SBA SOP 90 22 5

Investigations Program

Investigations Division
Office of Inspector General



SMALL BUSINESS ADMINISTRATION STANDARD OPERATING PROCEDURE

National

SUBJECT:	S.O.P.		REV
Investigations Program	SECTION	NO.	
	90	22	5

INTRODUCTION

- 1. Purpose. To provide guidelines and procedures regarding the Investigations Division.
- 2. <u>Personnel Concerned</u>. All SBA employees.
- 3. <u>Directives Canceled</u>. SOP 90 22 4.
- 4. Originator. Investigations Division, Office of Inspector General.

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Background Information for SBA Employees

1. What are the Key Functions of the Investigations Division Within the Office of Inspector General (OIG)?

- a. Conducting investigations of possible criminal and serious administrative violations involving SBA programs, program participants, and SBA personnel.
- b. Preventing fraud through employee awareness training.
- c. Identifying program weaknesses and recommending corrective action.
- d. Operating name check and personnel security programs.

2. What is the OIG's Legal Authority for Conducting Investigations?

- a. The Inspector General Act of 1978, as amended, created the Office of Inspector General in SBA. Congress passed the Act as a response to a growing need for agencies to have specially trained units to combat fraud, waste, and abuse.
- b. Unless otherwise specified in a statute, the OIG is responsible for conducting, supervising, coordinating, and/or providing policy direction for all investigative activities within SBA. Legal authority to conduct investigations is conferred on the OIG in three statutes:
 - (1) Inspector General Act of 1978, as amended, Public Law 95-452, 5 U.S.C. App. 3.;
 - (2) Small Business Act, Sec. 5(b)(6) and (11), 15 U.S.C. Sec. 634(b)(6) and (11).; and
 - (3) Small Business Investment Act of 1958, Sec. 310(a), 15 U.S.C. Sec. 687b(a).

3. How is the Investigations Division Organized?

- a. The Assistant Inspector General for Investigations (AIGI) manages and directs the Division's activities and works in Headquarters in Washington, DC. Also in Headquarters are the Deputy Assistant Inspector General for Investigations (DAIGI) and the Director, Headquarters Operations (DHO). The DAIGI assists the AIGI and oversees the Management Information System and the Office of Security Operations.
- b. The DHO is responsible for investigations in the District of Columbia, Maryland, and Virginia and, as supervisor of the chief inspector positions, is in charge of most of the Division's Headquarters staff functions, including preparation of OIG Manual revisions, periodic Division reports, and special projects. Chief inspectors are senior level agents in Headquarters.
- c. Four special agents in charge (SAC), one each in New York, Atlanta, Chicago, and Los Angeles, supervise the special agents in the Investigations Division field offices. Each SAC is responsible for a specific geographic area.
- d. The Director, Office of Security Operations, works in Headquarters and is responsible for conducting criminal record checks on individuals seeking SBA loan assistance and program participation and for coordinating background investigations on SBA employees in certain employment categories. See chapters 5, 6, and 7 for more information

4. What is the Purpose of an OIG Investigation?

- a. The OIG investigators develop facts to either substantiate or refute alleged violations of law. Federal, State, and local prosecutors use OIG investigations as the basis for criminal and civil proceedings; SBA officials often use them as the basis for administrative enforcement actions.
- b. The OIG conducts an investigation to answer the following questions.
 - (1) Has any wrongdoing actually occurred?
 - (2) What laws or regulations have possibly been violated?
 - (3) Who are the possible offenders?
 - (4) Has a weakness in SBA regulations or internal controls permitted the violation to occur or prevented its deterrence?

5. What Issues Does the OIG Investigate?

- a. The OIG investigates allegations of possible criminal violations and other wrongdoing involving SBA programs. The OIG normally initiates investigations in response to allegations or information from a variety of sources, including SBA employees, the public, other agencies, and Members of Congress.
- b. While the subject of an OIG investigation may be an SBA employee, approximately 90 percent of the subjects are applicants or participants in Agency programs. This statistic speaks well of the integrity of SBA employees, and, in fact, many investigations of alleged employee misconduct exonerate the employee.
- c. An OIG investigation most commonly involves one or more of the following violations.
 - (1) False Statements (15 U.S.C. Sec. 645(a) and 18 U.S.C. Sec. 1001) Knowingly making or using a statement or document that is false, fictitious, or fraudulent.
 - (2) **False Claims** (18 U.S.C. Sec. 287) Knowingly presenting a false claim against the United States to any Federal agency.
 - (3) **Misappropriation of SBA Collateral** (15 U.S.C. Sec. 645(c)) With intent to defraud, knowingly concealing, disposing of, or converting to one's own use or that of another property mortgaged or pledged to the SBA.
 - (4) **Bank Fraud** (18 U.S.C. Sec. 1344) Knowingly executing or attempting to execute a scheme to defraud a financial institution.
 - (5) **Bribery** (18 U.S.C. Sec. 210) Giving or promising anything of value to a public official to influence an official act, or, as a public official, accepting or agreeing to accept anything of value to influence an official act.
 - (6) **Conspiracy** (18 U.S.C. Sec. 371) Conspiring with at least one other person to commit an offense against the United States Government.

6. What Does the Investigations Division Do to Educate SBA Employees and Program Participants in the Prevention and Detection of Fraud?

- a. Makes presentations and conducts discussions on what constitutes fraud, what indicators to be alert for, and what actions should be taken.
- b. Disseminates notices and other publications about fraud activity and OIG investigative operations.

c. Notifies SBA management when an investigation reveals a serious systemic deficiency in SBA policies or procedures.

7. Where are OIG Investigations Division Offices Located and What Are Their Geographical Jurisdictions?

FIELD OFFICE	JURISDICTION
Washington, DC Field Office	District of Columbia, Maryland, and Virginia.
New York City Field Office Philadelphia Post of Duty Syracuse Post of Duty	Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, and West Virginia.
Atlanta Field Office Dallas Post of Duty Houston Post of Duty	Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas.
Chicago Field Office Denver Post of Duty Kansas City Post of Duty Seattle Post of Duty	Alaska, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, and Wyoming.
Los Angeles Field Office San Francisco Post of Duty	Arizona, California, Guam, Hawaii, and Nevada.

Process for Referring Matters to the Investigations Division

1. What Kinds of Matters Should I Refer?

You should refer any misconduct that you consider criminal or a violation of the Standards of Conduct. See paragraph 1-5 for examples of violations which the Investigations Division investigates.

2. How Do I Make a Referral?

In any of three ways.

- a. Call the OIG Fraudline at 1-800-767-0385.
- b. Write to:

U.S. Small Business Administration Assistant Inspector General for Investigations 409 3rd Street, SW. Washington, DC 20416-4113

c. Visit, write, or call the Investigations Division, Office of Inspector General, at any of the following offices.

Washington, DC

409 3rd Street, SW. 5th Floor Washington, DC 20416-4113 (202) 205-6226

Atlanta, Georgia

1720 Peachtree Street, NW. Suite 900 Atlanta, GA 30309-2479 (404) 347-2326

Los Angeles, California

P.O. Box 670 Glendale, CA 91209-0670 (818) 552-3239

Effective Date: January 6, 1999

New York, New York
Jacob K. Javits Federal Building
26 Federal Plaza, Room 41-100
New York, NY 10278
(212) 264-7615

Chicago, Illinois 500 West Madison Street Suite 3370 Chicago, IL 60661 (312) 353-4467

<u>Dallas, Texas</u> 4300 Amon Carter Blvd. Suite 116 Ft. Worth, TX 76155 (817) 334-5939

3. Houston, Texas

9301 Southwest Freeway Suite 365 Houston, TX 77074-1591 (713) 773-6509

Denver, Colorado 633 17th St., 7th Floor Denver, CO 80202 (303) 391-6992

Kansas City, Missouri 323 West 8th St.- Room 305 Kansas City, MO 64105 (816) 374-6590

Philadelphia, Pennsylvania Curtis Center, Rm 860B-West 625 Walnut Street Philadelphia, PA 19106 (215) 597-3850

San Francisco, California 455 Market St., 6th Floor San Francisco, CA 94105-2445 (415) 744-6815 <u>Seattle, Washington</u> 1200 Sixth Ave., Suite 1807 Seattle, WA 98101-1128 (206) 553-6674

Syracuse, New York 401 S. Salina Street Fifth Floor Syracuse, NY 13202 (315) 471-9382

4. What Information Do I Need to Provide?

- a. In your referral, specify, if possible:
 - (1) What occurred;
 - (2) Why it is or appears to be illegal or improper;
 - (3) When and where the activity took or will take place;
 - (4) Who is involved (names, occupations, addresses, etc.);
 - (5) The dollar amount involved, if applicable (e.g., amount of loan or value of converted collateral);
 - (6) Who can confirm the allegation; and
 - (7) Who can provide more information.
- b. You should also provide copies of any documents which tend to support your statements.

