



VENDOR FITNESS DETERMINATION TRAINING MANUAL

Updated



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Purpose

The purpose of this document is to provide a detailed description to GSA prime vendor

POCs and applicants of how to properly complete an HSPD-12 background investigation.

Zonal Help Desks

GSA Fitness Determinations will be processed within five work zones as listed below:

Zone East: includes regions 1, 2, and 3.

States in Zone A: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, Puerto Rico, West Virginia, Maryland, Delaware, Rhode Island, Virgin Islands and Virginia.

Team Lead: Tom Heinze

Email Address: zonea-hspd12@gsa.gov

Phone Number: 617-565-2051

Zone Central: includes regions 4, 5, 6

States in Zone Central: Minnesota, Wisconsin, Michigan, Nebraska, Iowa, Illinois, Indiana, Ohio, Kansas, Missouri, Kentucky, Tennessee, South Carolina, North Carolina, Mississippi, Alabama, Georgia, and Florida

Team Lead: Drew McCullah

Email Address: zonec-hspd12@gsa.gov

Phone Number: 312-886-1189

Zone West: includes regions 7, 8, 9 & 10

States in Zone West: Washington, Oregon, Idaho, Utah, Montana, Wyoming, North Dakota, South Dakota, California, Nevada, Colorado, Arizona, New Mexico, Texas, Oklahoma, Arkansas, and Louisiana.

Team Lead: Michael Skeels

Email Address: zoned-hspd12@gsa.gov

Phone Number: 415-884-9759

HSPD-12 CO/NCR includes regions NCR and CO.

States: Washington DC

Team Lead: Phil Ahn

Email Address: hspd12.security@gsa.gov

Phone Number: 202-501-4459

Authorities and References

HSPD-12 <http://csrc.nist.gov/drivers/documents/Presidential-Directive-Hspd-12.html>

OPM HSPD-12 Credential Standards <https://www.opm.gov/investigations/background-investigations/reference/final-credentialing-standards.pdf>

GSA Order CIO P 2181.1--HSPD-12

https://insite.gsa.gov/portal/mediaId/681058/fileName/HSPD12_Handbook_v8.action

[n](#)

GSA Order 5400.2--Requesting Official <https://insite.gsa.gov/portal/content/5332891>

What is HSPD-12?

Homeland Security Presidential Directive 12 (HSPD-12) is a presidential directive for executive agencies that establishes a mandatory, government-wide standard for secure and reliable forms of identification issued by the federal government to its employees and contractors requiring long-term (greater than 180 days) access to federal buildings, facilities, and information technology (IT) systems. Prior to the issuance of these identification credentials, the person's identity and trustworthiness must be proven via a personnel security investigation (fitness determination).

What is a fitness determination?

A fitness determination is the result of a personnel security background investigation. Contractors may be issued a credential upon receipt of a favorable preliminary fitness determination, also known as an enter-on-duty (EOD) determination.

Types of Contractors

1. Long-term contractors are those individuals working on GSA contract(s) for greater than 6 months.
2. Short-term contractors are those individuals working on GSA contract(s) for 6 months or less.

Who needs a background investigation?

1. All GSA contractors (both long-term working more than 6 months and short-term

working less than 6 months) who need routine access to GSA facilities. Routine access is defined as a regularly scheduled need to access the facility.

2. Any GSA contractor who requires regularly scheduled access to one or more GSA-controlled facilities, even under multiple contracts, should be treated as having routine access to GSA facilities. Individuals who completed an investigation previously with another agency must still complete the investigation process before working in GSA facilities.
3. **All** contractors being cleared must fall under one of the following categories. <https://insite.gsa.gov/employee-resources/safety-and-security/background-investigation-access-card-process/requesting-officials-roles-responsibilities/contractor-onboarding?term=> We can no longer do clearances on micro purchases or credit card purchases.

Who does NOT need an investigation?

1. Contractors who are working in GSA leased facilities with security level I or II and those facilities with security level III that are not 100% occupied by the government.
2. The contractors needed to mitigate emergency situations--broken pipes; failure of HVAC units; elevator repairs; etc. must be escorted at all times, however they are not required to have prior approval from the Zonal Help Desk. Property/building management staff may authorize access for these individuals in these types of situations.
3. Those contractors who will only access public space--lawn maintenance, vending machine technicians and suppliers, and FedEx & UPS delivery personnel.
4. Contractors working on new construction projects prior to occupancy and not yet considered to be substantially complete.
5. Contractors involved in repair and alteration projects where the work spaces are partitioned and/or fully separated from occupied spaces, with isolated access for contractors.
6. Contractors being escorted for 15 days or less. These contractors must be escorted at all times by a federal employee, FPS Security contractor, or GSA contractor who is in possession of a GSA issued PIV credential. Prior review and approval by Zonal Help Desk through the submission of personal information is required for tracking purposes. Escorted personnel must be within line of sight from the escort at all times.

Escort-Only Contractors

1. The contractors needed to mitigate emergency situations--broken pipes; failure of HVAC units; elevator repairs; etc. must be escorted at all times, however they are not required to have prior approval from Zonal Help Desk. Property/building management staff may authorize access for these individuals in these types of situations.
2. Non-emergency contractors may be approved for escorted access up to 15 days per contract per ADM 2181.1. If they need to work for more than 15 days in GSA facilities, they must submit documentation to receive a background investigation for unescorted access.
3. Applicants who have previously been found unfavorable cannot be considered for escort-only access. Also, individuals in the process of completing a GSA Fitness Determination are not allowed to be escorted.
4. Vendors should coordinate with their GSA Requesting Official (RO) to consider the type of project and proximity to escorted contractors when determining the number of personnel reasonably escorted by the same escort. It is suggested that 5-7 people per escort is typically manageable.
5. To receive approval for escort-only access on a GSA project, the prime vendor POC must submit a CIW and should include the full legal name of the individual doing the escorting; whether they are a government employee, a FPS Security contractor, or a GSA contractor with the appropriate credentials; and the dates of escort in the email containing their CIW. Individuals needing escort-only access must be listed on the RO Contractor Approval List. Allow at least 3 business days to process the CIW prior to the applicant needing to start work.
6. Escorts are responsible for the whereabouts and activities of escorted personnel at all times, and must remain within line of sight of escorted individuals at all times while in non-public space. The person doing the escorting must be either a federal employee, FPS security contracts, or GSA contractor who is in possession of a GSA issued PIV credential.

Fitness Determination Types

The requesting official is responsible for making decisions regarding whether a contractor is a long-term contractor or a short-term contractor. They are also responsible for monitoring the duration of the project, and should the work exceed 6 months, all short term contractors can re-submit for a second SAC investigation or switch to a long-term investigation. This must be done prior to the expiration of the short-term investigation. Contractors are not authorized to work on GSA contracts prior to receipt of a favorable EOD or final determination. If the SAC expires the contractor must be removed until the new SAC or Tier 1 is approved.

1. Special Agreement Check (SAC) or Short-Term Investigations: Non-HSPD-12 SACs are good for 6 months from the date of the SAC determination. Short-term contractors must submit a completed CIW (Form 850) and OF306 (version 2023) to Zonal Help Desk then complete fingerprint enrollment. The CIW and OF306 must be submitted together to the Zonal Help Desk via encrypted email. Upon completion of a SAC, a contractor may work up to 6 months only. If additional work is required after the expiration date, a new investigation is required.
2. Tier 1, 2, and 4 or Long-Term Investigations:
 - a. Tier 1 (formerly known as low risk or NACI) is designed for contractors working greater than 180 days (6 months) and/or for contractors needing network access. These investigations are currently valid indefinitely, as long as the contractor continues without a break in service on GSA contracts; however all GSA contractor credentials must be returned when contract work is completed, regardless of the expiration date on the credential. Tier 1 contractors must submit a completed CIW (Form 850) to the Zonal Help Desk via encrypted email. Next (based on email instructions) the contractor will complete fingerprint enrollment, then submit their on-line eApp questionnaire.
 - b. Tier 2 (formerly known as MBI) is designed for contractors working longer than 6 months and whose duties require a higher degree of trust, such as IT system administrators, individuals who handle financial transactions, individuals who deal with personally identifiable information (PII), and other sensitive information. Tier 2 contractors must submit a completed CIW (Form 850) to the Zonal Help Desk via encrypted email. Next (based on email instructions) the contractor will complete fingerprint enrollment, then submit their on-line eApp questionnaire.
 - c. Tier 4 (formerly known as BI) is designed primarily for embedded contractors working in staff-like positions, with access to high-risk

information. Tier 4 contractors must submit a completed CIW (Form 850) to the Zonal Help Desk via encrypted email. Next (based on email instructions) the contractor will complete fingerprint enrollment, then submit their on-line eApp questionnaire.

NOTE: If Tier 1, 2, or 4 contractors return at a later date for additional and/or new contract work, a new CIW is required (to identify new contract/task order information) and new credentials will be provided at that time as needed. Those with a break in service longer than 2 years will be required to complete a new background investigation.

Requesting Official (RO) Contractor Approval List

- A. The prime vendor POC initiates a list of contractors needing to work on each contract for approval by the RO. This list authorizes the Zonal Help Desk to process the appropriate investigation on the listed contractors.
- B. If a CIW is received for an applicant who does not appear on this list, the CIW will not be processed and the prime vendor POC will be notified that it cannot be processed until their name appears on the approval list.
- C. Each time contractor(s) are added or removed from a contract, the list must be updated, sent through the RO for approval, and forwarded to the Zonal Help Desk with a copy to the prime vendor POC.

NOTE: do not remove contractors from the RO list.

