

# Completing Your Investigation Questionnaire Using E-QIP Online

Security Manager's Office

(904) 542-8338

(904) 542-1549

(904) 542-2902

(904) 542-3954

# Why Do I Have to Complete an Investigation?

- You have been asked to complete an Electronic Questionnaire for Investigation Processing (SF-86), why?
  - 1) Because you are in a position that is important to our nation's Security
  - 2) Because information that you will see in the performance of your duties must be safeguarded.
  - 3) In order to know that information is protected, your country needs to know about you.

# Validate, Review, and Certify

Please STOP when you get to the Validate, Review, and Certify section!

Help · Display · Logout

Validate, Review, and Certify  
Validate Your Data

OMB No. 3206-0005

section:

Below are the results of validating your data.

Validation found errors or unsatisfied warnings in the information you provided. If available, click on the direct link provided for each violation below, or use the dropdown menu above to return to the appropriate section to make corrections.

### Validation Summary

Type	Message
------	---------

# Getting Started

› Step 1: Go to <http://www.opm.gov/e-qip/>

OPM.gov Home | Subject Index | Important Links | Contact Us | Help

OFFICE OF PERSONNEL MANAGEMENT  
Attracting, Retaining and Honoring a World-Class Workforce to Serve the American People

Advanced Search  Go

## e-QIP Gateway

### Electronic Questionnaires for Investigations Processing (e-QIP)

Welcome! This is your first stop in the process of completing your security questionnaire and beginning your background investigation. This page provides information about the type of internet connection you need to use e-QIP, diagnostic tools for your computer, and other help topics. Please choose one of the options listed below. Thank you for visiting e-QIP!

#### Resources for e-QIP Applicants

- Quick Reference Guide for e-QIP Applicants
- Frequently Asked Questions

[Enter e-QIP Applicant Site](#)

Step 2: Click on  
“Enter e-QIP  
Applicant Site”

# Browser Compatibility

Testing Your Web Browser for Compatibility - Microsoft Internet Explorer provided by NMCI



## Testing Your Web Browser for Compatibility

If you continue, the e-QIP System must verify that you are using an approved web browser that is properly configured. To make changes to your web browser's settings, click [Try Tests Again](#) to retest your browser.

### Web Browser's Brand and Version

We detected that you are using **Microsoft Internet Explorer**. The version number was

**OK** - The e-QIP System **does support** this web browser.

### Web Browser's Cookie Acceptance

**OK** - We detected that session cookies are **enabled** for your web browser.

### Web Browser's Scripting Settings

**OK** - Your web browser **does allow** scripting.

If you are ready to proceed, click "Continue."

The next screen you see will be "Testing Your Web Browser". Scroll down the page making sure everything says "OK"

If all checks are **green**, then scroll to the bottom of the page and click "Continue."

# Identify Yourself to E-QIP

Help

OMB No. 3206-0005

## The United States Government U.S. Office of Personnel Management (OPM)

Only persons specifically authorized to do so may access this data. Unauthorized attempts to pass this screen, as well as any use of data in this system for purposes other than those authorized by OPM, are a violation of federal law and/or regulation. Violators are subject to disciplinary action and prosecution.

This U. S. government system is to be used by authorized users only. Information from this system resides on computer systems funded by the government. The data and documents on this system include Federal records that may contain sensitive information protected by various Federal statutes, including the Privacy Act, 5 U.S.C. § 552a. All access or use of this system constitutes user understanding and acceptance of these terms and constitutes unconditional consent to review, monitoring and action by all authorized government and law enforcement personnel. While using this system your use may be monitored, recorded and subject to audit. Unauthorized user attempts or acts to (1) access, upload, change, or delete or deface information on this system, (2) modify this system, (3) deny access to this system, (4) accrue resources for unauthorized use or (5) otherwise misuse this system are strictly prohibited. Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties.

Enter your Social Security number, then click the "Submit" button. Your input will be masked to protect your privacy.

Social Security Number

XXX - XX - XXXX

Enter full Social Security number,  
then click "Submit" button.

# Golden Questions

## WARNING!

It is **YOUR RESPONSIBILITY** to protect the answers to your Golden Questions.

