7) years, you had bills or debts turned over to a collection agency? (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 had any 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?
- In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- In the past seven (7) years, you have been 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 as those for which you are a cosigner or guarantor)

YES NO
You answered 'Yes' to having experienced one or more of the previously stated financial issues.
Provide the name of agency/organization/individual to which debt is/was owed.

#### Branch

If Yes to Having Financial Issues Involving Routine Accounts

(Multiple Entries Allowed)

(Multiple

Allowed)

Entries

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 a cosigner or guarantor).
- □ In the past seven (7) years you had bills or debts turned over to a collection agency. (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 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.
- ☐ 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 as those for which you are a cosigner or guarantor).

|   | YES NO                            |  |  |
|---|-----------------------------------|--|--|
| Provide the associated loan / account number(s) involved.                                       | Loan / account number (Free Text) |  |  |
| Identify/describe the type of property involved (if any).                                       | 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.  | Reasons (Free Text)               |  |  |
| Provide the current status of the financial issue.  | Status (Free Text)                |  |  |
| Provide date the financial issue was resolved. □ Not resolved                                   | Date (Estimated)                  |  |  |
| Provide the date the financial issue began.   | Date (Estimated)                  |  |  |
| Provide a description of any action(s) you have taken to satisfy this debt (such as withholding | s, Description (Free Text)        |  |  |

frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation. Other than previously listed, are there any other instances of the following occurrences?  $\square$  Yes  $\square$  No

- In the past seven (7) years, you had any 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 a cosigner or guarantor).
- In the past seven (7) years, you had bills or debts turned over to a collection agency. (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 had any 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 have been evicted for non-payment.

Provide a description of the nature of the incident or offense

Provide the location where the incident took place.

- In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason.
- In the past seven (7) years, you have been 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 as those for which you are a cosigner or guarantor).

YES (Yes adds another entry) NO (Required to validate)

Description (Free Text)

State and Zip Code or Country

#### Section 27 – Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

| related computer   | hardware, software, firmware, and data used for the communica   | tion, transmission, processing,  | manipulati  | on, storage  | or protec | tion   |  |
|--|---|----------------------------------|-------------|--------------|-----------|--------|--|
| of information.  |   |                                  |             |              |           |        |  |
| In the last seven  | the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information  YES NO |                                  |             |              |           |        |  |
| technology syster  | n?  |                                  |             |              |           |        |  |
| Branch   | You responded 'Yes' to having in the last seven (7) years illeg   | gally or without proper authoriz | zation ente | red or attem | pted to e | nter   |  |
| If Yes to  | into any information technology system.   |                                  |             |              |           |        |  |
| Unauthorized   | Provide the date of the incident  |                                  | Date (Es    | timated)     |           |        |  |
| Access   | Provide a description of the nature of the incident or offense.   |                                  | Descripti   | on of incide | ent (Free | Text)  |  |
|  | Provide the location where the incident took place. Street address and City State and Zip Code or Country                           |                                  |             |              |           | у      |  |
| (Multiple  | Provide a description of the action (administrative, criminal or  | other) taken as a result of      | Descripti   | on (Free Te  | xt)       |        |  |
| Entries  | this incident.  |                                  |             |              |           |        |  |
| Allowed)   | Are there any other incidents to report?  | YES (Yes adds another entry)     | ) ]         | NO (Require  | ed to val | idate) |  |
| In the last seven  | (7) years have you illegally or without authorization, modified,  | destroyed, manipulated, or den   | ied others  | access to    | YES       | NO     |  |
| information resid  | ing on an information technology system or attempted any of the   | e above?                         |             |              |           |        |  |
| Branch   | You responded 'Yes' to having in the last seven (7) years illegally or without authorization, modified, destroyed, manipulated, or  |                                  |             |              |           |        |  |
| If Yes to  | denied others access to information residing on an information technology system or attempted any of the above.                     |                                  |             |              |           |        |  |
| Manipulating   | Provide the date of the incident Date (Estimated)   |                                  |             |              |           |        |  |
| Access   | Provide a description of the nature of the incident or offense. Description of incident (Free Text)                                 |                                  |             |              |           |        |  |
| (Multiple  | Provide the location where the incident took place. Street address and City State and Zip Code or Country                           |                                  |             |              |           |        |  |
| Entries  | Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Description (Free Text) |                                  |             |              |           |        |  |
| Allowed)   | Are there any other incidents to report?  | YES (Yes adds another entry      | nO NO       | (Required    | to valida | te)    |  |
| In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information YES NO |   |                                  |             |              |           |        |  |
| 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 intr  | oduced, removed, or used hard    | ware, softv | vare, or med | lia in    |        |  |
| If Yes to  | connection with any information technology system without authorization, when specifically prohibited by rules, procedures,         |                                  |             |              |           |        |  |
| Unlawful Use   | guidelines, or regulations or attempted any of the above.   |                                  |             |              |           |        |  |
|  | Provide the date of the incident  |                                  | Date (      | Estimated)   |           |        |  |