5. May I Request Confidentiality?

You may request confidentiality; if granted, the Investigations Division will not reveal your identity to the extent possible to comply with the Inspector General Act and the Privacy Act. If the Investigations Division must reveal your identity, you will be notified in advance.

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6. When Making Referrals, Do I Have to Go Through the Chain of Command?

You do not. You can if you want to, but it is not required.

7. How Does the OIG Evaluate My Referral?

The Investigations Division considers the following factors when deciding whether to open an investigation:

- a. The nature of the alleged violation;
- b. The potential subject (age, health, criminal history, motive, etc.);
- c. The amount of actual or potential loss to the Government;
- d. Any prior record of the subject in OIG case files;
- e. The elements of proof available;
- f. The credibility of witnesses;
- g. The criteria for prosecution by the U.S. Attorney's office or local prosecutor; and
- h. The Division's existing priorities, commitments, and resources.

8. What Happens if the OIG Decides Not to Investigate?

- a. The OIG Investigations Division will maintain the information you provide for possible future use. The Investigations Division maintains an automated cross reference system, so that information can easily be retrieved at a later date.
- b. In many instances where the Investigations Division decides that it will not investigate a matter, the Division will forward the referral to another SBA function (e.g., Finance, Minority Enterprise Development, or OIG Auditing Division) or another Federal agency (e.g., FBI or Secret Service).

What Happens During an Investigation?

1. What is the Investigative Process?

- a. An investigation is the gathering and analyzing of probative information to resolve an allegation or complaint. There is no single plan or formula for conducting investigations; each investigation is unique. Special agents may:
 - (1) Interview witnesses and subjects;
 - (2) Obtain affidavits;
 - (3) Review documentary evidence;
 - (4) Gather forensic evidence for expert examination;
 - (5) Serve subpoenas;
 - (6) Execute search and arrest warrants; and
 - (7) Testify before judicial or administrative proceedings.
- b. Special agents conduct investigations in accordance with the policies and procedures set forth in the Federal Rules of Criminal Procedure, the Quality Standards for Investigations established by the President's Council on Integrity and Efficiency, and guidelines set forth in the OIG Manual.
- c. Special agents also conform to the requirements of the Privacy Act (5 U.S.C. Sec. 552a) in that they may gather and disclose information only for official, lawful purposes.

2. What Information Must I Provide During an Investigation?

As an employee, you must cooperate with the investigating agent and provide to the best of your ability any information or documents requested. A non-employee is not bound by the same requirement; however, the OIG has authority to issue a subpoena to obtain information or documents.

3. What are My Rights As an Employee if I Am the Subject of an Investigation?

If you are the subject of a criminal investigation, a special agent may advise you of your Fifth Amendment right to refuse to respond to questions, a right you possess as the subject of a criminal investigation even if you are not so advised. In all civil and administrative investigations and criminal investigations where you are not the subject, you must respond to an agent's questions and provide a written statement if requested to do so.

4. Does the Investigations Division Work With Other Law Enforcement Offices?

Yes, quite often. The OIG special agents may work jointly with one or more agencies on an investigation. The Investigations Division also refers information to another law enforcement agency when a possible violation would fall under that agency's jurisdiction.

After an Investigation is Complete

1. What Happens When the OIG Completes an Investigation?

When an investigator completes all the investigative steps, he/she generally prepares a written report summarizing the facts developed during the investigation. An OIG investigative report does not contain any recommendations; it merely recounts the evidence in an objective way.

2. How Does the OIG Use an Investigation Report?

The OIG investigation reports can provide the basis for criminal, civil, or administrative enforcement action. An investigation report does not always lead to a criminal prosecution.

3. Who Gets the Results of an OIG Investigation?

a. Criminal action.

When an investigation develops evidence of a criminal violation, the OIG refers the investigative results to the Department of Justice (DOJ) or to State prosecutors for their review and use in criminal prosecution. If a prosecution leads to a conviction, the court can sentence an individual or company to imprisonment or probation, levy fines, or require restitution.

b. Civil action.

The OIG may refer investigative results to the DOJ for review and use them in civil actions to recover funds for the Government. The DOJ can file a civil action at any time:

- (1) After it rules out a criminal action;
- (2) While it prosecutes a criminal action; or
- (3) After it completes a criminal action.

c. Administrative action.

The OIG may give a report of investigation to SBA officials for their use in evaluating existing procedures or determining whether to take administrative action against an employee or program participant. Administrative action against an SBA employee can include a letter of clearance, reprimand, suspension, demotion, or dismissal. Administrative action against a program participant can include suspension or debarment from the program.

4. What are My Responsibilities if the OIG Sends Me a Report of Investigation for Action?

- a. If you receive an OIG investigation report for action, you must:
 - (1) Consider appropriate enforcement action based on the evidence in the report; and
 - (2) Safeguard the report and any information contained in the report, except to the extent necessary to carry out an enforcement or disciplinary action.
- b. You may not release a report, or any information in the report, to any other person without the OIG's consent

5. How Can I Get a Copy of a Report of Investigation?

If you would like to obtain a copy of a report of investigation, you must send a written Freedom of Information Act (FOIA) or Privacy Act (PA) request to the OIG. In responding to FOIA or PA requests, the OIG will determine whether to apply any exceptions to protect sensitive information (e.g., information on open and pending cases, information of a competitive business nature, or information that, if released, would violate an individual's privacy).

The Office of Security Operations

1. What	t is the F	unction (of the	Office of	of Securit	y O	perations ((OSO) in the	OIG?
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The OSO has two main functions.

a.	One is to ensure that every SBA employee has had the appropriate background investigation for his or her position sensitivity designation, as follows:
	(1) Low Risk (LR);

- (2) Moderate Risk (MR);
- (3) High Risk (HR);
- (4) Non-critical Sensitive (NCS); or
- (5) Critical Sensitive (CS).
- b. The other function is to conduct FBI name checks and FBI fingerprint checks on applicants and participants in the following SBA programs:
 - (1) Surety Bond;
 - (2) 8(a) Certification;
 - (3) Business Loan;
 - (4) Disaster Loan;
 - (5) Small Business Investment Company (SBIC); and
 - (6) Certified Development Company (CDC).

2. How is the OSO Organized?

The OSO is part of the Investigations Division and operates from the OIG Headquarters in Washington, DC. The Director, OSO, oversees its work.

3. What is the Source of the OSO's Authority?

The OSO's authority comes from:

- a. Executive Order 10450 (Security Requirements for Government Employment);
- b. Executive Order 10577 (Amending the Civil Service Rules and Authorizing a New Appointment System for the Competitive Service);
- c. Executive Order 12958 (Classified National Security Information); and
- d. Title 5, Code of Federal Regulations, Part 736.

Background Investigations and Security Clearances

1. What is the Purpose of a Background Investigation?

Background investigations are conducted to ensure that Federal employees are reliable, trustworthy, of good conduct and character, and completely and unswervingly loyal to the United States.

2. Does the OSO Actually Perform Background Investigations?

No. Background investigations are conducted by either the Office of Personnel Management (OPM) or a private company that has a contract with the OSO. The OSO is responsible for requesting the proper background investigation for each employee and for granting the appropriate security clearance when required. The OSO also reviews completed background investigations to ensure the investigations are complete and thorough.

3. Who Determines What Type of Background Investigation is Conducted?

The Director, Office of Security Operations.

4. Who Determines When a Background Investigation is Conducted?

The Director, Office of Security Operations.

5. What are the Different Types of Security Forms Used to Request Background Investigations and Their Corresponding Position Sensitivity Designation?

- a. SF 85, Questionnaire For Non-sensitive Positions Low Risk (LR).
- b. SF 85P, Questionnaire For Public Trust Positions Moderate Risk (MR) and High Risk (HR).
- c. SF 86, Questionnaire for National Security Positions Non-critical Sensitive (NCS) and Critical Sensitive (CS).

6. What Types of Background Investigations are Requested by the OSO?

- a. A Single Scope Background Investigation (SSBI) is requested for all critical sensitive positions requiring top secret access to classified information. The SSBI consists of a national agency check (NAC), birth verification, credit search, personal interviews of subject and sources, written inquiries, and record searches covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background covering the past 7-10 years.
- b. A National Agency Check (NAC) is an FBI name check and fingerprint check and a query of records at OPM and the Defense Central Intelligence Index (DCII). OPM and DCII records reveal any prior Federal background investigation conducted during the past 15 years.
- c. A Background Investigation (BI) is requested for all high risk positions and critical sensitive positions requiring secret access to classified information. The BI consists of an NAC, credit search, personal interviews of subject and sources, written inquiries, and record searches covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background over the past 5 years.
- d. A Limited Background Investigation (LBI) is requested for all moderate risk positions and non-critical sensitive positions requiring secret or confidential clearance for employees needing access to classified information. The LBI consists of an NAC, credit search, personal interviews of subject and sources, and written inquiries of selected sources covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background covering the past 3 years.
- e. A National Agency Check and Inquiries Investigation (NACI) is requested on all low risk positions. The NACI consists of an NAC, written inquiries, and record searches covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background during the most recent 5 years.
- f. A Single Scope Background Reinvestigation (SSBI-PR) is conducted on all critical sensitive positions with top secret access. The SSBI-PR consists of an NAC, credit search, personal interview of subject, interview of personal sources and/or written inquiries to cover employment, education, residence, and law enforcement checks for the past 5 years.
- g. A Periodic Reinvestigation Residence (PRIR) can be requested on all high risk and moderate risk positions and non-critical sensitive and critical sensitive positions with secret or confidential access. The PRIR consists of an NAC, credit search,

personal interview of subject, Official Personnel File (OPF) review, interview of personal sources and/or written inquiries to cover residence, and law enforcement checks for the past 5 years.

h. **Periodic Reinvestigation (PRI)** can be requested on all high risk and moderate risk positions and non-critical sensitive and critical sensitive positions with secret or confidential access. The PRI consists of an NAC, credit search, personal interview of subject, OPF Review, and law enforcement checks for the past 5 years.