- D. The items below the heading on the RO Contractor Approval List that must be completed by the prime vendor POC are listed below:
 - a. Last Name, First Name, Middle Name and Suffix: this information should be their full legal name as it appears on their photo ID.
 - b. Position Title: this should reflect the duties they are completing for the GSA contract.
 - c. Vendor Name, if subcontractor: if contractor works for a sub of the prime vendor the name of the subcontract company goes here.
 - d. If the contractor is to be escorted only, include the name of escort and dates to be escorted.
 - e. Date Removed from Project/Contract: when appropriate, enter dates individuals are terminated, have completed their portion of the contract, leave the employment of the vendor prime or subcontractor, etc. Effectively, this is the date that person will no longer need access to the

facility for this project/contract. NOTE: do not remove contractors from the RO list.

Special Agreement Check (SAC) Investigation Process

1. If assisting the applicant and discussing personal information, always verify the applicant's full legal name, DOB, and SSN is correct before sending in any paperwork.

NOTE: Applicants are not allowed to work on the project until they receive a favorable SAC determination. They are not authorized to work past 6 months from the date of the SAC determination without completing an additional background check.

2. Receive training covering all aspects of the fitness determination process from the Zonal Help Desk. At the completion of training the following forms will be provided: RO Contractor Approval List, CIW template, and OF306 (Declaration for Federal Employment)
3. Prepare RO Contractor Approval List to include the following for all contractors who will be working on the contract/project:

Full Legal Name

Position Title

Dates Required on Project

Vendor Name (if subcontractor)

Name of Escort (if escort only)

Dates of Escort (If escort only)

4. Send completed RO Contractor Approval List to GSA Requesting Official for approval.
5. If personnel are added to or removed from the contract/project a new RO Contractor Approval List must be submitted to GSA RO for approval. Any CIWs received for personnel who do not appear on the RO Approved List will be rejected.
6. Have applicants complete section 1 of the CIW as follows (If an individual changes from one contract to another, a new CIW is always required.)

- a. Name: full legal name, including full middle name. If no middle name, enter NMN. If the middle name is only an initial, enter the initial and (IO). The name on the CIW must be the same as it appears on the applicant's photo ID.
 - b. Suffix: select the appropriate response from the drop-down window.
 - c. Gender: select the appropriate response from the drop-down window.
 - d. Social Security Number: from applicant's social security card.
 - e. Date of Birth: as it appears on the applicant's birth certificate.
 - f. Place of Birth: city of birth and country (as it appears on the birth certificate) are needed for everyone, even if they are born outside the US. State is only required for US, Mexican, and Canadian born applicants. (Province for Canada, but entered in the state data field.)
 - g. Home Address: must be a physical address; PO Box is not acceptable.
 - h. Phone: include work and cell phone numbers as applicable.
 - i. Email: should be the applicant's personal email. It is important someone is reviewing emails at the address provided, as this is where instructions will be sent for completing the background investigation processes.
 - j. Position Title: for the function the applicant will be performing on this contract/project.
 - k. Prior Investigation: if the applicant has been investigated before, include date and agency that performed the investigation (estimated dates are acceptable).
 - l. US Citizen: select the appropriate radio button--Yes or No. This must be answered by both US-born and non-US Born applicants.
 - m. Non-US Citizens Only: must complete city and state of entry into the US, full date of entry (MM/DD/YYYY), alien registration number, and country of citizenship.
 - n. Company Name (Sub) (if applicable): if the CIW is for an applicant who works as a subcontractor for the prime, put in the subcontract company name.
7. Have applicant complete and sign OF306 as follows:
- a. Name format must be first, middle, last. If there is no middle name,


put NMN in as the middle name. If initial only, enter the initial followed by (IO). Name should match that provided on the CIW and be the same as it appears on the applicant's photo ID.

- b. All items must be answered, no blanks.
 - c. All data must be in the format as directed for each item on the form.
 - d. If any item 9-14 is answered "Yes", ensure all information directed by the italicized print is included in the "Continuation Space" item 16.
 - e. No extraneous marks of any type are permitted.
 - f. If born in the US, Canada (province) or Mexico, a state must be entered.
 - g. It is recommended the OF306 be typed, but it will be accepted handwritten or in a combination of both, all handwritten portions must be clear and legible.
 - h. Any corrections must be crossed out using a single line and each must be initialed and dated by the applicant.
 - i. Any corrections not properly lined out and illegible forms will be rejected and resubmission must be typed.
 - j. Applicant must sign/date on line 17a. Date must be legible.
8. Send completed CIW (Word document only) and completed/signed OF 306 via email to Zonal Help Desk.
- a. Both documents must be encrypted--no scanned CIWs will be accepted.
 - b. File name of CIW/OF306 must be formatted with the applicant's Last, First Middle-- document (i.e., Smith, Pete Jack--CIW or Doe, James Mike--OF306).
9. After Zonal Help Desk receives the complete and accurate CIW, the applicant will receive two emails the first is the SAC Investigation Instructions from [zone -hspd12@gsa.gov](mailto:zone-hspd12@gsa.gov) (also sent to the prime vendor POC, Zonal Help Desk, and GSA POC) and the second is the enrollment instructions from HSPD12Admin@usaccess.gsa.gov.
10. Ensure the applicant schedules an enrollment appointment, following the instructions below (provided in the email).

- a. Schedule an enrollment appointment at the nearest “SHARED” USAccess Credentialing Center and complete the fingerprint enrollment process as soon as possible at <https://portal.usaccess.gsa.gov/scheduler>, by single clicking on “Click to Schedule”.
 - b. They must bring two valid and non-expired forms of ID to complete their fingerprint enrollment. Two forms are required to validate their identity, one of which must be a government-issued photo ID.
 - c. Their first and last names MUST match that submitted on their CIW. To review a complete list of acceptable forms of IDs, please go to the following link: <http://www.fedidcard.gov/viewdoc.aspx?id=109>.
 - d. If they receive an email from the GSA Managed Service Office’s (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov stating that they do not need to enroll due to their previous enrollment, they can skip this step only.
11. If the applicant is more than 100 miles from a MSO USAccess Shared Credentialing Station, please email the Zonal Help Desk to determine how to best complete the fingerprinting process.
 12. Validate the applicant has completed the fingerprint enrollment process at an MSO Credentialing Center as scheduled. Failure to enroll within 30 days will result in cancellation of the SAC.
 13. Reach out to Zonal Help Desk for any support during the investigation process.
 14. Receives SAC Fitness Determination as evidence the applicant is authorized to begin work on the GSA contract/project.

SAC Expiration and Re-Investigation

1. The vendor should complete one of the following steps:

- Resubmit second applicant CIW SAC request, along with  306, 30 days prior to SAC expiration
- Request the RO submit a revised ROCAL to the Zone changing the investigation type requested from a SAC to a Tier 1 first. This is to be done for any contractors issued a SAC that they now wish to convert to a Tier 1 investigation 30 days prior to the SAC expiration. After acceptance of the

ROCAL by the Zone, the Vendor POC should then submit the applicant CIW to the Zone to initiate the Tier 1 investigation.

- Let the SAC expire as there is no continuing need for access, update the ROCAL with the date removed from the contract and send updated ROCAL to the RO.

Tier 1 or Higher Investigation Process

1. If assisting the applicant and discussing personal information, always verify the applicant's full legal name, DOB, and SSN is correct before sending in any paperwork.
2. Receive training covering all aspects of the fitness determination process from the Zonal Help Desk. At the completion of training the following forms will be provided: RO Contractor Approval List, CIW template, and SF 85/85P Worksheet.
3. Prepare RO Contractor Approval List to include the following for all contractors who will be working on the contract/project:

Full Legal Name

Position Title

Dates Required on Project

Venor Name (if subcontractor)

Name of Escort (if escort only)

Dates of Escort (If escort only)

4. Send completed RO Contractor Approval List to GSA RO for approval.
- E. If personnel are added to or removed from the contract/project a new RO Contractor Approval List must be submitted to GSA RO for approval. Any CIWs received for personnel who do not appear on the RO Contractor Approved List will be rejected.
- F. Have applicant complete section 1 of the CIW as follows (If an individual changes from one contract to another, a new CIW is always required.):
 - a. Name: full legal name, including full middle name. If no middle name, enter NMN. If the middle name is only an initial, enter the initial and (IO). The name on the CIW must be the same as it appears on the applicant's photo ID.

- b. Suffix: select the appropriate response from the drop-down window.
 - c. Gender: select the appropriate response from the drop-down window.
 - d. Social Security Number: from applicant's social security card.
 - e. Date of Birth: as it appears on the applicant's birth certificate.
 - f. Place of Birth: city of birth and country (as it appears on the birth certificate) are needed for everyone, even if they are born outside the US. State is only required for US, Mexican, and Canadian born applicants. (Province for Canada, but entered in the state data field.)
 - g. Home Address: must be a physical address; PO Box is not acceptable.
 - h. Phone: include work and cell phone numbers as applicable.
 - i. Email: should be the applicant's personal email. It is important someone is reviewing emails at the address provided, as this is where instructions will be sent for completing the background investigation processes.
 - j. Position Title: for the function the applicant will be performing on this contract/project.
 - k. Prior Investigation: if the applicant has been investigated before, include date and agency that performed the investigation (estimated dates are acceptable).
 - l. US Citizen: select the appropriate radio button--Yes or No. This must be answered by both US-born and non-US Born applicants.
 - m. Non-US Citizens Only: must complete city and state of entry into the US, full date of entry (MM/DD/YYYY), alien registration number, and country of citizenship.
 - n. Company Name (Sub) (if applicable): if the CIW is for an applicant who works as a subcontractor for the prime, put in the subcontract company name.
- G. Send completed CIW (Word document only) via email to Zonal Help Desk. a. CIW must be encrypted--no scanned CIWs will be accepted.
- a. File name of CIW must be formatted with the applicant's Last, First Middle-- document (i.e., Smith, Pete Jack--CIW).
- H. After Zonal Help Desk receives complete and accurate CIW the applicant receives several emails:
- a. Tier 1, 2, and 4 Investigation Instructions from [zone - hspd12@gsa.gov](#) (also sent to prime vendor POC, Zonal Help Desk, and

GSA POC).