Street address and City

Provide a description of the action (administrative, criminal or other) taken as a result of this incident. Description (Free Text)

| Section 28                     | <b>Involvement in Non-Criminal Court Action</b>  | 16         |                      | <u> </u>    |                        |               |  |  |
|--------------------------------|--|------------|----------------------|-------------|------------------------|---------------|--|--|
|                                | 0) years, have you been a party to any public record civil court                             |            | at listed alsowhere  | on this fo  | orm?                   | YES           | NO   |  |
| In the last ten (10            | You responded 'Yes' to having been a party to any public record                              |            |                      |             |                        |               |  |  |
| Branch                         | ten (10) years.  | id civii c | court action(s) not  | iisted eist | where on this          | 101111 111 11 | ic iast                                      |  |
| If Yes to                      | Provide the date of the civil action Date (Estimated)  | Pro        | vide the court nan   | ne (        | Court name (Free Text) |               |  |  |
| Having Non                     | Provide the address of the court   |            | et address and Cit   |             | State and Zip          |               | untrv  |  |
| Criminal                       | Provide details of the nature of the action  |            |                      |             | Details (Free Text)    |               |  |  |
| Court Actions                  | Provide a description of the results of the action   |            |                      |             | Results (Free          |               |  |  |
| (Multiple<br>Entries           | Provide the name(s) of the principal parties involved in the con-                            | rt action  | l.                   | ]           | Names (Free 7          | Cext)         |  |  |
| Allowed)                       | Are there any other civil court actions in the last ten (10) year                            |            |                      |             | NC                     | )             |  |  |
| Allowed)                       | •  | •          | (Yes ad              | ds anothe   | r entry) (Re           | equired to v  | validate                                     |  |
| Section 29                     | Association Record   |            |                      |             |                        |               |  |  |
|                                | tain to your associations. You are required to answer the questi                             | one fully  | and touthfully an    | d vour foi  | lura to do so o        | ould be or    | ounde  |  |
|                                | ployment, security, or credentialing decision. For the purpose of                            |            |                      |             |                        |               |  |  |
|                                | ngerous to human life and appear to be intended to intimidate of                             |            |                      |             |                        |               | 11110111                                     |  |
| government by in               | timidation or coercion or to affect the conduct of a government                              | by mass    | destruction assas    | sination o  | r kidnapping           | cy or a       |  |  |
|                                | ave you <b>EVER</b> been a member of an organization dedicated to                            |            |                      |             |                        | YES           | NO   |  |
|                                | dication to that end, or with the specific intent to further such as                         |            | i, craici with an a  | vareness (  | 71 tile                | 125           | 110  |  |
|                                | You responded 'Yes' to being or EVER having been a men                                       |            | n organization dec   | licated to  | terrorism, eith        | er with an    |  |  |
| Branch                         | awareness of the organization's dedication to that end, or w                                 |            |                      |             |                        |               |  |  |
| 10 N . D .                     | Provide the full name of the organization.   |            |                      |             | Organization r         | ame (Free     | Text)  |  |
| If Yes to Being a              | Provide the address/location of the organization.  | Stre       | et address and Cit   |             | State and Zip          |               |  |  |
| Member of a                    | Provide the dates of your involvement with the organization                                  | . Fro      | m Date (Estimated    | •           | To Date (Es            |               |  |  |
| Terrorist<br>Organization      |  |            | itions held          |             | Positions (F           | ree Text)     |  |  |
| Organization                   | Provide all contributions made to the organization, if any.                                  |            |                      |             | Contributio            | ns (Free Te   | ext)   |  |
| (Multiple Entries              | Provide a description of the nature of and reasons for your i                                | nvolvem    | ent with the organ   | ization.    | Involvemen             | t (Free Tex   | kt)  |  |
| Allowed)                       | Do you have any other instances of being a member of an o                                    | ganizati   | on dedicated to      |             | YES                    | NO            | -  |  |