7. When are Periodic Reinvestigations (PRI) Required?

- a. Periodic reinvestigations are required every 5 years for any position designated as either high risk or critical sensitive with top secret access.
- b. Periodic reinvestigations are required every 10 years for any position designated non-critical sensitive with secret access.
- c. Periodic reinvestigations are required every 15 years for any position designated non-critical sensitive with confidential access.

8. Can an Investigation Be Waived?

In emergency cases only, the SBA Administrator or the Inspector General (IG) can waive the requirement for completion of a BI or SSBI before you enter on duty. In those rare cases where a waiver is necessary, supervisors requesting the waiver must submit your completed security papers and request for waiver of required investigation through their appropriate Management Board member to their servicing personnel office. If the paperwork is complete, the servicing personnel office will send the request to the Director, OSO, who will forward the waiver request to the Administrator or IG recommending approval or disapproval.

9. What Happens if I Refuse to Cooperate in an Investigation?

Refusal to cooperate in a properly authorized investigation is a direct violation of SOP 37 35 2, Employees Responsibility and Conduct, and can result in disciplinary action up to removal.

10. What Types of Security Clearances are Issued by the OSO?

Top secret, secret, and confidential.

11. Which Office Determines What Level of Security Clearance is Needed?

The Classification Division of the Office of Human Resources and the OSO.

The OSO Character Eligibility Checks for Program Applicants and Borrowers

1. In What SBA Programs is the OSO Involved?

The OSO is involved in SBA's Surety Bond, 8(a) Certification, Business Loan, Disaster Loan, SBIC, and CDC programs. The OSO conducts FBI name checks and/or FBI fingerprint checks on program applicants and borrowers to determine whether they meet the required character standards.

2. What are FBI Name Checks and FBI Fingerprint Checks?

- a. In an FBI name check, the FBI checks its files to determine whether an individual has ever been the subject of an FBI criminal investigation or background investigation. The FBI uses an individual's name, social security number, date of birth, and place of birth in conducting the check.
- b. In an FBI fingerprint check, the FBI must have a fingerprint card containing an individual's fingerprints. The FBI then processes the prints through its computerized fingerprint classification system for a match which would identify any State or Federal criminal record.

3. What is the Process for Checking an Applicant's or Borrower's Criminal History Through an FBI Name Check or Fingerprint Check?

- a. For an FBI name check, the OSO sends an individual's Statement of Personal History which, depending on the program, is an SBA Form 912, SBA Form 415A (SBICs only), or SBA Form 1081 (CDCs only), to the FBI for appropriate record checks. The FBI then provides the OSO with the results of its record checks.
- b. For an FBI fingerprint check, the OSO obtains a fingerprint card, FD 258, from an individual and sends it to the FBI for processing in the FBI's computerized fingerprint classification system. The FBI then provides the OSO with the results of its fingerprint check.

4. What Happens to the Results of FBI Name or Fingerprint Checks?

a. Upon receipt of a "no record" or a record which would not adversely affect an applicant's or borrower's eligibility, the OSO sends a clearance letter to the SBA

- office which initially submitted the information to the OSO.
- b. Upon receipt of information which could adversely affect eligibility, the OSO sends the information to the appropriate program official who rules upon the applicant's or borrower's eligibility and so advises the submitting office.

5. Who Decides Whether an Applicant or Borrower Should Be Denied Admittance to a Program Based on His/Her Criminal Record?

The associate or assistant administrator of the appropriate program makes the decision and notifies the applicant. The deciding official also sends a copy of the decision letter to the OSO.

Classified Information and the OSO

1. What is the OSO's Function With Regard to Classified Information in the SBA?

- a. The Director, OSO, carries out the directives of Executive Order (EO) 12958 (Classified National Security Information), EO 12968 (Access to Classified Information), and National Security Decision Directive 84 (Safeguarding National Security Information) by ensuring that SBA employees are aware of their responsibilities regarding classified information. The Director also issues security clearances for designated personnel after appropriate background checks, ensures that all personnel having access to such material sign nondisclosure statements, and conducts debriefings of such personnel when they leave their employment at SBA. The Director may also deny or revoke an employee's clearance or reduce an employee's level of clearance due to unsuitability or a security violation.
- b. All classified information (including cryptographic information) going to or from the SBA Headquarters in Washington, DC, must be routed through the Director, OSO.
- c. Whenever classified material is being stored in safekeeping equipment within the SBA, the Director must be notified of such storage, the location of the safekeeping equipment, and its combination.

2. What is Classified Information?

Classified information is information or material that is owned by, produced for and by, or under the control of the United States Government and designated as top secret, secret, or confidential pursuant to EO 12958. Designated material is marked with one of the three designations. No SBA official has the authority to classify either derivative or original information. If, however, any SBA employee, contractor, licensee, or grantee originates or becomes aware of information which he/she believes should be classified, that person should send the information by designated personnel, approved courier service, registered mail, or protective services of commercial carriers to the Director, OSO, who will, in turn, forward it to the appropriate agency with a request that it be reviewed for possible classification. The information must be enclosed in a sealed, opaque envelope marked with the assigned classification and the recipient's address. The envelope must then be put into another opaque envelope marked only with the recipient's address; the outer envelope must not identify the contents.

3. What Must SBA Employees Do to Protect Classified Information?

- a. Store classified material in a container approved in writing by the Director, OSO. For top secret material, the container must be a GSA-approved safe or safe-type file having a three position, dial-type combination lock. Secret or confidential material may be stored in a container approved for top secret storage and may also be kept in a steel file cabinet with a steel lockbar secured by a GSA-approved padlock with a three position, dial-type combination lock.
- b. Avoid routine reproduction of classified material. For material designated top secret or secret, employees should check with the Director, OSO, prior to making any copies.
- c. Keep classified material segregated from non-classified material and do not summarize classified information in other documents.
- d. Only disclose classified information to individuals who have the required security clearance and "need to know" the information.
- e. Do not discuss classified information over the telephone or in a public place.

4. What Happens if There is an Unauthorized Disclosure of Classified Information?

- a. You should report any unauthorized disclosure to the Director, OSO, as soon as possible. The initial report may be by telephone and should be confirmed by memorandum. You should state what information was disclosed, to whom, by whom, when, how, and any other pertinent information.
- b. The OIG Investigations Division may conduct an investigation into any alleged unauthorized disclosure. An SBA employee determined to have knowingly made an unauthorized disclosure may be subject to reprimand, suspension without pay, removal, or other sanctions in accordance with applicable laws and Agency rules and regulations.

Appendix 1

Index to Forms and Reports

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Report		
Reserved		

Appendix 2

(paragraph 6-5) SF 85, Questionnaire for Non-sensitive Positions

Standard Form 85 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731 and 736 Form approved: O.M.B. No. 3206-0005 NSN 7540-00-634-4035 85-111

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 5 and the release on page 6. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731 and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

- Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
- 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
- 4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
- You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- 6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
- 7. All telephone numbers must include area codes.
- All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
- 9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
- 10. If you need additional space to list your residences or employments/self-employments/unemployment or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Effective Date: January 6, 1999

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

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 of up to \$10,000, and/or 5 years imprisonment, or both. 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 trustworthiness is a very important consideration in deciding your suitability. Your prospects placement

better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

- 1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records
- 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the ncy determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
- 4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information

- 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other retention of a security clearance, contract, license, grant, or other benefit. agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
- To contractors, grantses, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
- 7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
- 8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
- 9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
- 10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
- 11. To the Office of Management and Budget when necessary to the review of private relief legislation

			STA	TE CODES (AB	BREVIA	TIONS)			
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Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UΥ
California	CA	lowa	IA	Missouri	MO	Ohio	ОН	Vermont	VT
Colorado	co	Kansas	KS	Montana	MΤ	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	W
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	W
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samos	AS	District of Columbia	DC	Guam	GU	Northern Marianas	СМ	Puerto Rico	PR
Trust Territory	Π	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731 and 736