- b. The enrollment instructions from HSPD12Admin@usaccess.gsa.gov.
 - c. Steps to complete the eApp login process.
- I. Ensure the applicant schedules enrollment appointment, following the instructions below (provided in the email).
- a. Schedule an enrollment appointment at the nearest “SHARED” USAccess Credentialing Center and complete the fingerprint enrollment process as soon as possible at :<https://portal.usaccess.gsa.gov/scheduler>, by single clicking on “Click to Schedule”.
 - b. They must bring two valid and non-expired forms of ID to enroll for their USAccess credential. Two forms are required to validate their identity, one of which must be a government-issued photo ID.
 - c. Their first and last names MUST match that submitted on their CIW. To review a complete list of acceptable forms of IDs, please go to the following link: <http://www.fedidcard.gov/viewdoc.aspx?id=109>.
 - d. If they receive an email from the GSA Managed Service Office’s (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov stating that they do not need to enroll due to their previous enrollment, they can skip this step only.

NOTE: If applicant is more than 100 miles from a MSO USAccess Shared Credentialing Station, please email the Zonal Help Desk to determine how to best complete the fingerprinting process

- J. Validate the applicant has completed the fingerprint enrollment process at an MSO Credentialing Center as scheduled.
- K. It is recommended that the applicant use the SF85/85P Worksheet to allow them to collect all required information needed prior to completing the online eApp application. **This form must not be submitted in lieu of completing the on-line eApp application.** It is a worksheet for the applicant’s use only.
- L. Assist the applicant in accessing eApp

If you have previously completed an eApp questionnaire, use the username and password you configured in eApp. If you cannot remember the information or need it reset, contact the help desk for assistance. Go to <https://myinvestigation.nbis.mil/subjectportal/> to login and complete your application.

OR

- A. You will receive two emails from NBIS, one with a user ID and the other with a temporary password. The email will contain the link to eApp.
- B. You will sign in using the user ID provided in the first email and the temporary password provided in the second email.
- C. You will then create a new password after entering your Social Security Number and Date of Birth.
- D. Once you have created your new password, you will sign in with your user ID and password. For each eApp login, you will receive an email containing a one-time passcode to use to confirm your identity.
- E. Complete the online application as soon as possible to avoid delays.
- F. After completing and releasing your eApp, the review process will start.

NOTE: Applicant will need a username and password to re-enter the application if it times out; if they need to step away from it before completion; or the application is rejected after released for processing

- M. Completing eApp - failure to timely complete this process will delay the investigation and prevent them from receiving their enter-on-duty determination (EOD). Do not release the eApp application until they have completed their fingerprint enrollment. Without an EOD they will not have access to GSA facilities.
 - a. Follow the onscreen instructions to complete the security questionnaire. Use the save function often and answer all applicable questions. If they log off without completing the security questionnaire, and return at a later time, they will be able to resume where they left off.
 - b. In the residence section--be sure to list a verifier with their complete mailing address (to include St., Ave., Blvd., as applicable) and phone number.
 - c. In the employment section-- They must list their supervisor's name, address (to include St., Ave., Blvd., as applicable) and phone number.
 - d. Select "Certify Investigation Request" to complete their security questionnaire. v. Select "Signature Forms" link.
 - e. Select "Yes" next to "Do you agree to utilize the click-to-sign functionality on all relevant forms?"
 - f. Ensure they have completed their fingerprint enrollment process before they release their completed eApp application. Select "Release Request/Transmit to Agency" to finalize their eApp questionnaire.

NOTE: While assisting the applicant in completing their eApp application they must be present throughout the process.

- N. eApp Invitations will be limited to two invitations per applicant. If an applicant fails to complete their eApp after two attempts, they will be unable to reApply for a GSA Security Investigation for 1 year.
- O. Contact Zonal Help Desk for support during the investigation process.
- P. Receive **enter-on-duty and/or final fitness determination** as evidence the applicant is authorized to begin work on the GSA contract/project.
- Q. If an applicant receives, "**Must Wait for Final Notification**", they must wait to receive final determination before beginning work on any GSA project. This notification means there was something that prevented OPM from issuing a favorable EOD. NOTE these can take 3-24 months to complete.
- R. If an applicant receives an **unfit determination**, they cannot work on GSA contracts under any circumstances. If they previously received enter-on-duty, they must be removed immediately and credentials must be returned to regional OMA Staff. They must wait 1 year to reapply for a new background investigation.

Escort-Only (EO) Contractor Review Process

1. Zonal Help Desk verifies whether the applicant's name is listed on the RO Contractor Approval List, including dates they will be working. If the applicant's name does not appear on the RO Contractor Approval List, the CIW is rejected back to the vendor.
2. Ensure CIW is properly completed. If CIW is incomplete, it will be immediately rejected back to the vendor for corrections.
3. Ensure submittal email contains full legal name of individual escorting applicant and whether they are a federal employee, FPS security contractor or GSA contractor with the appropriate credentials. The email must also contain the dates of escort.
4. If the applicant was previously found unfit, the request will be rejected back to prime vendor POC and GSA POC(s) indicating due to a previous unfit determination, the individual cannot be escorted in the facility for any reason.
5. Ensure escort is either a federal employee, FPS security contractor, or GSA contractor who is in possession of a GSA issued PIV credential. If the escort does not meet these requirements, the request will be rejected back to prime vendor POC and GSA POC(s) indicating a new escort meeting the requirements must be submitted.

6. If the escort meets these requirements and the applicant has not previously been found unfit, the following notification will be sent to the prime vendor POC and GSA POC(s) as proof of EO review:

Based on a review of GCIMS, this individual has never been found unfit by GSA:

Last, First Middle (Suffix):

Vendor Prime:

Contract Number:

Dates worked on a GSA contract will be coordinated with and monitored by the GSA Requesting Official (RO). Escorting cannot be performed while an investigation (SAC or Tier) is pending. The RO is responsible for ensuring the escort and escorted personnel follow the GSA escort policy.

Escort:

- **Must be a GSA contractor who is in possession of a GSA issued PIV credential, a federal employee or Federal Protective Service security contractor.**
- **Responsible for the whereabouts and activities of escorted personnel at all times**

Temporary Contractor/Escortee:

- **Must remain within line of sight of escort at all times while in non-public space**
- **Can only be escorted a total of 15 days per contract**

Please contact the Help Desk at the phone number or email address listed below if you have any questions.

NOTE: Individuals in the process of completing a GSA fitness determination are not allowed to be escorted.

Contractors with Prior Investigations

1. The vendor will need to submit updated CIW to the Zonal Help Desk via encrypted email for every new contract or work order.
 - a. Break in Service: Any contractor with a greater than 2-year break in service from their last contract/work order, will need to submit a new CIW, update their application within eApp for a Tier 1 or above investigation and may need to enroll as instructed. Access under the new contract/work order shall not be granted until such time they receive an

approval email under the new contract/work order.

- b. Break in Service: Less than a 2 year break. When update has been completed the applicant, the prime vendor POC, and the GSA POC will received the following notification:

The following individual's record has been updated and they are approved to work on the GSA contract/project, without further investigation. Details are listed below:

Last, First Middle (Suffix):

Determination on Record (SAC, Tier 1, etc.):

Vendor Prime:

Contract Number:

The appropriate credential has been requested as applicable based on the CIW provided and the RO Contractor Approval List.

NOTE: If you already have an active GAC/PIV this notification is for informational purposes only.

US Residency Requirement

1. A Tier 1 or above investigation cannot be conducted on non-US born applicants who have less than 3 years of continuous U.S. residency.
2. The process for a non US-Born applicants with less than 3 years residency is as follows:
 - a. The vendor will need to submit a complete Tier 1 investigation package. Once OPM has confirmed immigration status, they will perform only a SAC.
 - b. If the SAC is favorable, the individual will be eligible to be on site for 6 months. If access is needed beyond the initial 6 months the vendor will need to submit a new Tier 1 investigation package 30 days before the SAC expires.
 - c. This process will be repeated until access is no longer needed or until the 3-year residency requirement is met, at which time a new Tier 1 investigation must be initiated.

Contractor Credential

1. The GSA requesting official determines if the contractor requires fitness determination and GAC/PIV. GAC/PIVs are required for building access in some locations and network access in all locations. An EOD determination status must be verified prior to GAC/PIV issuance. Individual must have EOD determination in the process of a final Tier 1 or above to receive a GAC/PIV. GAC/PIVs are not issued to individuals with only a SAC. SAC credentials are yet to be determined.
2. HSPD-12 PIV or GSA Access card (GAC/PIV) is required when contractors need IT access and optional (per RO approval) for routine access to GSA facilities for 6 months or more. The expiration date printed on the front of the GAC/PIV card does not represent the contract end date. The credential must be returned to GSA when the individual is no longer working on the GSA contract, regardless of the card expiration date.
3. The IT certificates assigned to the card expire 3 years from the date it is activated. GSA USAccess will send email reminders at 45 days, 30 days, and 15 days prior to certificate expiration. The email will include how to set up a "Certificate Update" appointment at a USAccess Credentialing Center. Some Zonal Help Desks have the ability to refer contractors who need certificate updates to Lightweight Credentialing Stations (not listed on the appointment website). The email notification and certificate update process works, if the following conditions are met: the applicant supplied a monitored email address on the CIW; the card is active--not suspended or terminated; there are no pending data changes, such as the name on the card or a reprint/reissue request; or the certificates have not already expired or are going to expire within 24 hours.
4. Excerpt from FAR 52.204-9 Personal, Identity Verification of Contractor personnel--
"The contractor shall comply with agency PIV procedures identified in the contract that implement HSPD-12, OMB guidance M-05-24, and Federal Information Processing Standards Publication (FIPS PUB) Number 201. The contractor shall account for all forms of Government-provided identification issued to the contractor employees in connection with performance under this contract. The contractor shall return such identification to the issuing agency at the earliest of any of the following, unless otherwise determined by the Government: 1) When no longer needed for contract performance. 2) Upon completion of the contractor employee's employment. 3) Upon contract completion or termination. The CO may delay final payment under a contract if the contractor fails to comply with these requirements. The contractor shall insert the substance of this clause, including this paragraph (d), in all subcontracts when the subcontractor's employees are required to have routine physical access to a Federally controlled facility and/or routine access to a federally-controlled information system. It shall be the responsibility of the prime contractor to return such identification to the issuing agency in accordance with the terms set forth in paragraph (b) of this section, unless otherwise approved in writing by the Contracting Officer."