The answers to your Golden Questions serve as your password to the e-QIP system. The fields to enter your answers into are masked by default, but may be viewed in plaintext to allow you to more accurately enter your answers. Do not allow someone to see your computer screen while your answers are on the screen. If someone acquires your answers, they will be able to logon the e-QIP system under your identity, allowing them to see and change your personal data.

Golden Questions are ones that only you would know the answers to and identify you to E-QIP

Enter the answer to each Golden Question.

Allow me to see my Golden Answers as I type them.

If you are by yourself then check the box that allows you to see what you are typing

1	Question: What is your LAST name?	Answer: <input type="text"/>
2	Question: In what CITY were you born (do not include State)	Answer: <input type="text"/>
3	Question: In what four-digit YEAR were you born?	Answer: <input type="text"/>

All three questions must be answered

For the second question, where it asks what CITY were you born in, the answer will be UNKNOWN

Note: If you entered your Social Security Number incorrectly, click "Return to Login Screen" to try again.

After answering the questions, click on "Submit"

# Changing Your Golden Questions

Authentication :: Change your Golden Questions and ...

## WARNING!

**It is YOUR RESPONSIBILITY to provide Golden Questions to uniquely identify yourself.**

You can use your Golden Questions to help the e-QIP system verify your identity. By creating a combination of Golden Questions that ONLY YOU can possibly know all of the correct answers to, you are assuring yourself that nobody (including parents, spouses, and close friends) can impersonate you on the e-QIP system. Please take time to carefully consider who else may possibly know the answer to each possible Golden Question you enter. We would suggest creating questions concerning different time periods in your life. PLEASE REMEMBER THAT IT MAY BE 4 OR 5 YEARS BEFORE YOU RETURN TO THE E-QIP SYSTEM!! Make sure you create questions you can still answer in the distant future.

**It is YOUR RESPONSIBILITY to protect the answers to your Golden Questions.**

The answers to your Golden Questions serve as your password to the e-QIP system. The fields to enter your answers into are NOT password protected, to allow you to more accurately enter your answers. Do not allow someone to see your computer screen while your answers are on the screen. If someone acquires your answers, they will be able to logon the e-QIP system under your identity, allowing them to see and change your personal data.

Enter new Golden Questions/Answers.

Allow me to see my Golden Answers as I type them.

If you are by yourself then check the box that allows you to see what you are typing

1	Question:	<input type="text"/>
	Answer:	<input type="text"/>
	Confirm Answer:	<input type="text"/>
2	Question:	<input type="text"/>
	Answer:	<input type="text"/>
	Confirm Answer:	<input type="text"/>
3	Question:	<input type="text"/>
	Answer:	<input type="text"/>
	Confirm Answer:	<input type="text"/>

Your Golden Questions can be whatever you want them to be, but you need to make them something you will remember.

A few suggestions:

I got married in (year):  
My first child was born where?  
My first child's name is?  
The High School that I graduated from is  
My first dog's name was:

Submit

Clear Fields

Click Submit

# Complete an Investigation Request Page

Help • Logout

OMB No. 3206-0005

## login information

Last successful login: Mon, 03/07/2011 10:22 EST  
Number of unsuccessful login attempts since last successful login: 0

This is the identifying information we have on file for your Social Security Number. If any of this information is incorrect, contact the agency that initiated your Investigation Request.

### • Identifying Information

Full Name: Your Full Name  
Date of Birth: Your Date of Birth  
Place of Birth: UNKNOWN, CA US

This is your information, if it is not correct call (904) 542-3954 or (904) 542-2902

## Complete an Investigation Request

The following screens will step you through the process for completing an Investigation Request. Click on the link below to begin or continue this process. If you have any questions or concerns, click the "Help" link for more information.

### • 9734807

Form: Questionnaire For National Security Positions (SF86, Version 2008-07)  
Agency: SON JPA3  
Actions: [Enter Your Data](#)  
⇒ Begin/Continue providing information for the forms associated with this Investigation Request.

To begin a screen on the investigation page

# Instructions for Editing Your Form

Instructions for Editing Your Form Data

OMB No. 3206-0005

Information before attempting to complete this form. You may refer back to this information at any time while editing your form data by clicking on the link at the top of the screen.

The e-QIP system allows you the ability to complete paperwork pertaining to a background investigation of an employing agency. The following screens will guide you through the tasks required to complete your investigation request.