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Form approved: O.M.B. No. 3208-0005 NSN 7540-00-634-4035 85-111

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WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Month/Year Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
f To Present				1 1	
arne of Person Who Knows You	Street Address	Apt. #	City (Country)	State	ZIP Code
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ame of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year To	Street Address	Apt.#	City (Country)	State	ZIP Code
ame of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
ame of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year To	Street Address	Apt.#	City (Country)	State	ZIP Code
lame of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code

WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 5 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

•	Use one	of the	following	codes	in	the	"Code"
---	---------	--------	-----------	-------	----	-----	--------

block: 1 - High School

2 - College/University/Military

3 - Vocational/Technical/Trade School

College

For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year Month/Year Code Name of School	Degree/Diploma/Other	Month/Year Awarded	
To Street Address and City (Country) of School	State	ZIP Code	
Month/Year Month/Year Code Name of School	Degree/Diploma/Other	Month/Year Awarded	
To Street Address and City (Country) of School	State	ZIP Code	
		1	
Month/Year Month/Year Code Name of School To	Degree/Diploma/Other	Month/Year Awarded	
Street Address and City (Country) of School	State	ZIP Code	
Enter your Social Security Number before going to the next pag	e		
Page 2			

10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- Code. Use one of the codes tisted below to identify the type of employment:
- Active military duty stations
 National Guard/Reserve
 U.S.P.H.S. Commissioned
- Corps
 4 Other Federal employment
- 5 State Government (Non-Federal
- Self-employment (Include business name and/or name of person who can verify)
- - 9 Other
- Unemployment (Include name of person who can
 verify)
 Federal Contractor (List Contractor, not Federal agency)
- Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment

below that information			_				
Month/Year Month-Year Code Employer/Verifer Name/Military I	You	Your Position Title/Military Rank					
Employer's/Verifier's Street Address	City (Country)		tate	ZIP Code	Telephone Number		
Street Address of Job Location (if different than Employer's Address)	City (Country)		tate	ZIP Code	Telephone Number		
Supervisor's Name & Street Address (if different than Job Location)	City (Country)		tate	ZIP Code	Telephone Number		
Month/Year Month/Year Position Title		Supervisor					
Month/Year Month/Year Position Title	Supervisor						
To To Position Title To T	Supervisor						
Month/Year Month/Year Code Employer/Verifier Name/Military #2	Duty Location	Yo	Your Position Title/Military Rank				
Employer's/Verifier's Street Address	City (Country)	s	tate	ZIP Code	Telephone Number		
Street Address of Job Location (if different than Employer's Address)	City (Country)	S	tate	ZIP Code	Telephone Number		
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	S	tate	ZIP Code	Telephone Number		
Month/Year Month/Year Position Title		Supervisor					
To Month/Year Month/Year Position Title To		Supervisor					
Month/Year Month/Year Position Title		Supervisor					
Month/Year Month/Year Code Employer/Verifier Name/Military #3	Duty Location	Your Position Title/Military Rank			ry Rank		
Employer's/Verifier's Street Address	City (Country)	S	itate	ZIP Code	Telephone Number		
Street Address of Job Location (if different than Employer's Address)	City (Country)	s	itate	ZIP Code	Telephone Number		
Supervisor's Name & Street Address (if different than Job Location)	City (Country)	s	tate	ZIP Code	Telephone Number		
Month/Year Month/Year Position Title		Supervisor					
Month/Year Month/Year Position Title		Supervisor					
To Nonth/Year Month/Year Position Title		Supervisor					
Enter your Social Security Number before going to the next page							

Page 3

YOUR EMPLOYMENT ACTIV	ITIES (CONTINUED)					
Month/Year Month/Year Code	Employer/Verifier Name/Military [Outy Location		Your Posi	tion Title/Milita	ry Rank
Employer's/Verifier's Street Address		City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location (if diffe	erent than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Address	(if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Year F To Month/Year Month/Year F	Position Title		Supervisor Supervisor			
Month/Year Month/Year F	Position Title		Supervisor			
	Employer/Verifier Name/Military L	Outy Location		Your Pos	ition Title/Milita	ry Rank
#5 To Employer's/Verifier's Street Address		City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location (if diffe	erent than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Address	(if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
	Position Title		Supervisor	·		
To We Month/Year Month/Year F	Position Title		Supervisor			
F A	osition Title		Supervisor			
	Employer/Verifier Name/Military	Duty Location		Your Pos	ition Title/Milita	ny Rank
#6 To				<u> </u>		· · · · · · · · · · · · · · · · · · ·
Employer's/Verifier's Street Address		City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location (if diffe	erent than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Address	(if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
6	Position Title		Supervisor			
·* .	Position Title		Supervisor			
PRE	Position Title		Supervisor			
PEOPLE WHO KNOW y List three people who know y combined association with you list anyone who is listed elsew	ou well and live in the United State a covers as well as possible the las	s. They should be goo t 5 years. Do not list y	od friends, pee your spouse, fo	ers, colleac ormer spo	gues, college rouses, or other r	commates, etc., whose elatives, and try not to
Warne #1		Month/Ye	Dates Known ear Month/ To		phone Number Day Night	·
Home or Work Address		City	y (Country)		Night _	State ZIP Code
Name #2		Month/Ye	Dates Known ear Month/ To		phone Number Day Night	
Home or Work Address		,	y (Country)			State ZIP Code
#3 Name		Month/Ye	Dates Known ear Month/ To	Year ()	phone Number Day Night	
Home or Work Address		City	y (Country)	15.7		State ZIP Code
Enter your Social Security N	lumber before going to th	e next page			→	

YOUR SELEC	CTIVE SERVICE							Yes	No
	rn after December 31, 1959	? If "No," go to	13. If "Yes,"	go to b.					
Have you registere	ed with the Selective Service	System? If "	Yes", provide	your registra	ition number.	. If "No," show the	e reason for your		
legal exemption be distration Number	Legal Exemption Expl	anation				- ·- 		<u>L</u>	
•									
YOUR MILITA HUSTOBYved in	ARY n the United States military?)						Yes	No
~	n the United States Merchan	nt Marine?						 	
List all of your milit	ary service below, including #1) and work backward. If y	service in Re	serve, Nationa k in service, e	al Guard, and	d U.S. Merch	ant Marine. Start	with the most rec	ent	
	the codes listed below to id		anch of	i - Coast Gu		Merchant Marin	e 7 - Natior	nal Guar	d
O/E. Mark "O" blo	ck for Officer or "E" block fo	r Enlisted.							
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Standard Form 85 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731 and 736 Form approved: O.M.B. No. 3206-0005 NSN 7540-00-634-4035 85-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used		Social Security Number
Current Address (Street, City)	State ZIP Code	Home Telephone Number (Include Area Code)
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Page 6

(paragraph 6-5) SF 85P, Questionnaire for Public Trust Positions

Effective Date: January 6, 1999 Page 39

Standard Form 85P Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

Form approved: O.M.B. No. 3206-0191 NSN 7540-01-317-7372 85-1602

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 7 and the release on page 8. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, section 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation

of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

- Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
- Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
- 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
- 4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
- 5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
- 7. All telephone numbers must include area codes.
- 8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
- 9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
- 10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

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 of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

- 1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
- 4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

- 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a reterral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
- 6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
- 7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
- 8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
- To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
- To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
- 11. To the Office of Management and Budget when necessary to the review of private relief legislation.

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Alabama	AL	Hawaii	н	Massachusetts	MA	New Mexico	NM	South Dakota	SD
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Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	w
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa Trust Territory	AS TT	District of Columbia Virgin Islands	DC VI	Guam	GU	Northern Marianas	СМ	Puerto Rico	PR

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85P Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731 732 and 736

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: O.M.B. No. 3206-0191 NSN 7540-01-317-7372 85-1602