5. If the card is lost or stolen and cannot be collected and returned, the vendor will need to take the following steps:
 - a. Step 1. Vendor Point of Contact (POC) or contractor contacts the FPS Megacenter at 877-437-7411 to obtain a **incident** number for the lost or stolen card
 - b. Step 2. Vendor POC or Contractor emails GSA Requesting Official (RO) that a GSA Access Card is lost or stolen. Providing the full legal name and incident number.

NOTE: ALL credentials must be turned in to the GSA RO at the end of the contract or when the individual has completed his/her duties on the contract whichever is sooner.



GSA Access Card/PIV

Roles and Responsibilities

1. Prime Vendor POC
 - a. Attends training provided by the Zonal Help Desk regarding the investigation process.

- b. Initiates RO Contractor Approval List to include full legal names and associated information for all contractors who will be working on contract/project and sends it to RO for approval.
 - c. Assists contractors and subcontractors in completing all investigation requirements within time constraints.
 - d. Notifies RO (via an updated RO Contractor Approval List) of anyone being added to contract/project and anyone leaving the contract/project. Ensures all GSA credentials are returned to the RO for those leaving the project or at the end of the project.
2. Vendor Applicant
 - a. Completes section 1 of the CIW.
 - b. Schedules and enrolls at MSO station for fingerprints per enrollment email.
 - c. Completes OF306 and/or eApp as applicable for the type of investigation requested.

Investigation Documents

1. SAC
 - a. CIW
 - b. MSO or SF87 Fingerprints
 - c. OF306, Declaration for Federal Employment
2. Tier 1 and above
 - a. CIW
 - b. MSO or SF87 Fingerprints
 - c. SF85 or 85P on-line eApp application

Common Causes of Unfit Determination

This is in no way inclusive and is provided to show examples of unfit determination

1. Use of illegal drugs within the past year.

2. Omissions and/or untruthful information provided.
3. Offenses without completion of court assigned penalties.
4. Recent criminal offenses.

Common Delays and Errors in Investigation Process

This is in no way inclusive and is provided to show examples of delays in the investigation process.

1. Incomplete/inaccurate/inconsistent information provided on CIW.
2. Incomplete/inaccurate/inconsistent information provided on eApp questionnaire or attached forms (CIW, OF306, etc.).
3. Not completing fingerprints prior to submitting the eApp.
4. Hard-copy fingerprints, which take longer than electronic prints.
5. Inconsistent/incorrect SSN and/or full name on all forms.
6. Not responding timely to email inquiries for clarification.
7. Lengthy response times from law enforcement agencies.
8. The contract company's failure to emphasize the importance and priority of the investigation to its employees. Successful companies typically assign a responsible employee to track and review investigation forms being submitted, and assisting with the overall process.
9. Failing to ensure additional information requests are brought to the attention of the employee, and ensure compliance with the request.
10. Individual contract employee's failure to submit all the required documents.
11. Submission of illegible forms.
12. Forms submitted with cross-through or write-overs.
13. Inconsistent information on fingerprint cards, if applicable. They must match all other documents (full name must be the same), and must also match ID used at the time of fingerprinting.
14. Incomplete eApp questionnaire. Must include complete addresses (including zips, Ave, St, Blvd, etc.) for residences, schools, and references.
15. Failure to submit electronically-signed eApp pages.

16. Failure to submit the forms correctly within specified timeframes and to respond timely to additional information requests.

Notification of Investigation Status

1. An **enter-on-duty determination** is the notification that allows long-term contract employees to begin working on GSA contracts pending the completion of their full Tier 1 or higher investigation. It is at this time that a GAC/PIV may be produced, as needed.
2. There are times that an applicant will receive a notification entitled “**Will Need to Wait for Final Fitness Determination**”. This occurs when something is discovered during the preliminary background investigation that is of concern and/or is unclear. Due to this issue, OPM will not make an enter-on-duty determination until the final investigation results are received. The final fitness determination can sometimes take several months. Until the final results are received, the individual is not authorized to work on GSA contracts, even under escort. The contract company, under consultation with the GSA RO, may need to consider selecting another applicant to work on the GSA contract, if the work they were scheduled to perform will begin soon.
3. A **SAC determination** is typically received within a few days of the applicant submitting all the required information. The SAC determination allows access for only 6 months. If an individual changes from one contract to another, a new CIW is always required.
4. A **final fit determination** will be provided by OPM for all Tier 1 or above investigations. This allows the individual to work continuously on GSA contracts without expiration, provided there is no break in service of greater than 2 years. If an individual changes from one contract to another, a new CIW is always required.
5. In the event an applicant cannot be found suitable to access GSA facilities, a **final unfit** notification will be provided by OPM. This notification will be sent to Zonal Help Desk, applicant, prime vendor POC, and GSA requesting official. An individual receiving this determination cannot work in any GSA facility even under escort. The applicant cannot reapply for a new investigation for a period of 1 year and there is no appeal process.

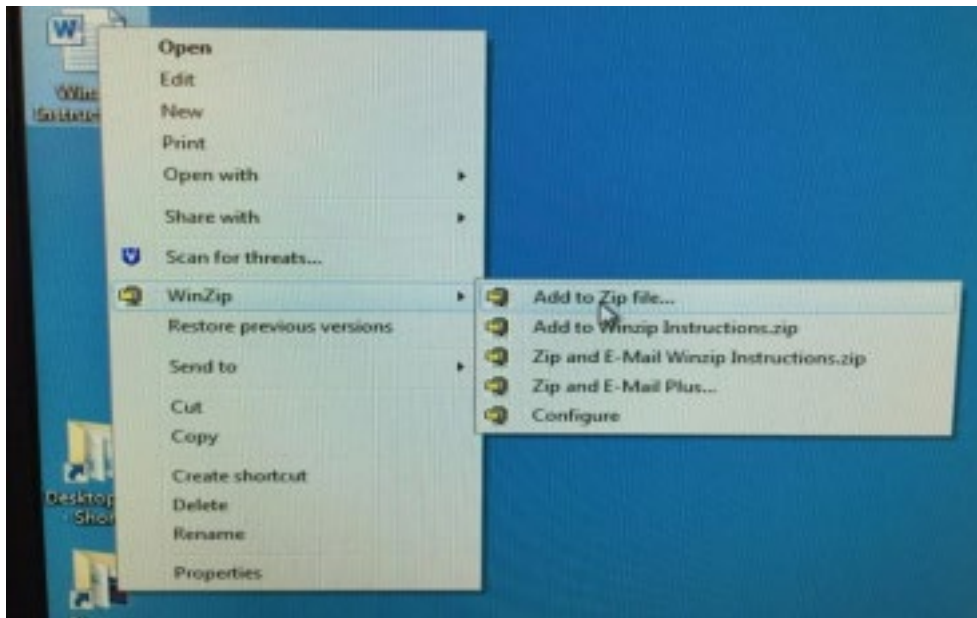
Note: The Zonal Help Desk, applicant, prime vendor POC, and GSA requesting official will receive all of the above fitness determination notifications via e-mail.

Terms and Acronyms

CIW--Contractor Information Worksheet (Form
850) CO--Contracting Officer
COR--Contracting Officer's Representative
DOB--Date of Birth
EOD--Enter on Duty Determination
GAC--GSA Access Card
Report GQ--Golden Questions
HSPD-12--Homeland Security Presidential Directive
12 IT--Information Technology
IO--Initial Only
MSO--Managed Service Office
OF 306--Declaration for Federal Employment
OMA--Office of Mission Assurance
OPM--Office of Personnel Management
PII--Personally Identifiable Information
PIV card--Personal Identity Verification card
PM--Project Manager
POC--Point of Contact
RO--Requesting Official
SAC--Special Agreement Check
SF--Standard Form
SSN--Social Security Number

