SECURITY CLEARANCE INFORMATION REQUEST

Privacy Act Data found on this form will be safeguarded

Please complete the following form to request access to the Questionnaire for National Security Positions (SF-86) on-line. This information is mandatory; failure to complete this form will result in the job offer being withdrawn as a security clearance is required. This form is to be completed and emailed back to the Security Office Attn: Security Clearance Request APP 2012 (email jackie.tokunaga@navy.mil and stephanie.imasaka@navy.mil) within 3 calendar days of receipt.

Type your full legal name, first name, full middle name, and last name as documented on your birth certificate or court order. If you are a "Jr.," "Sr," "II" etc., please include.

Full Legal Name (please use full middle name, no initials)

_____

E-Mail Address: _____

Daytime Phone Number (include area code): _____

Social Security Number: _____

Are you a U.S. Citizen? ☐ **Yes** ☐ **No**

Date of Birth: _____

State of Birth: _____ **Country of Birth:** _____

_____

Signature **Date**

****NOTE: Please ensure you check your email daily for the subject line of "Security Clearance Questionnaire" invitation request, which will come from a navy.mil address to access the Questionnaire for National Security Positions (SF-86) on line.**

When logging into the form your SSN is required, but be assured it is on a https secure site and the numbers will be obscured when typing it in.

Failure to return this form may result in your offer being withdrawn.

Privacy Act - 1974 As amended applies. This form may contain information which must be protected IAW DoD 5400.11R, and is For Official Use Only – Privacy Sensitive
Any misuse or unauthorized disclosure may result in both civil and criminal penalties

e-QIP HELP SHEET

Accessing e-QIP: Open your internet Browser. **Go to:** http://www.opm.gov/e-qip/index.asp Read and follow all directions, and fill out the questionnaire completely.

Initial Login: Enter your SSN: Answer the Golden questions **using all lower case letters.** #1 Enter your last name; #2 enter the word **unknown** and nothing else; #3 Enter your 4 digit year of birth.

IMPORTANT ADVICE / COMMON MISTAKES:

- All contact information must include a physical address. A PO Box is unacceptable. APO/FPO is allowed.
- **Selective Service:** Males born after Dec. 31, 1959 must list Selective Service Number. Note, this number is different than your Social Security Number. If you need your Service Number call 1-847-688-6888 or visit http://www.sss.gov to obtain it.
- **List ALL relatives:** Mother, father, spouse, children, siblings, in-laws, etc. Provide the full name for each, including full middle name.
- **For Adult Living with You:** If bound by affection, i.e. girlfriend, boyfriend, etc, list their SSN under the notes section for them.
- **Places Lived and Employment History:** Must go back 7 years for NACLC/Secret or 10 years for SSBI/Top Secret.
    - Address Information – http://maps.google.com
    - Zip code lookup – http://zip4.usps.com/zip4/welcome.jsp
    - Area code lookup – http://www.whitepages.com/area-codes
- **Education History:** Must go back 7 years for NACLC/Secret or 10 years for SSBI/Top Secret. If no degree or diploma received within this time period, still list the last school attended.
- **Must not have any date gaps.**
- **Police Record:** For any criminal activity we will ask for a criminal abstract. You may also be required to provide a driving abstract from the DOL; please be prepared to provide that information.
- **Must *list* all debts past-due (if applicable):** List reasons, if paid or not, and when going to be paid. Additional personal financial information – http://www.ftc.gov/bcp/edu/microsites/freereports/index.shtml Run all 3 reports.
- **Credit Issues:** If listed, please list amounts, dates and whether you have satisfied these issues. If you are working on this with a creditor, please explain.
- **For periods of Unemployment:** Must say if you collected unemployment compensation – Yes or No. If Yes, list Unemployment office contact information and list someone other than yourself to verify unemployment.
- **Personal Reference:** At least one must go back 7 years for NACLC/Secret or 10 years for SSBI/Top Secret.
- **Mental Health:** If listed that you consulted with a Medical Health Professional, please list the name, address, and phone of the doctor and facility with dates seen in the notes section.

NEW RELEASE FORM REQUIREMENTS:

- Applicant must sign the name exactly as it appears in e-QIP. (Ex: "John David Smith") The release forms need to be signed and completed with the full name as it appears in e-QIP.
- When signing, the applicant must sign forms inside the box. Try to avoid signing outside the box.
- Any corrections or overwrites must be completed using a new signature form.

COMPLETION:

- Step 1 of 5 – Instruction for Signature Pages, Attachment, and Archival Copy: Click Next.
- Step 2 of 5 – Print your Archival Copy: Click Next.
- Step 3 of 5 – Print the 3 Signature Forms: Click Next.
- Step 4 of 5 – Attachments Summary – Disregard this step, Choose NO and the Click Next.
- Step 5 of 5 – Release Request to Agency: Click on RELEASE REQUEST/TRANSMIT TO AGENCY, Click OK.

You have now transmitted your questionnaire to us. It will take about 24 hours to upload for review. **Hold onto your 3 signature pages until requested.**

Account help: For e-QIP assistance, call the DOD help line at 1-888-282-7682, and press 5.