The following screens are, as follows:

- Form Instructions
- Form Data
- Your Information for Omissions and/or Errors Including any Information you previously provided in e-QIP that has been generated from your previous submission
- Your Information for Completeness and Accuracy Including any Information you previously provided in e-QIP that has been generated from your previous submission
- Completeness and Accuracy of Your Investigation Request
- Final Copy of Your Certified Investigation Request
- Your Investigation Request to the Initiating Agency

Please read the instructions displayed on each screen very carefully. If you have any questions, contact the agency that initiated this investigation request.

The e-QIP system is fully navigable using the links and buttons provided on each web page e-QIP displays. Since changes to data on one screen may affect data on another screen, e-QIP does not support using the Back or Forward function buttons of your web browser. Please refrain from using the Back or Forward buttons so you may result in loss of data you provide.

You may use the keyboard to navigate the e-QIP screens. You may use the Tab key to move between links and other form controls. Press the Tab key once to move to the next link or control on the screen. Hold Shift and press the Tab key once to move backwards.

[Continue](#)

**Read the instructions on how to fill out the form and then scroll to the bottom**

**At the bottom of the screen click on "Continue"**

# Second Page of Form Instructions

Form Completion Instructions :: Instructions for Comp...

Form Completion Instructions  
Instructions for Completing Form SF86

OMB No. 3206-0005  
Form: SF86

section:  Go

## Questionnaire for National Security Positions (SF86 Format)

### Purpose of this Form

(U.S.) Government conducts background investigations and reinvestigations of persons under consideration for or retention in national positions as defined in 5 CFR 732 and for positions requiring access to classified information under Executive Order 12968.

Information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which may adversely affect your eligibility for a national security position. Any information that you provide is evaluated on the basis of its recency, seriousness, consistency with your position and duties, and consistency with all other information about you.

Misrepresenting, or falsifying information will have an impact on a security clearance, employment prospects, or job status, up to and including revocation of your security clearance, or your removal and debarment from Federal Service.

This form is a permanent document that may be used as the basis for future investigations, security clearance determinations, and determinations of your employment. Your responses to this form may be compared with previous security questionnaires. It is imperative that the information provided be accurate to the best of your knowledge.

### Authority to Request this Information

For the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12958; sections 3301, 3302, and 9101 of title 5, U.S. 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, and 736 of title 5, Code of Federal Regulations.

Read the instructions on how to fill out the form and then scroll to the bottom

At the bottom of the screen click on "Continue"

# Navigating the Different Sections

Display • Logout

Sections 1-7: Your Identifying Information  
Comprehensive Details

OMB No. 3206-0005  
Form: SF86

section: SF86 Sections 1-7: Your Identifying Information

SF86 Sections 1-7: Your Identifying Information  
SF86 Section 8: Your Contact Information  
SF86 Section 9: Citizenship  
SF86 Section 10: Citizenship Information  
SF86 Section 11: Where You Have Lived  
SF86 Section 12: Where You Went To School  
SF86 Section 13: Employment Activities  
SF86 Section 13A: Employment/Unemployment Information  
SF86 Section 13B: Former Federal Service, Excluding Military Service, Not Indicated Previously  
SF86 Section 13C: Employment Record  
SF86 Section 14: Selective Service Record  
SF86 Section 15: Military History  
SF86 Section 16: People Who Know You Well  
SF86 Section 17: Marital Status  
SF86 Section 18: Relatives  
SF86 Section 19: Foreign Contacts  
SF86 Section 20: Foreign Activities  
SF86 Section 20B: Foreign Business, Professional Activities, and Foreign Government Contact  
SF86 Section 20C: Foreign Countries You Have Visited  
SF86 Section 21: Mental and Emotional Health  
SF86 Section 22: Police Record  
SF86 Section 23: Illegal Use of Drugs or Drug Activity  
SF86 Section 24: Use of Alcohol  
SF86 Section 25: Investigations and Clearance Record  
SF86 Section 26: Financial Record  
SF86 Section 27: Use of Information Technology Systems  
SF86 Section 28: Involvement In Non-Criminal Court Actions  
SF86 Section 29: Association Record  
SF86 Additional Comments

PERSONS COMPLETING THIS FORM

**Section 1: Full Name**

If you have only initials in your name, enter "Mr.", "Mrs.", "etc." under Suffix.