| 7 mowed)                       | terrorism, either with an awareness of the organization's de                                 | lication   | to that end, or with | n the       | (Yes adds              | (Requ         | ired to                                      |  |
|                                | specific intent to further such activities to report?  |            |                      |             | another entry          | ) valida      | ate)   |  |
| Have you <b>EVER</b>           | knowingly engaged in any acts of terrorism?  |            |                      |             |                        | YES           | NO   |  |
| Branch If Yes                  | You responded 'Yes' to EVER having knowingly engaged   | in any ac  |                      |             |                        |               |  |  |
| Engaging in                    | Describe the nature and reasons for the activity.  |            | Nature and reas      | ons (Free   | Text)                  |               |  |  |
| Terrorism                      | Provide the dates for any such activities  |            | From Date (Esti      | mated)      | To Date (I             | Estimated/I   | Presen                                       |  |
| (Multiple Entries              | Do you have any other instances of knowingly engaging in                                     | acts of    | YES                  |             | NO                     |               |  |  |
| Allowed)                       | terrorism to report?   |            | (Yes adds anoth      |             | (Required              | to validate   | e)   |  |
| •                              | advocated any acts of terrorism or activities designed to overthe                            |            |                      |             |                        | YES           | NO   |  |
| Branch                         | You responded 'Yes' to having EVER advocated any acts of                                     | f terrori  | sm or activities de  | signed to   | overthrow the          | U.S. Gove     | ernmen                                       |  |
| If Yes to                      | by force.  |            |                      |             |                        |               |  |  |
| Advocating                     | Provide the reason(s) for advocating acts of terrorism.                                      |            | ns (Free Text)       |             |                        |               |  |  |
| 0.6.12.1.17.22                 | Provide the dates of advocating acts of terrorism  |            | Date (Estimated)     |             | To Date (Es            |               | ,  |  |
| (Multiple Entries              | Do you have any other instances of advocating acts of terro                                  |            | ctivities            | YES (       |                        | NO (Requi     | red to                                       |  |
| Allowed)                       | designed to overthrow the U.S. Government by force to rep                                    |            | 4 41 41              | another e   |                        | validate)     | NO   |  |
|                                | been a member of an organization dedicated to the use of violet                              |            |                      |             |                        | YES           | NO   |  |
|                                | which engaged in activities to that end with an awareness of the<br>further such activities? | organiz    | ation's dedication   | to that er  | id or with the         |               |  |  |
| specific intent to i           | You responded 'Yes' to having <b>EVER</b> been a member of a                                 | organis    | ration dadicated to  | the use o   | f violence or f        | oran to ove   | etheory                                      |  |
| D1                             | the United States Government, and which engaged in activi                                    |            |                      |             |                        |               |  |  |
| Branch                         | that end or with the specific intent to further such activities.                             | ics to th  | at cha with an awa   | irciicss or | the organizati         | on s dedica   | ation t                                      |  |
| If Vos to boing                | Provide the full name of the organization.   | Oro        | anization name (F    | Gree Teyt)  |                        |               |  |  |
| If Yes to being<br>Member of   | Provide the address/location of the organization.  |            | et address and Cit   |             | State and Zip          | Code or Co    | untry  |  |
| Organization                   | Provide the dates of your involvement with the organization                                  |            | m Date (Estimated    |             | Γο Date (Estir         |               |  |  |
| Using Violence                 |  |            | itions held          | .,          | Positions (F           |               | <i>,</i> , , , , , , , , , , , , , , , , , , |  |
| to Overthrow the               | Provide all contributions made to the organization, if any.                                  |            |                      |             | Contributio            |               | ext)   |  |
| U.S. Govt.                     | Provide a description of the nature of and reasons for your i                                |            |                      | ization     | Description            |               |  |  |
|                                | Do you have any other instances of being a member of an o                                    |            |                      |             | YES                    | NO            | .,   |  |