5 CFR Parts 731,	732, and 736	11.					85-1602	
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#1 Name			To	#3			То	
Name			Month/Year Month/Year	Name			Month/Ye	ear
ATUED	Height (reet and in-	chesi	To vveight (pounds	<u></u>	Hair Color	Eye Color	Sex (mark on	e box)
IDENTIFYING INFORMATION		,			i		Female	Male
7 TELEPHONE	Work (include Area () Day	Code and extension	on)	Home (incl () Day	ude Area Code)		<u>-</u>	
NUMBERS	() Night			() Nigi			T = Va14-41	- Dates
8 CITIZENSHIF Mark the box at		U.S. citizen or nat	ional by birth in the U.S. or	U.S. territory/posse		swer Items b and d	O Your Mother Name	s Maide
that reflects you	ur current lam a	U.S. citizen, but I	was NOT born in the U.S.		d			
citizenship statu follow its instruc		not a U.S. citizen.			• Ar	swer Items b and e		
UNITED STATES	CITIZENSHIP If you are	e a U.S. Citizen, but	were not born in the U.S.,	provide information	about one or more of	the following proofs of	your citizenship.	
Naturalization Cer	rtificate (Where were y	ou naturalizod?)						
Court			City		State Certificate N	ımber Mo	onth/Day/Year Issu	ed
OldL- Condition	lant. Affines uma the c	artificata issued?)	<u> </u>					
City Certain	icate (Where was the c	er uncate (550eur)		· · · · · · · · · · · · · · · · · · ·	State Certificate No	ımber Mo	nth/Day/Year Issu	ed
State Department	Form 240 - Report of I	Sirth Abroad of a C	itizen of the United State)\$				
Give the date the f	orm Month/Day/Ye	ar	Explanation					
was prepared and an explanation if no	give eeded.		İ					
U.S. Passport								
		C Passanort		Passport Number		Month/	Day/Year Issued	
rnis may be either	r a current or previous U	o. r paspolt.						
DUAL CITIZENSH	HP If you are (or were)	a dual citizen of the	United States and another ry in the space to the right.	Country				
ALIEN Musican	an alien, provide the folk		, are space to the right.					
Place You	City	zakiy miormation.	State	Date You Entered L		on Number Count	try(ies) of Citizensh	hip
Entered the				Month Day Ye				
United States:	h renduned by Elite Endorsi	Forms Inc					D.	age 1
THE POINT WAS BISCHOTTICE!	ly produced by Elite Federal							AMC I

WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is

	7							d continua	
Month/Year Month/Year	Street Address			Apt.#	City (Country)			State	ZIP Code
To Present	•								
ne of Person Who Knows You		Street Address	Apt.#	City (Country))	State	ZIP Code	Telephon	e Number
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ne of Person Who Knew You		Street Address	Apt.#	City (Country)		State	ZIP Code	Telephon	e Number
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WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
 - 1 High School 2 College/University/Military

3 - Vocational/Technical/Trade

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for
 education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are

of School		Degree	/Diploma/Oth	er	Month/Year Awarded
		:			
				State	ZIP Code
Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
of School		Degree	/Diploma/Oth	er	Month/Year Awarded
				State	ZIP Code
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of School		Degree	/Diploma/Oth	er	Month/Year Awarded
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YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- Cade. Use one of the codes listed below to identify the type of employment:
- Active military duty stations
 National Guard/Reserve
 U.S.P.H.S. Commissioned
 Corps
 Other Federal employment
- State Government (Non-Federal employ-ment)
 Self-employment (Include business and/or name of person who can verify)
- 9 Other
- T Unemployment (Include name of person who can
 verify)
 Federal Contractor (List Contractor, not Federal agency)
- Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- . Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year Month/Year Code Employer/Ver #1 To Present	erifer Name/Military D	Outy Location		Your Pos	tion Title/Milita	ry Rank
Employer's/Verifier's Street Address		City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Em	ployer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different that	in Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Year Position Title			Supervisor	l.		
To			Cupervisor			
Month/Year Month/Year Position Title			Supervisor			
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To Month/Year Month/Year Position Title To Month/Year Month/Year Position Title To To			Supervisor			
	erifier Name/Military I	Duty Location	,	our Posi	tion Title/Milita	ry Rank
#2 To						
Employer's/Verifier's Street Address		City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Em	ployer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different that	n Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Year Position Title			Supervisor			
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Month/Year Month/Year Code Employer/Ve	erifier Name/Military	Duty Location	T,	Your Pos	tion Title/Milita	tv Rank
#3 To	ormer resources y	D 11, 21 141,011		, , , , , ,	man i mantin) (Collec
Employer's/Verifier's Street Address		City (Country)	1	State	ZIP Code	Telephone Number
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Supervisor's Name & Street Address (if different that	an Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Year Position Title			Supervisor			<u> </u>
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g d						
Enter your Social Security Number be	fore going to th	ne next page			-	
			 -			Page

Month/Year Month/Year Code Employer/Verifier Name/Military I	Duty Location	Yo	ur Pos	ition Title/Milita	ıry Rank		
4 То							
nployer's/Verifier's Street Address	City (Country)	S	State	ZIP Code	Telepho	ne Nun	nber
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upervisor's Name & Street Address (if different than Job Location)	City (Country)	5	State	ZIP Code	Telepho	ne Nur	nber
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Month/Year Month/Year Code Employer/Verifier Name/Military	Duty Location	Yo	our Pos	ition Title/Milita	ary Rank		
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treet Address of Job Location (if different than Employer's Address)	City (Country)		State	ZIP Code	Telepho	ne Nur	nber
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Month/Year Month/Year Position Title		Supervisor	i				
Month/Year Month/Year Position Title		Supervisor					
Month/Year Month/Year Position Title		Supervisor					
12 YOUR EMPLOYMENT RECORD Has any of the following happened to you in the last 7 years? backward, providing date fired, quit, or left, and other information	If "Yes," begin with thon requested.	ne most recent occ	urrence	and go	,	Yes	No
Use the following codes and explain the reason your employments		untions of minaradi	ıot				
1 - Fired from a job 2 - Quit a job after being told you'd be fired 3 - Left a job by mutual agre unsatisfactory performance	ement following alleg		ici	5 - Left a job under unfa circumsta	avorabie	easons	
ionth/Year Code Specify Reason Employer's Name at	nd Address (Include U.S.)	city/Country if outs	side		State	ZIP	Cod
	nov4						
nter your Social Security Number before going to the age 4	ie next page			<u> </u>			_

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YOUR MARITAL STATUS ark one of the following boxes to show atus: 1 - Never married (go to question to			eparated	· · · · · · · · · · · · · · · · · · ·	5 - Divorced	<u>i</u> l	
2 - Married	hout your		egally Separated		6 - Widowed	<u> </u>	
rrent Spouse Complete the following a Il Name		current spouse. of Birth (Mo./Day/Yr	Place of	Birth (Include country if o	utside the U.S.)	Social Security N	lumber
her Names Used (Specify maiden name, nam	es by other i	marriages, etc., and	d show dates used fo	r each name)			
untry of Citizenship	Date N	Married (Mo./Day/Y	r.) Place M	arried (include country if o	outside the U.S.)		Sta
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16	YOUR MILIT	ARY HISTOR	RY							Yes	No
a		d in the United S									
_	Have you serve	d in the United S	tates Merchant	Marine?							
_					ve, National G	uard, and U.	S. Merchan	t Marine. Start w	rith the most recent pe	riod of	
servi	• Code. Use of services Force • O/E. Mark "Cook status." "X" to use an "X": use	" block for Office ne appropriate bloce the two-letter of our service was v	3 - Navy er or "E" block f lock for the stat code for the sta	4 - Marine for Enlisted us of your s ite to mark	corps & service during the block.	dentify the ca	you served		ine 7 - National G	•	
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egistrati	on Number	Lega	al Exemption Expl	lanation							,
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	YOUR INVE	STIGATIONS	RECORD							Yes	No
18)	Has the Unite	•		stigated vo	ur background	and/or gran	ted you the	security clearand	e? If "Yes," use		
•	the codes that fol	low to provide th	e requested inf	formation b	elow. If "Yes,"	' but you car	n't recall the	investigating ag			
	under the "Of	her Agency" he	eading, below.	If your resp	onse is "No,"	or you don't	know or ca	n't recall if you we	ere investigated		
C	and cleared, odes for investigating	:heck the "No" b g Agency)OX. ————		Codes for Sec						
- 1	 Defense Department State Department 		4 - FB) 5 - Tressury D	enartment	0 - Not Require		3 - <i>Top Secre</i> 4 - Sensitive (t Compartmented Info	6-1. rmation 7-Other		
	- Office of Personne	l Management	6 - Other (Spec		2 - Secret		5 - Q				
7	Month/Year Agend Code				Clearance Code	Month/Yes	r Agency Code	Other Agency			rance ode
-											
-	To your know	ledge have you	ever had a cle	arance or a	ccess authoriz	ation denied	suspende	d, or revoked, or	have you	Yes	No
C	ever been de	parred from gove	ernment employ	yment? If "	es," give date	of action a	nd agency.	Note: An admini	strative downgrade	100	"
٦	termination o	f a security clear Departmen	ance is not a re nt or Agency Tak	evocation ing Action		Month/Year]	Department of	Agency Taking Action		ــــــــــــــــــــــــــــــــــــــ
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<u> </u>	FOREIGN (OUNTRIES '	YOU HAVE	VISITED			I				
19	List foreign cour	tries you have vi	isited, except o	n travel und	der official Gov	ernment ord	iers, beginn	ing with the most	current (#1) and work	ing bac	ж 7
	Travel as a den	endent or contra	ictor must be lis	sted.) se of your			- Pleasure	3 - Education	4 - Other		4
	da nat	rips to Canada o ch trip constead traver constead							trips to the neighboring	ig couri	uy, ye
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and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding. In the last year, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), haltucinogenics (LSD, PCP, etc.), or prescription drugs? In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received. Month/Year Month/Year Controlled Substance/Prescription Drug Used Number of Times Used Yes Your Financial Record In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," Month/Year Type of Action Name Action Occurred Under Name/Address of Court or Agency Handling Case State ZIP Co	ile last / years,	have you been	•			d before your 16th birt	• •		Yes	N
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Month/Year Type of Loan or Obligation and Account # Name/Address of Creditor or Obligee State r completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and the and date the following certification and sign and date the release on page 8. Certification That My Answers Are True statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are most of the properties	Are you n	ow over 180 day	ys delinque	ent on any lo	an or financial obligat	on? Include loans or o	obligations funded or		Yes	
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Standard Form 85P Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: O.M.B. No. 3206-0191 NSN 7540-01-317-7372 85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used		Social Security Number
Current Address (Street, City)	State ZIP Code	Home Telephone Number (Include Area Code)
Page 8		