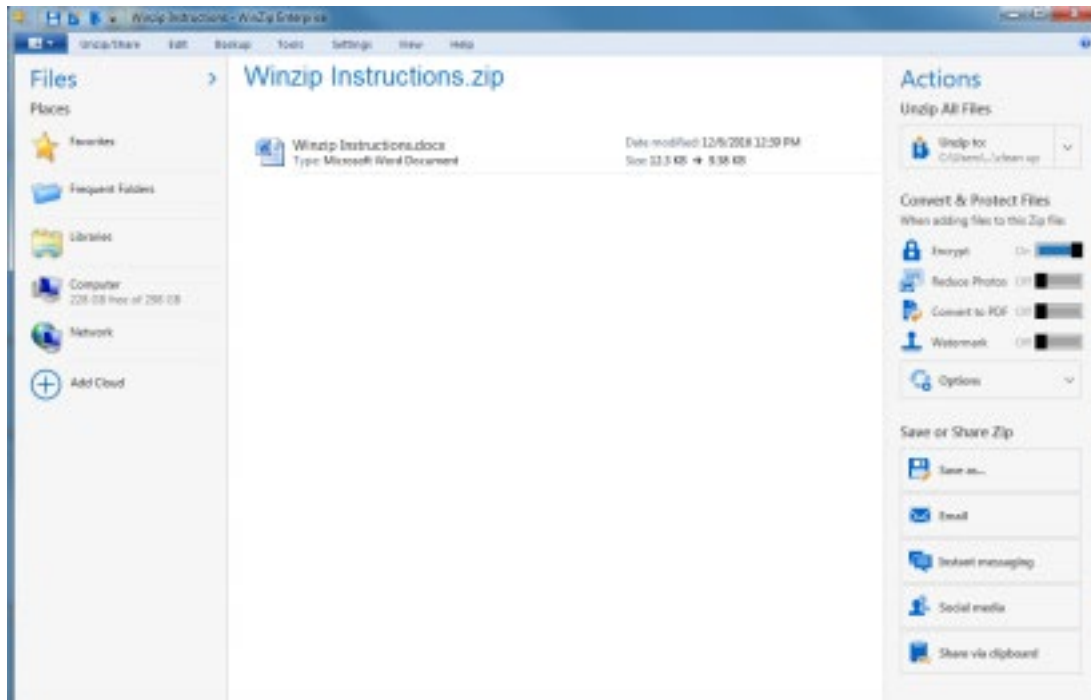
Attachment 1, How to Encrypt Documents Using WinZip

1. Right click on the document you want to zip.
2. Click on WinZip then Add to Zip file.

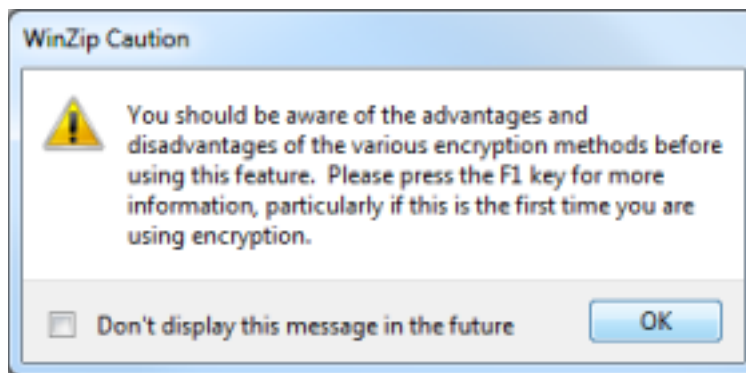
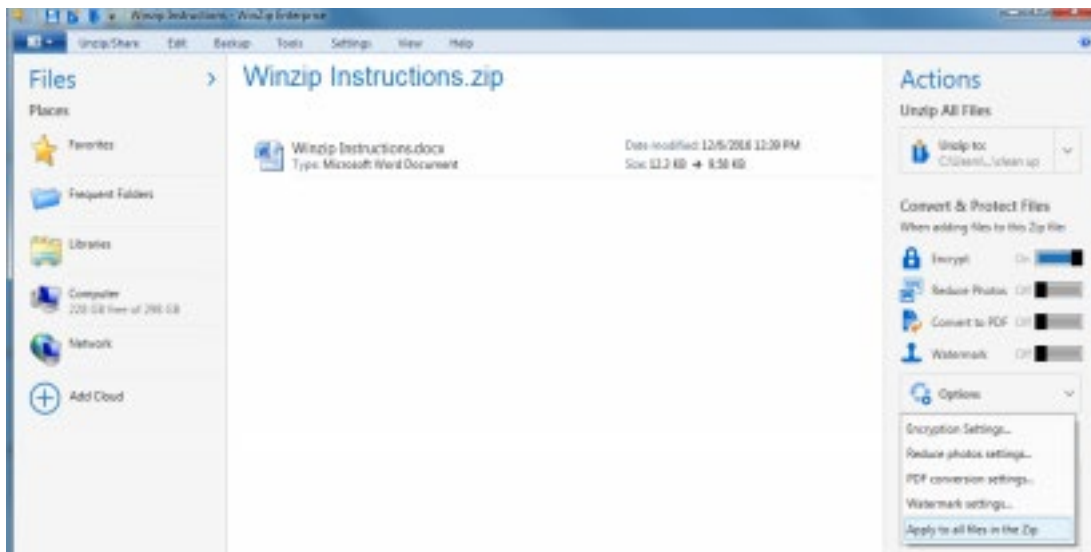


3.

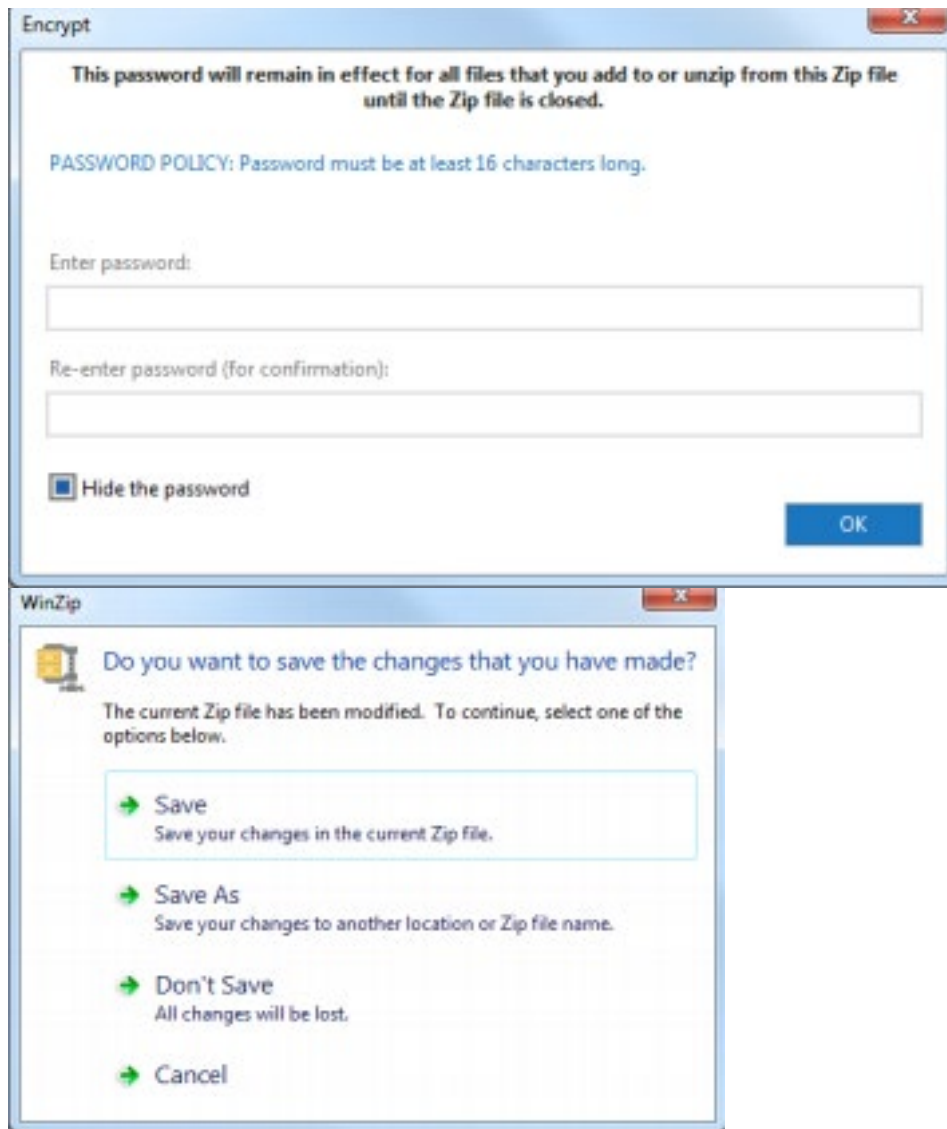
Open the zip file wherever it is saved. Switch the Encrypt button to on.



4. Click on Options and select Apply to all files in the Zip.



5. Click Ok to continue. Then create a password and input it into the appropriate blocks. This password must be emailed to the Zonal Help Desk in an email separate from the encrypted documents.



6. Click Save and you are finished.

Attachment 2, Completing the eAPP

1. If you have previously completed an eAPP questionnaire, use the username and password you configured in eApp. If you cannot remember the information or need it reset, contact the help desk for assistance. Go to <https://myinvestigation.nbis.mil/subjectportal/> to login and complete your application.

OR

- a. You will receive two emails from NBIS, one with a user ID and the other with a temporary password. The email will contain the link to eAPP.
 - b. You will sign in using the user ID provided in the first email and the temporary password provided in the second email.
 - c. You will then create a new password after entering your Social Security Number and Date of Birth.
 - d. Once you have created your new password, you will sign in with your user ID and password. For each eAPP login, you will receive an email containing a one-time passcode to use to confirm your identity.
 - e. Complete the online application as soon as possible to avoid delays.
 - f. After completing and releasing your eAPP, the review process will start.
-
1. Applicant then begins entering all their information as requested in the application by following the onscreen instructions to complete the eApp questionnaire. They must use the save function often and answer all applicable questions. (When inputting verifiers, they must use complete mailing addresses (Ave, Blvd, St, etc.) and phone numbers. the employment section, they must not use the button that says
 - a. “supervisor same as employer” as they must list their supervisor’s name, address, and phone number). If they encounter validation errors, they must be resolved before the process can be completed.