| (Multiple Entries              | of violence or force to overthrow the United States Govern                                   |            |                      |             | Yes adds               |               | ired to                                      |  |
| Allowed)                       | activities to that end with an awareness of the organization'                                |            | 00                   |             | nother entry)          | valida        |  |  |
|                                | the specific intent to further such activities to report?                                    |            |                      |             |                        |               | -/   |  |
| Have you EVER                  | been a member of an organization that advocates or practices c                               | mmissio    | on of acts of force  | or violence | ce to                  | YES           | NO   |  |
|                                | from exercising their rights under the U.S. Constitution or any                              |            |                      |             |                        |               |  |  |
| further such action            |  |            |                      |             |                        |               |  |  |
|                                | You responded 'Yes' to being or EVER having been a men                                       |            |                      |             |                        |               |  |  |
|                                | acts of force or violence to discourage others from exercising                               |            |                      |             |                        |               |  |  |
| Drongh                         | U.S. with the specific intent to further such action.  |            |                      |             |                        |               |  |  |
| Branch If Vac to Baing a       | Provide the full name of the organization.  Organization Name (Free Text)                    |            |                      |             |                        |               |  |  |
| If Yes to Being a<br>Member of | Provide the address/location of the organization.  |            | et address and Cit   |             | State and Zip          | Code or Co    | untry  |  |
| Organization                   | Provide the dates of your involvement with the organization                                  |            | m Date (Estimated    | i)          | Γο Date (Estir         |               |  |  |
| Using Violence                 |  |            | itions held          |             | Positions              | (Free Tex     | t)   |  |
|                                |  |            |                      |             | Contribu               | tions (Free   | Text)  |  |
| (Multiple Entries              | □ No contributions made  |            |                      |             |                        |               |  |  |
| Allowed)                       | Provide a description of the nature of and reasons for your i                                |            |                      |             |                        |               |  |  |
| . 110 mou)                     | Do you have any other instances of being a member of an organization that advocates or YES   |            |                      |             |                        | YES NO        |  |  |
|                                | practices commission of acts of force or violence to discour                                 | age other  | rs from exercising   | (Ve         | s adds                 | (Require      | ed to  |  |
|                                | their rights under the U.S. Constitution or any state of the U                               |            |                      |             | ther entry)            | validate      |  |  |

|   | 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 |   |          |                 |  |          |                    | NO |
| <b>Branch</b> If Yes to   | 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 (   |          |                 |  | te (Esti | 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) (Required to valid                              |          |                 |  | alidate) |                    |    |
| Have you <b>EVER</b> associated with anyone involved in activities to further terrorism?  YES             |   |          |                 |  | NO       |                    |    |
| Branch  | Terrorism Association Detail  |          |                 |  |          |                    |    |
| If Yes to Having  | Provide Explanation   | Explanat | ion (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 (mm/dd/yyyy) |
|-------------------------|-------------------|
|                         |                   |

#### 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 (Type or print legibly) |       | int legibly)  | Date signed (mm/dd/yyyy) |  |  |
|-------------------------------|-----------------------------------|-------|---------------|--------------------------|--|--|
| 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 (Type | or print l | Date signed (mm/dd/yyyy) |                        |  |
|-------------------------------|-----------------|------------|--------------------------|------------------------|--|
| Other names used              |                 |            |                          | Social Security Number |  |
| Current street address Apt. # | City (Country)  | State      | ZIP Code                 | Home telephone number  |  |

# 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 Date signed (mm/dd/yyyy)

#### 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) elearance 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 (mm/dd/yyyy)      |