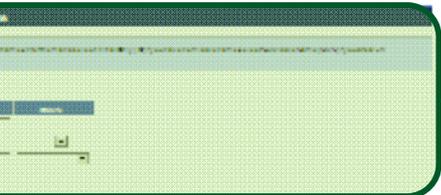
Full name	
Name	
Last:	<input type="text"/>
First:	<input type="text"/>
Middle:	<input type="text"/>
Suffix:	<input type="text"/>

FOR GOING INSTRUCTIONS.

If you leave off at a particular section and need to go back to it, click on this arrow and a drop down will appear with the different sections

# Sections 1-7 of the Form

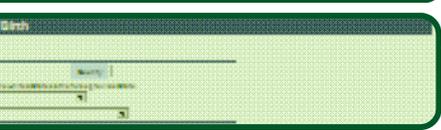
When filling this out be very careful in your typing.



← Section 1 is for your current name

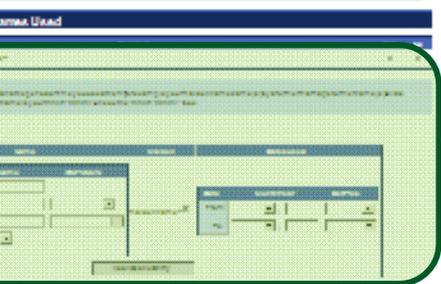


← Section 2, the Est. stands for Estimated

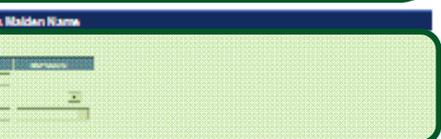


← Section 3, where you were born

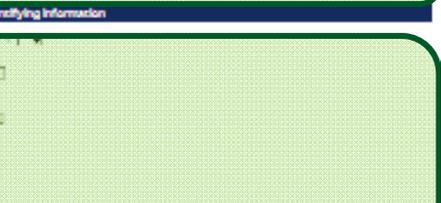
Section 4 is skipped on Secret investigations



← Section 5 is where you will put your maiden name.



← Section 6 this is asking about your mother.



← Section 7 if you don't know your exact height/weight then estimate.

# Section 8: Your Contact Information

Help • Display • Logout

Section 8: Your Contact Information  
Comprehensive Details

OMB No. 3206-0005  
Form: SF86

section: SF86 Section 8 Your Contact Information

Home e-mail address:

Work e-mail address:

Please make sure that your home e-mail is one that you plan on keeping for a while!

Indicate when you can be reached at each phone number.

## Home telephone

Number	Extension	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Check box if international or DSN phone number		

## Work telephone

Number	Extension	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Check box if international or DSN phone number		

## Mobile telephone

Number	Extension	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Check box if international or DSN phone number		

# Section 9: Citizenship

Help • Display • Logout

Section 9: Citizenship  
Comprehensive Details

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Form: SF86

section:

Mark the box that reflects your current citizenship status and follow its instructions.

**Current citizenship status:**

- I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.
- I am a U.S. citizen or national by birth, born outside the U.S. Go to 9A
- I am a naturalized U.S. citizen. Go to 9B or 9C
- I am not a U.S. citizen. Go to 9D

**U.S. Passport**

Current or most recent passport.

Passport number:  (Help)

**Date issued**

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

**Expired?**

- Yes
- No

**Alien Registration Number**

This information must be filled out completely, if you are not a U.S. citizen and do not know your immigration information you can contact INS @ 1-800-375-5283

# Section 10: Citizenship Information

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Section 10: Citizenship Information  
Comprehensive Details

section: SF86 Section 10: Citizenship Information

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Form: SF86

Question	Yes	No
Do you now hold or have you EVER held multiple citizenships?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes," provide responses for the following questions. If "No", go to Section 11.

### Item 10A

Provide the name(s) of the country(ies).

Country(ies) of citizenship

#	Country
1.	<input type="text"/>

Add A Blank Entry

# Section 11: Where You Have Lived

Section 11: Where You Have Lived :: Section Summary

Display • Logout

Section 11: Where You Have Lived  
Section Summary

section: SF86 Section 11: Where You Have Lived Go

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Residence History:

Must show where you have lived for the last 10 years

Spouse: Must show where you have lived for the last 7 years

Residence history must follow one after the other and can not have any gap in residences.