Standard Form 85P Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

Form approved: O.M.B. No. 3206-0191 NSN 7540-01-317-7372 85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink

Calefully lead this authorization to release information about you, then sign and date it in order tire.
Instructions for Completing this Release
This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.
I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)
(Investigator instructed to write in position title.)
As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:
Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?
If so, please describe the nature of the condition and the extend and duration of the impairment or treatment.
What is the prognosis?
I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.
Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.
Signature (Sign in ink) Pull Name (Type or Print Legibly) Date Signed
Other Names Used Social Security Number
Current Address (Street, City) State ZIP Code Home Telephone Number (Include Area Code)

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Appendix 4

(paragraph 6-5) 86, Questionnaire for National Security Positions

Ren U.S	ndard Form 86 rised September i. Office of Person FR Parts 731, 732	nel Mar		nent			NAT		IESTIO AL SEC					S			i	Form app O.M.B. No NSN 7540 86-111	. 3206-0	
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3	PLACE OF B	URTH •	Use	the two lett	er code	for the	State									4	SOCIA	LL SECU	RITY N	UMBER
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5	Give other name nickname(s).	es you u	sed a							you	ur maide	n name	o, name[s	5) by a	former man	riage, fon	mer nameį	s], alias(e	s], or	
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#2	Name						Morn		<i>монии.</i> Го	ar f	#4 ^N	ame						Money	reer mo	nth/Year
6	OTHER IDENTIFYING INFORMATION	1	t <i>(feet</i>	and inches	;)	Weig	nt (po	_		H	air Colo				Eye Cole	2r			(mark or emale	Male
0	TELEPHONE NUMBERS	()	(inclu Day Night	ide Area Co)	extens.	ion)					()	(include Day Night	Area (Code)					
B	CITIZENSHIP			lam a U.S	. citize	n or nati	ional b	y birth	in the U.S	or I	U.S.tern	tory/pos	session		- Answer I	tems b a	nd d	O Your Name		Maiden
0	Mark the box at the that reflects your	current		I am a U.S	. citize	n, but I v	vas NC	OT borr	n in the U.S	S .					- Answerl	tems b, c	, and d			
	citizenship status follow its instructi			I am not a	U.S. c	tizen.									Answer	tems b a	nd ø			
Θ	UNITED STATES	CITIZEN	SHIP	If you are	a Ų.S.	Citizen,	but we	ere not	born in the	U.S	S., provi	de inforr	nation al	bout or	e or more o	of the follo	owing prod	fs of your	citizensi	ip.
	Naturalization Cer	rtificate	(Whe	re were yo	u natu.	ralized?	?)													
	Court	-		_			Ci	ity				-	State	Certi	ficate Numb	er	M	onth/Day/	ear Issu	ed
	Citizenship Certifi	icate (V	here	was the co	rtificat	e issue	d?)													
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	This may be either	a curren	t or pr	evious U.S.	Passp	ort.					Passp	ort Num	ber					lonth/Day	Year Iss	eued
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9	ALIEN If you are	an aller	, prov	ide the folk	owing in	formatic	on:													
	Place You Entered the United States:	City							St	ate		ou Ente Day	red U.S. Year	Alien	Registratio	n Numbe	r Col	ıntry(ies)	of Citizer	ship
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9

WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

				_					
Month/Year Month/Year	Street Address			Apt. #	City (Country)		-	State	ZIP Code
#1 To Present								- 1	
Name of Person Who Knows You	·	Street Address	Apt.#	City (Country)	State	ZIP Code	Telephor	ne Number
								()
Month/Year Month/Year	Street Address			Apt.#	City (Country)			State	ZIP Code
#2	Į				\				,
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telepho	ne Number
								()
Month/Year Month/Year	Street Address			Apt.#	City (Country)			State	ZIP Code
#3 To									
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telepho	ne Number
				1				()
Month/Year Month/Year	Street Address	'		Apt.#	City (Country)		<u> </u>	State	ZIP Code
#4 To				·)]	
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephor	ne Number
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Month/Year Month/Year	Street Address		-	Apt. #	City (Country)			State	ZIP Code
#5 <u>To</u>								•	
Name of Person Who Knew You		Street Address	Apt.#	City (Country))	State	ZIP Code	Telephor	ne Number
		(1				()
							L		

WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
 - 1 High School
- 2 College/University/Military College
- 3 Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education
 completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year Month/Year Code	Name of School			Degree/Diploma/C	ther	Month/Year Awarded
To	<u> </u>					200.4
Street Address and City (Country) of School					State	ZIP Code
lame of Person Who Knew You	Street Address	Apt.#	City (Country) State	ZIP Code	Telephone Number
		,			ļ	<u>()</u>
Month/Year Month/Year Code	Name of School			Degree/Diploma/C	ther	Deprison Asservation
2 To						
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lame of Person Who Knew You	Street Address	Apt.#	City (Country) State	ZIP Code	Telephone Number
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Month/Year Month/Year Code	Name of School			Degree/Diploma/O	ther	Month/Year Awarded
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treet Address and City (Country) of School					State	ZIP Code
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				İ	1	()
nter your Social Security Num	har hafara gaing to the nav	d page				

Page 2

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- Code. Use one of the codes listed below to identify the type of employment:
 - 1 Active military duty stations
- 5 State Government (Non-Federal employ-
- 7 Unemployment (Include name of person who can verify)
 8 Federal Contractor (List Contractor, not Federal agency)

- 4 Other Federal employment
- National Guard/Reserve
 U.S.P.H.S. Commissioned Corps
 Self-employment (Include business name and/or name of person who can verify)
- Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Deriver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines

	below that information							
Mont	h/Year Month/Year	Code	Employer/Verifier Name/Military	Duty Location		Your Pos	sition Title/Milita	ıry Rank
#1	To Present		1					
Employer	rs/Verifier's Street Add	iress		City (Country)		State	ZIP Code	Telephone Number
Street Ad	dress of Job Location	(if diffe	rent than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervis	or's Name & Street Ac	idress (if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
(1 # X)	Month/Year Month/Ye To	ar P	osition Title		Supervisor	<u> </u>	<u>.</u>	
US PER	Month/Year Month/Ye	ar P	osition Title		Supervisor			
PREVIOUS PERIOUS OF ACTIVITY (Block #1)	To Month/Year Month/Year	ar P	osition Title		Supervisor			<u> </u>
	ty/Year Montty/Year	Code	Employer/Verifier Name/Military	Outy Location		Your Pos	ition Title/Milita	ry Rank
#2 Employe	To r's/Verifier's Street Ad	dress	<u> </u>	City (Country)		State	ZIP Code	Telephone Number
Street Ad	dress of Job Location	(if diffe	rent than Employer's Address)	City (Country)		State	ZIP Code	() Telephone Number
Supervis	or's Name & Street Ac	idress (if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
5 c	Month/Year Month/Yea	w P	osition Title		Supervisor]()
ERIOD Block #	To Month/Year Month/Yea	_	osition Title		Supervisor			
PREVIOUS PERIODS OF ACTIVITY (BIGGK #2)	То		·					
PREV. OF AC	Month/Year Month/Yea	¥ P	osition Title		Supervisor			
	v/Year Month/Year	Code	Employer/Verifier Name/Military I	Duty Location		Your Pos	ition Title/Milita	ry Rank
#3 Employer	To 's/Verifier's Street Add	iress	<u> </u>	City (Country)		State	ZIP Code	Telephone Number
Street Ad	dress of Job Location	(if differ	ent than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor	's Name & Street Address	(if differ	ent than Job Location)	City (Country)		State	ZIP Code	Telephone Number
1005 ck #3)	Month/Year Month/Yea	r P	osition Title	, <u>-</u>	Supervisor	•	77-11	
PREVIOUS PERIODS DEACTIVITY (Block #3)	Month/Year Month/Year To	ar P	osition Title		Supervisor			
PHEVIOUS OF ACTIVITY	Month/Year Month/Year	ar P	osition Title		Supervisor			
		v Nur	her before going to the gr	enso tys			—	