NOTE: If an applicant was born overseas of US parents, follow these instructions: under item 7a, check the block, I am a US citizen, but I was NOT born in the US. Then answer items 7b and 7c. Item 7b, provide your mother’s maiden name. Item 7c, indicate what documentation for foreign birth of US citizen was provided: Consulate Birth Abroad document (FS240, FS545, or DS1350) if your birth was registered with the State Department and you were provided

one of these forms, provide the following pieces of information: date the form was prepared and give an explanation if needed. Citizenship Certificate (DHS) if your birth was registered with Homeland Security and this certificate was provided to you, then you will need to provide the following piece of information: where certificate was issued; city; state; certificate #; and month/day/year of issue. If the subject is unsure of what was issued and they hold or have held a US passport, provide that information in section 7c. OPM will verify the passport number with the State Department.

Entering Data and Validating Errors

6. Applicant continues following the instructions in the application to ensure these errors are corrected. If the information is correct, press continue to go to the next screen. After they have completed filling in all the required information, click on Continue. If they log off without completing the eApp questionnaire, and return at a later time, they will be able to resume where they left off.

Certifying Their Answers

7. Once they have input all of the required application data and reviewed the archival copy they select "Certify Investigation Request". Then they must electronically sign their signature pages by selecting "Signature Forms" link. To do this, they will need to select "Yes" next to "Do you agree to utilize the click-to-sign functionality on all relevant forms" and then re-enter their eApp password and select "Continue". The final step is to select the "Click Here to Sign" link in the signature block.
8. **The next steps in the process are imperative.** If not properly completed, these steps **will** delay and/or cause their investigation to be rejected. Any corrections and/or write-overs on these forms will not be accepted; the forms must be signed and dated very carefully. Then forms must be reviewed prior to submission to ensure that **all** required information is included. The full name on all these forms must be the same as that on their photo ID. Social security number must also match on all the documents.

Release Request to Agency

10. The last step is very important, as their investigation will not begin until they have released their application. They do this by selecting "Release Request/Transmit to Agency" to finalize their eApp questionnaire. **Make sure they have completed their fingerprint/enrollment process before they "Release Request/Transmit to Agency"** to complete their eApp application.

Attachment 3, Example Email for SAC Applicants

SUBJECT: GSA Special Agreement Check (SAC) Fitness Determination Applicant Instructions (less than 6 month)--APPLICANT NAME

You are not allowed to work on any GSA project until you receive your favorable SAC determination.

You will be receiving a fingerprint enrollment scheduling instructional email from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov. If you do not receive this email, please follow instructions below:

1. Schedule an enrollment appointment at the nearest "SHARED" USAccess Credentialing Center and complete the fingerprint enrollment process as soon as possible at <https://portal.usaccess.gsa.gov/scheduler>, by single clicking on "Click to Schedule".
2. Bring two valid and non-expired forms of ID to enroll for your USAccess credential. Two forms are required to validate your identity, one of which must be a government issued photo ID.
3. Your first and last names MUST match that submitted on your CIW. To review a complete list of acceptable forms of IDs, please go to the following link: <http://www.fedidcard.gov/viewdoc.aspx?id=109>.
4. If you receive an email from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov stating that you do not need to enroll due to your previous enrollment, please email accesscard@gsa.gov to let us know that you have already gone through the fingerprinting process.
5. If you are over 100 miles from a MSO USAccess Shared Credentialing Station, please email your Zonal Help Desk to determine how to best complete your fingerprinting process.

GSA ZONE and HELP DESK SUPPORT is available via e-mail or telephone Monday through Friday (*except holidays*), from 7 a.m. until 4 p.m.

Attachment 4, Example Email for Tier 1, 2 and 4 Applicants


**SUBJECT: Fitness Determination Applicant Instructions (Tier 1, 2, and 4)--
APPLICANT NAME**

The Homeland Security Presidential Directive 12 (HSPD-12) requires all United States Federal contractors who will be gaining physical access to federally controlled facilities and/or logical access to federally controlled information systems to successfully complete a background investigation check.

You are not allowed to work on any GSA project until you receive your favorable enter-on duty determination.

You will receive several emails from this point forward.


The first email is from the GSA Managed Service Office's (MSO) USAccess program via HSPD12Admin@usaccess.gsa.gov. This email explains the fingerprint scheduling and enrollment process.

 The next set of emails will explain how to login to the eApp

GSA ZONE and HELP DESK SUPPORT is available via email or telephone Monday through Friday (*except holidays*), from 7 a.m. until 4 p.m.

Attachment 5, Requesting Official Contractor Approval List

(Rev. 5/17)

Requesting Official Contractor Approval List												
	GSA Requesting Official: <input style="width: 100%;" type="text"/>				Contract/TO/DO/RWA # <input style="width: 100%;" type="text"/>			Office Symbol: <input style="width: 100%;" type="text"/>				
	Phone: <input style="width: 100%;" type="text"/>				Vendor Prime: <input style="width: 100%;" type="text"/>			Version Date: <input style="width: 100%;" type="text"/>				
	E-Mail: <input style="width: 100%;" type="text"/>				Prime POC: <input style="width: 100%;" type="text"/>							
					POC E-Mail: <input style="width: 100%;" type="text"/>							
<p>The names provided below are contractors proposed by the vendor to work on the contract listed above. The GSA Requesting Official will submit this list to the Zonal Help Desk, as approval to begin the investigation process for each person listed, upon receipt of a CIW. This list is not an indication that these individuals have completed the required investigation process, and is not to be used for building access.</p>												
Completed by Prime Vendor										Completed by RO		
Full Legal Name				Individual Specific				Escorting			Credentialing	
Last Name	First Name	Middle Name	Suffix	Position Title	Project (Start-Finish)	Date Removed from Project	Subcontractor Name	Name of Escort	Start Date	End Date	Investigation Type	GAC/PIV

Attachment 6, Contractor Information Worksheet
<https://insite.gsa.gov/employee-resources/safety-and-security/background-investigation-access-card-process/hspd12-contractor-forms>

CONTRACTOR INFORMATION WORKSHEET v1 <i>(For Official Use Only)</i>					OMB Control Number: 3090-0283 Expiration Date: 9/30/2025	
Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0283. We estimate that it will take 15 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.						
1. Contract Employee Information – To be completed by Contractor						
Full Last Name(s) (Family) Click here to enter text.		Full First Name (Given) Click here to enter text.		Full Middle Name (or NMN if none) Click here to enter text.	Suffix Choose an item.	Gender Choose an item.
Social Security Number Click here to enter text.	Date of Birth Enter Date Of Birth	Place of Birth (City) Click here to enter text.	Place of Birth (Country) Choose an item.		Place of Birth: U.S. State Choose an item.	Place of Birth: Mexico (State) /Canada (Province) Choose an item.
Home Street Address Click here to enter text.			Street Address (Line 2) Click here to enter text.			
City Click here to enter text.	Country Choose an item.		U.S. State Choose an item.	Mexico (State)/Canada (Province) Choose an item.		ZIP Code Click here to enter text.
Phone Number (Work Cell) Click here to enter text.		Phone Number (Work Number) Click here to enter text.	Personal E-Mail Address Click here to enter text.		Position (Job) Title Click here to enter text.	
Prior Investigation Choose an item.	Approximate Investigation Date Click here to enter a date.	Agency Adjudicated Prior Investigation Click here to enter text.		U.S. Citizen Choose an item.		
Non-U.S. Citizens Only: U.S. Port of Entry City and State Click here to enter text.	Non-U.S. Citizens Only: Date of Entry Click here to enter a date.	Non-U.S. Citizens Only: Less than 3 Years U.S. Resident Choose an item.	Non-U.S. Citizens Only: Alien Registration Number Click here to enter text.		Country of Citizenship Choose an item.	
2. Contract Information – To be completed by GSA Requesting Official						
Company Name (Primary) Click here to enter text.		Company Name (Subcontractor) if Applicable Click here to enter text.	Data Universal Numbering System (DUNS) Number: Click here to enter text.	Task Order (TO)/Delivery Order (DO) Number (Enter Contract Base Number if TO/DO is Not Applicable) Click here to enter text.		
Contract Number Type Choose an item.		Contract Start Date Click here to enter a date.	Contract End Date Click here to enter a date.	Has Option Years Choose an item.	Number of Option Years Choose an item.	
Company Point of Contact (POC) First Name Click here to enter text.		Company Point of Contact (POC) Last Name Click here to enter text.	Point of Contact (POC) Phone Number (Work Number) Click here to enter text.		Point of Contact (POC) E-Mail Address Click here to enter text.	
Alternate Company Point of Contact (POC) First Name Click here to enter text.		Alternate Company Point of Contact (POC) Last Name Click here to enter text.	Alternate Point of Contact (POC) Phone Number (Work Number) Click here to enter text.		Alternate Point of Contact (POC) E-Mail Address Click here to enter text.	
Alternate Company Point of Contact (POC) First Name Click here to enter text.		Alternate Company Point of Contact (POC) Last Name Click here to enter text.	Alternate Point of Contact (POC) Phone Number (Work Number) Click here to enter text.		Alternate Point of Contact (POC) E-Mail Address Click here to enter text.	
Alternate Company Point of Contact (POC) First Name Click here to enter text.		Alternate Company Point of Contact (POC) Last Name Click here to enter text.	Alternate Point of Contact (POC) Phone Number (Work Number) Click here to enter text.		Alternate Point of Contact (POC) E-Mail Address Click here to enter text.	
Alternate Company Point of Contact (POC) First Name Click here to enter text.		Alternate Company Point of Contact (POC) Last Name Click here to enter text.	Alternate Point of Contact (POC) Phone Number (Work Number) Click here to enter text.		Alternate Point of Contact (POC) E-Mail Address Click here to enter text.	
3. Reimbursable Work Authorizations (RWA) / Interagency Agreement (IAA) (if Applicable) – To be completed by GSA Requesting Official						
RWA/IAA Number Click here to enter text.			Agency Click here to enter text.			
4. Project/Work Location Information (Government site where contractor is working) – To be completed by GSA Requesting Official						
GSA Building Number (Building Number Search) Click here to enter text.			Other Choose an item.			
Contractor Type (Definitions on Page 2) Choose an item.		American Recovery and Reinvestment Act (ARRA) Long Term Contractor Not Applicable	Major Sponsoring Organization Choose an item.	Sponsoring Office Symbol Click here to enter text.	GSA Region Choose an item.	

