

PUBLIC TRUST POSITION

TO REQUEST CERTIFICATION FOR A PUBLIC TRUST POSITION

The candidate must submit the following investigative forms:

1. SF 85P, Questionnaire for Public Trust Positions *(ORIGINAL AND COPY)*
2. SF 87, Fingerprint Charts *(TWO SETS)*
3. Employment Application *(ONE SET)*
4. OF 306, Declaration for Federal Employment *(ORIGINAL COPY)*
5. GSA 3665, Authorization to Obtain Credit Report *(ORIGINAL COPY)*

PART A - CANDIDATE

NAME			SOCIAL SECURITY NUMBER
LAST	FIRST	MI	

PART B - THE PUBLIC TRUST POSITION

POSITION TITLE			OCCUPATION SERIES NUMBER	GRADE
DUTY STATION	CITY	COUNTRY OR STATE		
PUBLIC TRUST POSITION LEVEL <i>(Check one only)</i>			ADP COMPUTER DUTIES	
<input type="checkbox"/> HIGH PUBLIC TRUST		<input type="checkbox"/> MODERATE PUBLIC TRUST		<input type="checkbox"/> Check here if the position includes sensitive ADP-computer duties

PART C - FUNDS INFORMATION

NAME OF FUNDS MANAGER	FUNDS MANAGER CORRESPONDENCE SYMBOL
ACCOUNTING CLASSIFICATION	ACT NUMBER

PART D- REQUESTER CERTIFIES *(Check one only)*

	This person does not hold a certification at this level, or is a GSA employee who is reassigned or promoted from a different position classification series, GSA Region, or GSAC.O. Service or Staff Office. A GSA employee currently certified at this or a higher public trust level does not need to submit investigative forms.
	This person occupies this position, but the public trust level of the position is changed.
	This is a request for periodic reinvestigation of a person in a high public trust position or a law enforcement officer in a moderate public trust position.

REQUESTED BY	SIGNATURE	TITLE	DATE
		CORRESPONDENCE SYMBOL	
THIS REQUEST AUTHORIZED BY	SIGNATURE	HEAD OF C.O. SERVICE OR STAFF OFFICE, REGIONAL ADMINISTRATOR, OR DESIGNEE	DATE