Temporary residence is considered anything over 1 month

Summary of Where You Have Lived

Detail Information

Add an Entry

Optional Comment

To add entries, click on "Add an Entry"

Reset this Screen

# Section 12: Where you went to School

Section 12: Where You Went To School :: Section Su...

Display • Logout

Section 12: Where You Went To School  
Section Summary

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Form: SF86

section: SF86 Section 12 Where You Went To School Go

Optional  
Must show where you went to school for the last 10 years  
Must show where you went to school for the last 7 years

If you have been longer than the number of years required, then post your most recent no matter how long ago it was.

You are allowed to have a gap in education, as long as the most education you received is required.

Detail Information

Add an Entry

To add entries, click on “Add an Entry”

Optional Comment

Reset this Screen

# Section 13

- › Section 13 has 3 parts to it, please keep the following information in mind when filling out Section 13:

Part I:

Everywhere you have worked beginning with your most recent job

Part I: Must show employment for the last 10 years

Part II: Must show employment for the last 7 years

Part II:

Full-time or Part-time work

Paid or Unpaid

Consulting/contracting work

All military service duty locations

Temporary military duty locations (TDY) over 90 days

Self-employment

Other paid work

All periods of unemployment.

**Unemployment period must be accounted for**

# Section 13A: Employment Activities

play • Logout

Section 13A: Employment/Unemployment Information

Section Summary

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section: SF86 Section 13A: Employment/Unemployment Information

Go

your employment activities, beginning with the present and working back 7 years (if an SSI go back 10 years). You should list all full-time and part-time work, paid or unpaid, consulting/contracting work, all military service duty locations, temporary military duty locations (TDY) over 90 days, self-employment, other paid work, and all periods of unemployment. The entire period must be accounted for without breaks. EXCEPTION: Do not list activities that occurred before your 18th birthday unless it is necessary for providing a minimum of 2 years of employment history.

Summary of Your Employment Activities

Detail Information

Add an Entry

Additional Comment

To add entries, click on "Add an Entry"

Reset this Screen

# Section 13B: Former Federal Service, Excluding Military Service

Section 13B: Former Federal Service, Excluding Militar...

Display • Logout

Section 13B: Former Federal Service, Excluding Military Service, Not Indicated Previously  
Section Summary

section: SF86 Section 13B: Former Federal Service, Excluding Military Service, Not Indicated Previous

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Below if applicable

Summary of Your Former Federal Service

Applicable

Detail Information

Optional Comment

To add entries, click on "Add an Entry"

# 13C: Employment Record

Help • Display • Logout

Section 13C: Employment Record

Section Summary

OMB No. 3206-0005

Form: SF86

section: SF86 Section 13C: Employment Record

Go

#	Question	Yes	No
1.	Has any of the following happened to you in the last 7 years?  1. Fired from a job 2. Quit a job after being told you would be fired 3. Left a job by mutual agreement following charges or allegations of misconduct 4. Left a job by mutual agreement following notice of unsatisfactory performance 5. Left a job for other reasons under unfavorable circumstances 6. Laid off from job by employer	<input type="checkbox"/>	<input type="checkbox"/>

This section is primarily for you to explain any issues that you have had with your employment record.

If "Yes," provide an entry for each occurrence.

## Summary of Occurrences

#	Detail Information
	<input type="button" value="Add an Entry"/>

#	Question	Yes	No
2.	Have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you received a written warning, been officially reprimanded, suspended, or disciplined for violating a security rule or policy?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to either question, provide an entry for each incident.

## Summary of Incidents

#	Detail Information
	<input type="button" value="Add an Entry"/>

# Section 14: Selective Service

Section 14: Selective Service Record :: Comprehensive...

Help • Display • Logout

Section 14: Selective Service Record  
Comprehensive Details

OMB No. 3205-0005  
Form: SF86

section: SF86 Section 14 Selective Service Record

Go

#	Question	Yes	No
a.	Are you a male born after December 31, 1959?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question a, answer the following question. If "No," go to Section 15.

#	Question	Yes	No
b.	Have you registered with the Selective Service System (SSS)?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes," provide your registration number below. If "No," explain the reason for not registering below. Please consult the SSS if you are unaware of your status before signing this form.

