EQIP SUBMISSION REQUEST

Position Sensitivity (Circle one)		
Low Risk Moderate Risk		
High Risk		
Last Name First Name Middle Name	Date of Birth	Place of Birth (City and State or City and Country (Foreign National)
Position Title	<u>SSN #</u>	Applicant Email Address
Contact Telephone Number for the Applicant	Name of COTR or Agency Rep Kenneth R. Nock	COTR/Agency Rep Telephone Number 609-452-6580

***Applicant has 1 week after record is created to fill out SF 85, 85P, or SF 86 in EQIP. To login Applicant will use SSN#, City of birth, Date of Birth, and Last Name. Once logged in he/she will have to create 3 golden questions (what the applicant decides) and answers in order to be able to log back into the program.

Once the security questionnaire has been completed by the applicant he/she must print out, sign, and turn in signature pages (generated by the system). The applicant must turn these signature pages in with other supporting documents (depending on the investigation that is being conducted).

POC, COTR, or Sponsor must mail the supporting documents to the Eastern Regional Security Office adding a Worksheet for Non-Employee to the pkg (including line of accounting data on pg 2 of this from)