Page 3

	Month/Year	Code	Employer/Verifier Name/M	ilitary Duty Lo	cation		Your Pos	ition Title/Milita	ry Rank
To		1		, ,					.,
nployer's/Verifia	rs Street Ad	iress	<u> </u>	Ci	ty (Country)		State	ZIP Code	Telephone Number
eet Address of	Job Location	(if diffe	rent than Employer's Addres	ss) Ch	ly (Country)		State	ZIP Code	Telephone Number
ipervisor's Nam	e & Street Ac	tiress (if different than Job Location	n) Ci	ty (Country)		State	ZIP Code	Telephone Number
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ē	Are you now or he	we you e	wer been employed by or a	acted as a	consultant	for a foreign	government,	firm, or agency?	-		
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18	FOREIGN COU		S YOU HAVE VISITE		·						
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Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036 86-111

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below. Month/Year Type of Discharge YOUR SELECTIVE SERVICE RECORD Are you a made born after December 31, 1959? If "No," go to 21. If "Yes," provide your registration number. If "No," show the reason for your legal exemption below. Registration Number Legal Exemption Explanation YOUR MEDICAL RECORD In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you. Month/Year Month/Year Name/Address of Therapist or Doctor Yes To To To Your EMPLOYMENT RECORD Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested. Use the following codes and explain the reason your employment was ended: 1. Fired from a job 3 Left a job by mutual agreement following allegations of misconduct 2. Quit a job after being told 4. Left a job by mutual agreement following allegations of misconduct 4. Left a job by mutual agreement following allegations of misconduct 4. Left a job by mutual agreement following allegations of misconduct 4. Left a job by mutual agreement following allegations of misconduct 5. Left a job by mutual agreement following allegations of misconduct 4. Left a job by mutual agreement following allegations of misconduct 4. Left a job by mutual agreement following allegations of misconduct 5. Left a job by mutual agreement following allegations of misconduct 4. Left a job by mutual agreement following allegations of misconduct 5. Left a job for other reason	,		OFFIC	AL.										
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How you war recolved other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge YOUR SELECTIVE SERVICE RECORD Are you a make born after December 31, 1992 If "No." go to 21, If "Yes," go to b. The your pregistered with the Selective Services System? If "Yes," provide your registration number. If "No," show the reason for your legal examption below. Registration Number Lapit Exemption Explanation Yes Your NEDICAL RECORD In the last 7 years, here you consulted with a mental health professional (psychiatrist, psychiologist, counselor, etc.) or have you consulted with a mental health related condition? If you answered "Yes", provide the dates of treatment and the name and address of the therapist of doctor below, unless the consultation(s) involved only marrial, harmly, or grief counselor, or related to vollence by you. MonthYear MannYear NameAddressa of Transpart of Doctor Yes Your EMPLOYMENT RECORD Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing data fixed, cut, or left, and other information requested. Use the following codes and explain the resears, we employment set and other to be a consultation of the provided o		AUNB	MII ITAE	V RECORD								1	Yes	No
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Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved: O.M.B, No. 3206-0007 NSN 7540-00-634-4036

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink) Full Name (Type or Print			Date Signed
Other Names Used			Social Security Number
Current Address (Street, City)	State Z	IP Code	Home Telephone Number (Include Area Code)
			()
Page 10			

Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used		Social Security Number
Current Address (Street, City)	State ZIP Code	Home Telephone Number (Include Area Code)
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Effective Date: January 6, 1999 Page 63

(paragraph 7-3) SBA Form 912, Statement of Personal History

	Return Executed Cop	nies 1, 2, and 3 to SBA	OMB APPROVAL NO.3245-017 Expiration Date:7/31/2000
		Please Read Ca	refully - Print or Type
United State	s of America	assistance must submit this form in TRIP	ncern or the development company requesting LICATE for filing with the SBA application. This
* SMALL BUSINESS	ADMINISTRATION	form must be filled out and submitted by: 1. If a sole proprietorship by the proprietor	r.
STATEMENT OF PE	ERSONAL HISTORY	If a partnership by each partner.	any, by each officer, director, and additionally by
NV182. K V.	INCOMAL MOTORY	each holder of 20% or more of the voti	ng stock. nager, who has authority to speak for and commit
Name and Address of Applicant (Firm Name)(Street, City,	State, and ZIP Code)	the borrower in the management of the SBA District/Disaster Area Office	business.
		Amount Applied for (when applicable)	File No. (if known)
 Personal Statement of: (State name in full, if no middle only, indicate initial.) List all former names used, and separate sheet if necessary. 		Name and Address of participating lender	or surety co. (when applicable and known)
First Middle	Last		
		2. Date of Birth (Month, day, and year)	
		3. Place of Birth: (City & State or Foreign	Country
. Give the percentage of ownership or stock owned or	Social Security No.		Country
to be owned in the small business concern or the Development Company	Social Security No.	U.S. Citizen? YES NO If no, give alien registration number:	
Present residence address:		Most recent prior address (omit if over 10)	years ago):
From:		From:	
То:		To:	
Address:		Address:	
7. Have you ever been charged with and or arrested for a not prosecuted. (All arrests and charges must be disclosed by the No. No. No. No. Have you ever been convicted, placed on pretrial diverse.	TEREST OF THE UNITED STAGE OR SUPPORT, DIRECT THREE QUESTIONS RILY DISQUALIFY YOU; HOW THE PROPERTY OF PAROLE/PROBATIONS (ID)? It parole or probation is to expire, the parole or probation of the than a managed and explained on an attached	TATES; FOR EXAMPLE, IF THERE ITLY OR INDIRECTLY, ACTIVITIES IS BE ANSWERED TRUTHFULLY AWEVER, AN UNTRUTHFUL ANSWARATE EXHIBIT. INCLUDE DATE ON, UNPAID FINES OR PENALTIES inor motor vehicle violation? Include offens sheet.)	IS REASON TO BELIEVE THE EFFECT HARMFUL TO THE SECURITY OF THE AND COMPLETELY. AN ARREST OR ER WILL CAUSE YOUR APPLICATION ES, LOCATION, FINES, SENTENCES, NAME(S) UNDER WHICH CHARGED, es which have been dismissed, discharged, or
a minor vehicle violation? Yes No	•		
J authorize the Small Business Administration Office of determining my eligibility for programs authorized by the	inspector General to request crimi Small Business Act, as amended	inal record information about me from crimi	nal justice agencies for the purpose of
CAUTION: Knowingly making a false statement on this fa surety bond, or other program participation. A false state under 15 USC 645 by imprisonment of not more than twe mprisonment of not more than twenty years and/or a fine or	ment is punishable under 18 USC to years and/or a fine of not more	2 1001 by imprisonment of not more than fi	ve years and/or a fine of not more than \$10,000
Signature	Title		Date
Agency Use Only			
0. Fingerprints Waived	A	11. Cleared for Processing	Data.
Date Fingerprints Required	Approving Authority	Request a Character Evaluation	Date Approving Authority
Date Sent to OIG Date	Approving Authority		Date Approving Authority
Please Note: The estimated burden for completing this for not displayed. If you have questions or comments concern Chief, Administrative Information Branch, Washington, D.C SBA 912 (5-97) SOP 5010.4 Previous Edition	ning this estimate or other aspect . 20416 and/or Office of Managen	s of this information collection, please conta nent and Budget, Clearance Officer, Paperw	act the U.S. Small Business Administration, 🐔 🗓

(paragraph 7-3)

SBA Form 415A, Statement of Personal History and Qualification of Management

300	1933 KO		. SMALL BUSINESS ADMINISTRATIONAL HISTORY AND QUALIFICATION	
Nam	e of Applican	t or Licensee		Social Security Number
Addr	ess (Street, C	City, State and Zip Code)		
1.	First Name	in Full	Middle Name in Full (If none, so state)	Last Name
2.	Date of Birt	h (Month, Day & Year)	3. Place of Birth (City, State or Foreign Country)	4. Citizen of United States? Yes No
5.	Starting wit	h present address, list residence a	ddresses for last ten years:	
J.	From (Date		<u>Address</u>	
6.	and includir entities with highest leve etcgiving, special exp	ng the present, stating the periods n which associated; title, position in al attained (such as high school gr when applicable, name of higher o erience or qualification pertinent to	of each primary activity, the names, addresses in such concerns; basic functions and responsible aduate, some college, one year college, three ye aducational institution, your specialization, and o the Applicant's management responsibilities.	essional experience during the last ten years up to and nature of business of the firm, concerns or lities; and a summary of your education showing ears college, bachelor's degree, master's degree, late of degree), together with a summary of any
7.	capacity, or Show name	r by way of direct or indirect owner	ship or control of 10% or more of any class of si	ed as an officer, director, or in any other official tock of, or proprietary interest in, such concerns, o and ownership; including the percentage of any
8.	List Three	Character References: (other than	former employers, relatives or fellow Applicant	
	<u>Full Name</u>	Home or t	<u>Businęss Address</u>	<u>Business or Occupation</u>
9.	corporation (If yes, furn	of which you have been an office	subject of an insolvency, bankruptcy, or creditor, director, or controlling shareholder, been the seedings in a separate exhibit, including if pertine ate disposition thereof.)	subject of such proceedings? Yes No
10.	Have you e	ever been charged with or convicte	ed of any criminal offense other than a misdements, furnish details as described in Item 9.)	anor involving minor motor vehicle
11.	(as defined found civilly Yes	l in Item 7) ever been charged with	p or other business entity with which you are pre n or convicted of a felony or other criminal offens rily enjoined by a court by reason of any act or p details of any such proceeding in a separate ext late and docket number.)	se involving dishonesty or breach of trust or practice involving fraud or breach of trust?
12.		ever been refused a bond?	Yes No (If yes, explain.)	
13.	Section 10	7.3 of the Regulations?	are you a close relative of any person affiliated version No (If yes, explain.)	
14.	During any partnership Yes	part of the past five years has a no or other business entity with which No (If yes, furnish details in	equest for financial assistance been made to an th you are presently or have been heretofore aff a separate exhibit, including current status of a	iliated (as defined in Item 7)? iny assistance received.)
15.	Describe a	iny affiliation, past or present, with	any other Small Business Investment Company	y. (See Section 107.702 of the Regulations.)
SB	A Form 4	15A (10-90) Use 3-82 Editio	on until exhausted	<i>P</i> **