Registration number:

To find out about your Selective Service status  
you can call: 847-688-6888

Explanation

Add Optional Comment

# Section 15: Military History

section: SF86 Section 15 Military History

Go

Form: S

Account for all of your military service through the questions below. If you answer "No" to both 15a and 15b, go to Section 16.

#	Question	Yes	No
a.	Have you EVER served in the U.S. military or the U.S. Merchant Marine?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Have you EVER served in a foreign country's military, security forces, merchant marine, militia, or other defense forces?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question a or b, list all details of your military service below. If you had a break in service, each separate time of service should be listed.

You must add entries if you answered yes to either a or b

## Summary of Your Military Service

#	Detail Information
	<input type="button" value="Add an Entry"/>

#	Question	Yes	No
c.	Have you EVER received a discharge that was not honorable?	<input type="checkbox"/>	<input type="checkbox"/>
d.	In the last 7 years (if an SSBi go back 10 years), have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to question d, provide an entry for each charge.

You must add entries if you answered yes to either c or d

## Summary of Your Military Charges

# Section 16: People Who Know You Well

Section 16: People Who Know You Well :: Section Sum...

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Section 16: People Who Know You Well

Section Summary

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section: SF86 Section 16: People Who Know You Well

Go

People who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., collectively aware of your activities outside of the workplace, school, or neighborhoods and whose combined association with you covers at least 7 years. Do not list your spouse, former spouse(s), other relatives, or anyone listed elsewhere on this form.

This is where you will add people who know you, do not add spouses, former spouses, relatives, or someone you've listed somewhere else.

Detail Information

Add an Entry

Additional Comment

Reset this Screen

# Section 17: Marital Status

Help • Display • Logout

Section 17: Marital Status  
Section Summary

OMB No. 3206-0005  
Form: SF86

section: SF86 Section 17: Marital Status Go

Mark one box to show your current marital status.

**Marital Status:**

- Never married
- Married (include Common Law)
- Separated
- Annulled
- Divorced
- Widowed

If you check “Never Married” then skip to the bottom of the page click on “Save” and move on to the next section

**Item 17A. Current Spouse**

If applicable, complete the following about your current spouse only.

**Current Spouse**

Not Applicable

Detail Information

Add an Entry

This is your current spouse, even if you are separated

**Item 17B. Former Spouse(s)**

Complete the following about your former spouse(s).

**Former Spouse(s)**

Not Applicable

#	Detail Information
	Add an Entry

**Item 17C. Cohabitant**

[A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (a roommate)]. If applicable, complete the following about your cohabitant.

**Cohabitant**

Not Applicable

This is a person who is like a spouse

#	Detail Information
	Add an Entry

# Section 18: Relatives

Display • Logout

Section 18: Relatives  
Section Summary

OMB No. 3205-0005  
Form: SF88

section: SF88 Section 18: Relatives

the full name and other requested information, if applicable, for each of your relatives, living or deceased, specified below.

- Mother
- Father
- Stepmother
- Stepfather
- Foster parent
- Child (include adopted and foster)
- Stepchild
- Brother
- Sister
- Stepbrother
- Stepsister
- Half-brother
- Half-sister
- Father-in-law
- Mother-in-law
- Guardian

If you have one of these relationships, you must provide an entry for them whether are living or passed away.

The next slide provides information on how to fill out the entry.

# Filling Out Entries for Relatives (Section 18)

Relationship type Drop down to selective Relative type

If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If only an initial is used as the first name or middle name, enter the initial (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," etc., enter this under Suffix.

Full name

	Name	IO/NFN/NMN
Last:	<input type="text"/>	
First:	<input type="text"/>	<input type="text"/>
Middle:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	

This is the relative's name

Deceased:  Yes  No is the relative you are filling this entry for passed away?

Date of birth

Month/Day/Year	Est.
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>

Place of birth

City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State.	
State:	<input type="text"/>
Country:	<input type="text"/>

Current address

Street:	<input type="text"/>
City:	<input type="text"/>
Provide Country if outside the United States; otherwise, provide State and Zip	

If the person you are filling this entry out for is deceased, then the last address they

# Filling Out Entries for Relatives(cont.)

Country(ies) of citizenship

#	Country
1.	<input type="text"/>

If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.

