INV FORM 40 (Rew 4706)
U.S. OFFICE OF PERSONNEL
MANAGEMENT (5 CFR 736)

GENERAL REQUEST FOR INVESTIGATIVE INFORMATION U.S. GOVERNMENT USE ONLY

F R O M	UNITED STATES OFFICE OF PERSONNEL MANAGEMENT FEDERAL INVESTIGATIONS PROCESSING CENTER PO BOX 618 BOYERS, PA 16018-0618
T 0	

INSTRUCTIONS: We are investigating the person identified below. Please search your records, indicating the results by marking one of the ovals on the reverse of this form. If any pertinent information is contained in your records, please send a photocopy as an attachment to this form. If a photocopy is not available, report the pertinent information in the "remarks" section. Please return the completed form, with any attachments to the Office of Personnel Management at the address shown above.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER: CASE TYPE: ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH SOCIAL SECURITY NUMBER POSITION FOR WHICH INVESTIGATED

PLACE OF BIRTH

OTHER NAMES USED

ADDITIONAL INFORMATION FOR YOUR RECORD SEARCH

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165). Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this artiflers.

MARKING INSTRUCTIONS

CORRECT MARK:

- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

1

100

INCORRECT MARKS:

X





• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

MARK THE OVAL CORRESPONDING TO THE RESULTS OF YOUR RECORD SEARCH

- A RECORD INFORMATION SHOWN BELOW
- B RECORD IS ATTACHED
- © NO PERTINENT INFORMATION
- D OPM REVIEW
- **E** ABOVE INFORMATION VERIFIED

- F PREVIOUSLY FURNISHED (Explain in REMARKS section)
- G RECORD AT ANOTHER LOCATION (Enter address and ZIP code in REMARKS section)
- H NOT LOCATED (Explain in REMARKS section)
- NO RECORD

IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.						
REMARKS						

PLEASE SIGN THIS FORM HERE:	DATE
YOUR TITLE:	DAYTIME TELEPHONE NUMBER
	(INCLUDE AREA CODE)
	1 1

FOR OPM USE ONLY						
RESULTS		ISSUES/CHARACTERIZATION				
AC ACCEPTABLE	(IS) ISSUES	1 (0) (A) (B) (C) (D) (E) (N)	9 O A B C D E N			
AA ACCEPTABLE/ATTACHED	PD CONFIDENTIAL/ISSUES	2 O A B C D E N	10 0 A B C D E N			
PA CONFIDENTIAL/ACCEPTABLE	RECORD INCONCLUSIVE	3 (O) (A) (B) (C) (D) (E) (N)	11 (O) (A) (B) (C) (D) (E) (N)			
NO PERTINENT INFORMATION	FR FEE REQUIRED	4 0 A B C D E N	12 (O (A) (B) (C) (D (E) (N)			
NB NO RECORD	RELEASE REQUIRED	5 (O) (A) (B) (C) (D) (E) (N)	13 O A B C D E N			
NL NOT LOCATED	SK SUBJECT UNKNOWN	6 O A B C D E N	14 (O (A) (B) (C (D) (E) (N)			
UC UNABLE TO CONTACT	NZ NOT AVAILABLE	7 O A B C D E N				
REFERRED	ON DISCREPANT	8 O A B C D E N				
RR RECORD						