	with, is true and complete to the best of my knowled and the Amendm	nitted in this SBA Form 415A, and in the Exhibits submitted therewith or in connection dogs and belief. I have read SBA Form 415 "Licence Application," filed ments thereto, and hereby agree that in my proposed capacity as to live the representations made in said Application and Amendments. Title Date			
nere	with, is true and complete to the best of my knowled and the Amendm	edge and belief. I have read SBA Form 416 "Licence Application," filod nents thereto, and hereby agree that in my proposed capacity as			
əre	with, is true and complete to the best of my knowled and the Amendm	edge and belief. I have read SBA Form 416 "Licence Application," filod nents thereto, and hereby agree that in my proposed capacity as			
ere	with, is true and complete to the best of my knowled and the Amendm	edge and belief. I have read SBA Form 416 "Licence Application," filod nents thereto, and hereby agree that in my proposed capacity as			
=== ER	TIFICATE: I hereby certify that all information submi	itted in this SBA Form 415A, and in the Exhibits submitted therewith or in connection			
		No.			
		FOR SBA USE ONLY			
olle fon	ction if a valid OMB approval number is not displaye mation collection, please contact the US Small Busin	ed. If you have questions or comments concerning this estimate or other aspects of this incess Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/laperwork Reduction Project (3245-0062), Washington, D.C. 20503.			
tre	et, N.W., Washington, D.C. 20416, for information ab	· · · · · · · · · · · · · · · · · · ·			
ndiv Nny	ridual to release the information to the requesters or person concerned with the collection of information,	mation about another party may be denied unless SBA has the written permission of the runless the information is subject to disclosure under the Freedom of Information Act. Note: , its voluntariness, disclosure or routine use under the Privacy Act or requesting information Director, Freedom of Information/Privacy Acts Division, Small Business Administration, 1441			
nio nan	rcement offices, and any other areas which will assist agement experience and financial soundness. This o	ist SBA in making an adequate appraisal of your general business reputation, character, constitutes the notifications required by section 606 of the Federal Fair Credit Reporting Act.			
upp	oort directly or indirectly, activities inimical to the secu				
		ts involved, terms, use of proceeds, etc.) with an investigation of your experience and character. It is against SBA policy to provide i.e., if there is reason to believe that the effect of such assistance will be to encourage or			
3.	Have you or any concern with which you are affiliated directly, or indirectly borrowed funds from or sold securities to any licensed small business investment company? Yes No (If yes, attach a statement giving all pertinent details relative thereto, including the				
	If you own or will own 10% or more of the Private Capital of the Licensee, were borrowed funds, used or will they be used in purchasing said Private Capital? Yes No (If yes, attach a statement giving full details, including your net worth, amount borrowed or to be borrowed, source of funds borrowed or to be borrowed, security and/or guarantors and terms of repayment.)				
7.	interest?	you are a director, officer, or owner of 10% or more of any class of its stock or other proprieta No (If yes, list their names, addresses, and relationships on a separate attachment.)			
7.	intercet?	you are a director, officer, or owner of 10% or more of any class of its stock or other propriet			

(paragraph 7-3) SBA Form 1081, Statement of Personal History

U.S. Small Business Administration

OMB APPROVAL NO.: 3245-0080 EXPIRATION DATE: 6/30/96

STATEMENT OF PERSONAL HISTORY (FOR USE BY NON-BANK LENDERS and CERTIFIED DEVELOPMENT COMPANIES)

Name of Non-Bank Lender or Certified Development Company						
Address (Street, City, State and Zip Code) of Non-Bank Lender or Certified Development Co.						
1.	Anal	icant	s Name in Full:			
••	UPP.	First	reame mi am.	Middle Name (if none, so state)	Last	
2.	Date	of Bi	rth (month, day & year)	3. Place of Birth (City and State or Foreign Country)	4. Citizen of the United States?	
	Starting with present address, list residence addresses for the last ten years: From (Date)					
	6. Employment and Professional History and Education: Attach a summary of (a) business or professional experience during the last ten years up to and including the present, stating the periods of each primary activity; the names, addresses and nature of business of the concerns or entities with which associated; title/and position in such concerns; and basic functions and responsibilities; (b) a summary of your education showing highest level attained (such as high school graduate, bachelor's degree, master's degree, etc.— giving, when applicable, name of higher educational institution, your specialization, and date of degree); and (c) a summary of any special experience or qualifications pertinent to responsibilities in connection with the operation of the Non-Bank Lender or Certified Development Company.					
ļ	7. Present Affiliations: Attach a list of all business concerns with which you are presently affiliated as an officer, director, or in any other official capacity, or by way of direct or indirect ownership or control of 10% or more of any class of stock of, or proprietary interest in, such concerns. Show names, addresses, and nature of business of such concerns, and details of relationship and ownership, including the percentage of any stock or proprietary interest owned.					
Yes	No		proceedings, or has an been the subject of suc	irectly or indirectly, the subject of an insolvency, b by corporation of which you have been an officer, on the proceedings? (If yes, furnish complete details of ertinent, the court, title of proceedings, date and of	director, or controlling shareholder f such proceedings in a separate	
		9.	Have you ever been ch minor motor vehicle v	parged with, or convicted of, any criminal offense ciolations? (If yes, furnish details as described in Ite	other than a misdemeanor involving em 8.)	

SBA Form 1081 (7-91) Previous Edition is Obsolete

Yes	No	10. Have you, or has any corporation, partnership or other business	entity with which you are negently as have		
		heretofore been affiliated (as defined in Item 7, Page 1), ever be other criminal offense involving dishonesty or breach of trust, of temporarily enjoined by a court by reason of any act or practice furnish relevant details of any such proceedings in a separate exor complaint and the court, title of proceedings, date and dock	een charged with or convicted of a felony or or found civilly liable or permanently or involving fraud or breach of trust? (If yes, whibit, including the information, indictment		
		11. Have you ever been refused bond? (If yes, explain.)			
		12. Are you associated with any other Non-Bank Lender or Certified	ny other Non-Bank Lender or Certified Development Company? (If yes, explain)		
		13. During any part of the past five years has a request for financial by you or any corporation, partnership or other business entity theretofore affiliated (as defined in Item 7, Page 1)? (If yes, furn current status of any assistance received.)	with which you are presently or have been		
		14. To your knowledge, is any SBA employee or any member of an Administration related to you by blood, marriage, or adoption any past or present, direct or indirect, financial interest in or aff director, officer or owner of 10% or more of any class of its stoctheir names, addresses, and relations.)	and/or associated with you through having filiation with any concern of which you are a		
		15. If you own or will own 10% or more of any class of the stock of Development Company, were borrowed funds used in purchasi including your net worth, amount borrowed or to be borrowed repayment.)	ng said stock? (If ves. give full details		
		16. Has any concern with which you are affiliated directly or indire Lender or Certified Development Company? (If yes, give all pert parties to the transaction, the amounts involved, terms, use of p	tinent details including the names of all		
	is be	The information on this form will be used in connection with an invest is against SBA policy to provide assistance not in the best interests of the pelieve that the effect of such assistance will be to encourage or support the security of the United States.	he United States, i.e., if there is reason to		
	bi ap	The nature and scope of the investigation may include contact with be pusiness associates, law enforcement offices, and any other areas which appraisal of your business reputation, character, management experies constitutes the notification required by Section 606 of the Federal Fair	ch will assist SBA in making an adequate ence and financial soundness. This		
Cert	ifica	ate: I hereby certify that the foregoing is true and complete to the be	est of my knowledge and belief.		
	Si	ignature Title	Date		
			FOR SBA USE ONLY		
SBA F	Form	n 1081 (7-91)	No.		

(paragraph 7-3) FD 258, FBI Fingerprint Card