GSA 850 (REV. 10/2019)

5. Type of Investigation Requested – To be completed by GSA Requesting Official					
Investigation Type Request Choose an item. Note: National Security positions are processed by GSA Personnel Security (CIS)			Homeland Security Presidential Directive (HSPD 12) Card Required? Choose an item.		
8. GSA Requesting Official Information – To be completed by GSA Requesting Official					
Last Name Click here to enter text.	First Name Click here to enter text.	Middle Name or (NMN) if none Click here to enter text.	E-Mail Address Click here to enter text.	Work Phone Number Click here to enter text.	Is PM/COR/CO/CS Choose an item.
Alternate Last Name Click here to enter text.	Alternate First Name Click here to enter text.	Middle Name or (NMN) if none Click here to enter text.	Alternate E-Mail Address Click here to enter text.	Alternate Work Phone Number Click here to enter text.	Is PM/COR/CO Choose an item.
Alternate Last Name Click here to enter text.	Alternate First Name Click here to enter text.	Middle Name or (NMN) if none Click here to enter text.	Alternate E-Mail Address Click here to enter text.	Alternate Work Phone Number Click here to enter text.	Is PM/COR/CO Choose an item.
Alternate Last Name Click here to enter text.	Alternate First Name Click here to enter text.	Middle Name or (NMN) if none Click here to enter text.	Alternate E-Mail Address Click here to enter text.	Alternate Work Phone Number Click here to enter text.	Is PM/COR/CO Choose an item.
Alternate Last Name Click here to enter text.	Alternate First Name Click here to enter text.	Middle Name or (NMN) if none Click here to enter text.	Alternate E-Mail Address Click here to enter text.	Alternate Work Phone Number Click here to enter text.	Is PM/COR/CO Choose an item.

INSTRUCTIONS

Applicability of Contractor Information Worksheet

Use this Contractor Information Worksheet for all GSA contractors, located at <http://www.gsa.gov/forms>.

Contractor Type Definitions (Any GSA Service or Office May be Associated with Building Support, Embedded Contractors):

- **Building Support:** Building maintenance or construction support contractor
- **Embedded:** "Side-by-side" or white collar contractor providing business services, and may have staff-like access to GSA space and IT systems
- **External:** Does not access GSA building or IT systems but requires a check or investigation
- **Child Care:** Child care worker

GSA Region Options: Region 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, NCR (National Capital Region) (11), or CO (Central Office)

Transmitting the Contractor Information Worksheet

Do not save completed forms on your workstation. Per GSA requirements:

- If Personally Identifiable Information (PII) needs to be transmitted over the Internet, it must be sent using encryption methods defined in GSA Order CIO 2100.1L CHGE 1 GSA Information Technology (IT) Security Policy.
 - All passwords must be encrypted in storage.
 - All sensitive information, such as PII, as deemed by the data owner, which is transmitted outside the GSA firewall, must be encrypted. Certified encryption modules must be used in accordance with FIPS PUB 140-2, "Security requirements for Cryptographic Modules."
 - When using password generated encryption keys, a password of at least 8 characters with a combination of letters, numbers, and special characters is required. A password of at least 12 characters is recommended.
 - Systems implementing encryption must follow the key management procedures and processes documented in CIO IT Security Procedural guide 09-43 Rev. 3, "Key Management."
- If PII needs to be emailed within the GSA network, please use Google E-Mail. For additional protection the information also can be encrypted as described in Chapter 5, Paragraph 7 of this IT security policy.
- If PII needs to be sent by courier, printed, or faxed several steps should be taken. When sending PII by courier mark "signature required" when sending documents. This creates a paper trail in the event items are misplaced or lost. Don't let PII documents sit on a printer where unauthorized employees or contractors can have access to the information. When faxing information use a secure fax line. If one is not available, contact the office prior to faxing so they know information is coming and contact them after transmission to ensure they received it. For each event the best course of action is limit access of PII only to those individuals authorized to handle it, create a paper trail, and verify information reached its destination.

Submission Information

Check with your GSA regional point of contact for instructions on how to submit the completed form.

Privacy Act Notice

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information is authorized by the Federal Property and Administrative Services Act of 1949, as amended, and Part III of Title 5, U.S.C; E.O. 9397. Disclosure of the information is voluntary. This form will be used as a means to prepare and issue a credential or pass. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions, or pursuant to a request by GSA or such other agency in connection with the firing or retention of an employee, the issuance of a security clearance, the investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit. If the individual does not provide some or any part of the requested information, the employee will not be issued a credential and will not be allowed to enter a GSA-controlled building after normal hours or when the building is under security.

Attachment 7, OF306—Declaration for Federal Employment SAC only

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

General Information

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. SOCIAL SECURITY NUMBER

3a. PLACE OF BIRTH (Include city and state or country)

3b. ARE YOU A U.S. CITIZEN?
 YES NO (If "NO", provide country of citizenship)

4. DATE OF BIRTH (MM / DD / YYYY)

5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)

6. PHONE NUMBERS (Include area codes)
 Day
 Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959? YES NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? YES (If "YES", provide information below) NO
 If your only active duty was training in the Reserves or National Guard, answer "NO."
 If you answered "YES," list the branch, dates, and type of discharge for all active duty.

Branch	From (MMDD/YYYY)	To (MMDD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. YES NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved. YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. YES NO

U.S. Office of Personnel Management
 5 U.S.C. 1302, 3301, 3304, 3326 & 8716

Optional Form 306
 Revised August 2023
 Previous editions obsolete and unusable

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/> (MM / DD / YYYY)	Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY <input style="width: 100%; height: 20px;" type="text"/>
17b. Appointee's Signature: <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/> (MM / DD / YYYY)	

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? Date:
(MM / DD / YYYY)

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

Attachment 8, SF85 Worksheet

Standard Form 85
 Revised November 2021
 U.S. Office of Personnel Management
 5 CFR parts 731 and 736

Form approved:
 OMB No. 3206-0261

Office of Personnel Management
 Questionnaire for Non-Sensitive Positions, SF 85

<p>Questionnaire for Non-Sensitive Positions <i>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.</i></p> <p>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 17 and 20, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.</p>
<p>Purpose of this Form This form will be used by the United States (U.S.) Government in conducting background investigations and reinvestigations of persons under consideration for, or retention of, non-sensitive low risk positions as defined in 5 CFR 731. It is also used for determining fitness of individuals under consideration for, or retention in positions in the excepted service when the duties to be performed are equivalent to a low risk position. This form may also be used by agencies in determining whether a subject should be issued a Federal credential for access to federally controlled facilities and information systems. For applicants, this form is to be used only after a conditional offer of employment has been made, unless OPM has provided for an exception. This form is not to be used for National Security sensitive positions.</p> <p>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 position or your ability to obtain or retain Federal or contract employment, 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 positions, physical and/or logical access required to perform duties, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, or prosecution.</p> <p>This form may become a permanent document that may be used as the basis for future investigations, determinations of 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 questionnaires.</p> <p>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.</p>
<p>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 13764, 13741, 10577, 13467, and 13488, as amended; sections 3301, 3302, 7301, and 9101 of title 5, United States Code (U.S.C.); parts 2, 5, 6, 731, and 736 of title 5, Code of Federal Regulations (CFR), Homeland Security Presidential Directive (HSPD) 12, and Federal information processing standards.</p> <p>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 13478.</p>
<p>The Investigative Process Background investigations for non-sensitive positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and will not present an unacceptable risk. The information that you provide on this form and your Declaration for Federal Employment (OF 306) may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file and a credit report is required by the agency requesting your investigation, then we may not be able to complete your investigation, which can adversely affect your eligibility for positions, physical and/or logical access required to perform duties, or your ability to obtain Federal or contract employment. To avoid such delays, you must request that the consumer reporting agencies lift the freeze in these instances.</p> <p>In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable or trustworthy, or poses an unacceptable risk to the life, safety, or health of employees, contractors, vendors or visitors to a Federal facility; the Government's physical assets or information systems; personal property; records, or, the privacy of the individuals whose data the Government holds in its systems. After an eligibility determination is made, you may also be subject to reinvestigations to ensure your continuing suitability for employment.</p> <p>The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.</p>
<p>Your Personal Interview Some investigations may include an interview with you as needed as 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. If contacted, it is imperative that the interview be conducted as soon as possible after contact is made by the investigator. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.</p> <p>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.</p>
<p>Instructions for Completing this Form</p> <ol style="list-style-type: none"> 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. 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. 6. For telephone numbers in the U.S., ensure that the area code is included. 7. All dates provided in this form must be in Month/Day/Year or Month/Year format. The month and day should be entered as a two character numbers (i.e., 01 for January and 29 for 29th day of the month). The year should be entered as a four character number (i.e., 1978 or 2001). 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 "Estimated" box.
<p>Final Determination on Your Eligibility Final determination on your eligibility for a position and/or physical or logical access to federal facilities and information is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may 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, and sexual orientation, when making determinations of eligibility for non-sensitive positions, physical and/or logical access required to perform duties.</p>
<p>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, 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 are better if you answer all questions truthfully and completely. You will have a adequate opportunity to explain any information you provide on this form and to make your comments part of the record.</p>