Type of document:

- FS 240 or 545
- Citizenship certificate
- DS 1350
- Naturalization certificate
- Alien registration
- U.S. Passport
- Other (Explain)

If the person you are filling the entry out for was not born in the U.S. this must be filled out.

If they are U.S. born then just click "Save"

Explanation

Document number:

# Sections 19, 20, 20B, 20C, 21, 22, 24, 25, 26, 27, 28, 29

Question

Yes

No

These sections are “Yes” or “No” questions.

If the answer is “No”:

Check “No”

Click on “Save”

Move on to the next section.

If the answer is “Yes”:

Check “Yes”

Provide the information requested

Click on “Save”

Move on to the next section.

# Section 23: Illegal Use of Drugs or Drug Activity

This section is talking about **ILLEGAL** drug use. Drugs that a licensed doctor prescribes **you** and **you** don't misuse is not illegal.

Section Summary

section: SF86 Section 23: Illegal Use of Drugs or Drug Activity  Form: S

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

Question	Yes	No
In the last 7 years, have you illegally used any controlled substance, for example, cocaine, crack cocaine, THC ( <i>marijuana, hashish, etc.</i> ), narcotics ( <i>opium, morphine, codeine, heroin, etc.</i> ), stimulants ( <i>amphetamines, speed, crystal methamphetamine, Ecstasy, ketamine, etc.</i> ), depressants ( <i>barbiturates, methaqualone, tranquilizers, etc.</i> ), hallucinogenics ( <i>LSD, PCP, etc.</i> ), steroids, inhalants ( <i>toluene, amyl nitrate, etc.</i> ) or prescription drugs ( <i>including painkillers</i> )? Use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>
Have you EVER illegally used a controlled substance while possessing a security clearance; while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety?	<input type="checkbox"/>	<input type="checkbox"/>
In the last 7 years, have you been involved in the illegal possession, purchase, manufacture, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance ( <i>see question a above</i> ) including prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
In the last 7 years, have you received counseling or treatment or have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of drugs? If you answered "Yes," provide date(s) of treatment and name(s) and address(es) of provider (s). You will be asked to sign an additional release if information is needed concerning any treatment.	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to a - d above, provide the date(s) of use or activity, identify the controlled substance(s), and explain the use or activity.

Summary of Substance/Drug Use/Activity

Detail Information

# SF 86 Additional Comments

This is the section for you to add any information that you think is important to your investigation.

Help · Display · Logout

Additional Comments  
Any Additional Information You Would Like to Add

section:

OMB No. 3206-0005  
Form: SF86

Use the space below to continue answers to all other items and to provide any information you would like to add. Before each answer, identify the number of the item.

**Additional Comments**

Note: If you do not have any additional comments to provide, click "Save" to continue.

# Certification Statement Preview

Authentication :: Certification Statement Preview

Help · Display · Logout

section: **SF86 Certification**

Certification  
Certification Statement Preview

OMB No. 3206-0005  
Form: SF86

The following is a preview of the certification document you will sign when you complete this investigation request.

## 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 <i>(Sign in ink)</i> (Do not sign at this time.)	Date
---	------

← **Press continue**

# Validate, Review, and Certify

This is the point that you will stop at and come back to the Security Manager's Office

The screenshot shows a web interface for 'Validate, Review, and Certify'. At the top, there is a navigation bar with 'Help', 'Display', and 'Logout' links. Below this is a header area with the title 'Validate, Review, and Certify' and a sub-header 'Validate Your Data'. A dropdown menu is set to 'Validate, Review, and Certify' with a 'Go' button. On the right, the OMB No. 3206-0005 is displayed. The main content area contains a table with a 'Type' column. A large red octagonal 'STOP' sign is overlaid on the table. A red box on the left contains the text 'LOGOUT!!! When area is blank' with arrows pointing to the 'Logout' link and the table area. A red box at the bottom contains the text 'This area should be blank' with an arrow pointing to the table area.

Help · Display · Logout

Validate, Review, and Certify  
Validate Your Data

OMB No. 3206-0005

Action: Validate, Review, and Certify Go

Below are the results of validating your data.

LOGOUT!!!  
When area is blank

STOP

Type

This area should be blank