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), or removal and debarment from Federal Service.	YES	NO

Agency Use Block "AUB"

Investigating agency user only	Codes: (FIPC CODES)	Case Number:
<p>For Competitive Service initial appointments only: As a reminder, agencies are responsible for reviewing information provided on the OF 306, resume, and other documentation provided as part of the hiring process to identify possible discrepancies with information provided on the standard form questionnaire. Agencies must notify their Investigative Service Provider of any discrepancies that may exist between the forms, and request resolution of the conflict through the investigation process. In this situation the discrepant documents must be forwarded with the questionnaire to OPM for Action.</p>		
A - Type of Investigation	B - Extra coverage / advanced results	C - Risk level
D - Nature of action code	E - Date of action	F - Geographic location
H - Position title	I - SON (Submitting Office Number)	G - Position code
J - Location of Official Personnel Folder	None NPRC At SON e-OPF Other	Other address / web address of e-OPF
K - SOI (Security Office Identifier)		Zip Code
L - Location of Security Folder	None NPI At SOI Other	Other address
M - IPAC	N - TAS	O - Obligating document number
		P - BETC
R - Investigative requirement	Initial Reinvestigation	S - Requesting Official: Name, Title, Signature, Email Address, Telephone, Date
T - Secondary Requesting Official: Name, Title, Email Address, Telephone Number		
U - Applicant Affiliation	FED CIV CON MIL Other	
V - Deployment/PCS (if Imminent):		
From Est.-To Dates, Est., Permanent Relocation, Reason(s) for temporary duty assignment or PCS, point of contact at location, Telephone number (Include Ext.), Address/Unit/Duty location (Include City or Post Name)		
Agency Special Instructions for the Investigative Service Provider:	Cage Code	Contracting Number

Branch Citizenship Naturalization U.S Citizen	You answered that you are a naturalized U.S. citizen.				
	Provide the date of entry into the U.S.			Date - - - Estimated <input type="checkbox"/>	
	Provide the location of entry into the U.S.			City State	
	Provide country(ies) of prior citizenship.			Country (Allows for Multiples)	
	Do/did you have a U.S. alien registration number? YES NO				
	Branch If Yes		Provide your U.S. alien registration number on Certificate of Naturalization-utilize USCIS, CIS, or INS registration number, I-551, I-766.		Alien Registration Number (Free Text)
	Provide your Certificate of Naturalization number (N550 or N570).			Certificate of Naturalization Number (Free Text)	
	Provide the name of the court that issued the Certificate of Naturalization			Court (Free Text)	
	Provide the address of the court that issued the Certificate of Naturalization				
	Street		City	State	Zip
	Provide the date the Certificate of Naturalization was issued.			Date - - - Estimated <input type="checkbox"/>	
	Provide the name in which the Certificate of Naturalization was issued.			Last name:	First name:
				Middle name:	Suffix
Provide the basis of naturalization. - Based on my own individual naturalization application, - Other (Provide explanation)				Explanation	
Branch Citizenship Derived	You answered that you are a derived U.S. citizen.				
	Provide your alien registration number (on Certificate of Citizenship — utilize USCIS, CIS or INS registration number)				Alien Registration Number (Free Text)
	Provide your Permanent Resident Card number (I-551) Permanent Resident Card number (I-551) (Free Text)				
	Provide your Certificate of Citizenship number (N560 or N561) Certificate of Citizenship number (N560 or N561) (Free Text)				
	Provide the name in which the document was issued. Last name: First name: Middle name: Suffix:				
	Provide the date document was issued Date - - - Estimated				
	Provide the basis of derived citizenship. -By operation of law through my U.S. citizen parent -Other (Provide explanation) Explanation				
Branch Citizenship Not a U.S. citizen	Not a U.S. Citizen				
	Provide your residence status.		Status (Free Text)	Provide your date of entry into the U.S.	Date - - - Estimated <input type="checkbox"/>
	Provide your country (ies) of citizenship. Allow multiple		Provide your place of entry in the U.S.		City (Free Text) State
	Provide your alien registration number. (I-1551, I-766)		Registration Number (Free Text)		
	Provide document expiration date (I-766 ONLY).		Date - - - Estimated <input type="checkbox"/>		
	Provide type of document issued. (I-94, U.S. Visa-red foil number, I-20, DS-2019, etc.)		I-94, U.S. Visa (red foil number), I-20, DS-2019, Other (Provide explanation)		Explanation
	Provide document number:		Document Number (Free Text)		
	Provide the name in which the document was issued.		Last name:	First name:	Middle name: Suffix
	Provide the date document was issued.		Date - - - Estimated <input type="checkbox"/>	Provide document expiration date.	Date - - - Estimated <input type="checkbox"/>
Section 10 – Dual/Multiple Citizenship					
Do you now or have you EVER held dual/multiple citizenships? YES NO					
Branch Dual/Multiple Citizenship (Multiple Entries Allowed)	You answered "Yes" to having EVER held dual/multiple citizenship				
	Provide country of citizenship		During what period of time did you hold citizenship with this country?		
	Provide the date range that you held this citizenship; beginning with the date it was acquired through its termination or "Present," whichever is appropriate.		From Date (Estimated)	To Date (Estimated/Present)	
	How did you acquire this non-U.S. citizenship you now have or previously had?			How (Free Text)	
Branch If Present/Current		Do you currently hold citizenship with this country? YES NO			
Provide explanation:					
Summary of dual/multiple citizenships you have listed: Allow multiple					
Select Country Value		Dates of Citizenship	Actions		
Do you have an additional citizenship to provide?		YES (Yes adds another entry)	NO (Required to validate)		
Section 11 – Where You Have Lived					
List the places where you have lived beginning with your present residence and working back 5 years. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.					
For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.					
Enter residence information. (Multiple Entries Allowed)					
Provide dates of residence.		From Date (Estimated)	To Date (Estimated /Present)		
Is/was this residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other (Provide explanation)				Explanation (Free Text)	

Provide the street address.		Street address and City						
Provide the country if outside the United States; otherwise provide State and Zip Code		State	Zip Code	Country				
Branch Physical Location	You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data:							
	Street Address/Unit/Duty Location:			City or Post Name				
	Provide State for ports in United States, or Country location.			State and Zip Code or Country				
Branch APO/FPO Address	You have indicated an address outside of the United States.							
	Do/did you have an APO/FPO address while at this location? Yes No							
	Branch You have indicated that you have or had an APO/FPO while at this location.							
	Provide APO/FPO address:		Address	APO or FPO	APO/FPO State Code	Zip Code		
Branch Person Who Knew you (if address dates within last 3 years)	Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.							
	Provide the full name:	Last name:	First name:	Middle name:	Suffix			
	Provide your relationship to this person (select all that apply)			Provide date of last contact:				
				Date MM-YYYY_ Estimated <input type="checkbox"/>				
	Provide the following contact information for this person :			Provide daytime phone number for this person:				
	Provide evening phone number for this person:		Number/Extension <input type="checkbox"/> Check box if International or DSN phone number I don't know		Number/Extension <input type="checkbox"/> Check box if International or DSN phone number I don't know			
	Provide cell/mobile phone number for this person:			Number/Extension Time Day Night Both <input type="checkbox"/> Check box if International or DSN phone number I don't know				
	Provide e-mail address for this person:			Email (Free Text) I don't know				
	Provide street address for this person (including apartment number).			Street address City				
	Provide Country if outside the United States; otherwise, provide State and Zip Code			State	Zip Code	Country		
	Branch Physical Location	You have indicated an APO/FPO address; provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. Provide physical location data:						
		Street Address/Unit/Duty Location:			City or Post Name			
		Provide State for ports in United States, or Country location.			State and Zip Code or Country			
	Branch APO/FPO Address	You have indicated an address outside of the U.S.						
Does the person who knew you have an APO/FPO address? YES NO								
Branch If Yes		Provide APO/FPO address:		Address	APO or FPO	APO/FPO State Code	Zip Code	
Do you have an additional residence to report?			YES (Yes adds another entry)		NO (Required to validate)			
Section 12 – Where You Went to School								
Do not list education before your 18th birthday, unless to provide a minimum of two years education history. (Multiple Entries Allowed)								
Have you attended any schools in the last 5 years? YES NO								
Branch If Yes to Attending Schools	Branch If Yes to Receiving Degree	Have you received a degree or diploma more than 5 years ago? YES NO						
		Provide the dates of attendance.		From Date (Estimated)		To Date (Estimated/Present)		
		Select the most appropriate box to describe your school. <input type="checkbox"/> High School <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School						
		Provide the name of the school:				Name (Free Text)		
		Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to Accreditation Records				Street address City		
		Provide Country if outside the United States; otherwise, provide State and Zip Code				State	Zip Code	Country
		For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education						
		Provide the name of person who knows/knew you at school: <input type="checkbox"/> I don't know				Last name:	First name:	Initial Only <input type="checkbox"/> No First Name <input type="checkbox"/>
		Provide current address for this person (including apartment number).				Street City		
		Provide Country if outside the United States; otherwise, provide State and Zip Code				State	Zip Code	Country
		Provide telephone number for this person.				Number/Extension Time Day Night Both <input type="checkbox"/> Check box if International or DSN phone number I don't know		
		Provide email address for this person: <input type="checkbox"/> I don't know				Email (Free Text)		
		Did you receive a degree/diploma? YES NO						
		Branch If Yes to Receiving Degree	Provide type of degrees(s)/diploma(s) received and date(s) awarded:					
Degree/diploma			• High School Diploma		Other degree/diploma			
• Associate's • Bachelor's • Master's • Doctorate • Professional Degree (e.g. MD, DVM, JD) • Other					Other Degree (Free Text)			
Month / Year		Date - - - -		Estimated <input type="checkbox"/>				