

**SPECIAL AGREEMENT CHECKS (SAC)
U.S. Department of Agriculture**

OFI FORM 86C
February 2002

U.S. OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIONS SERVICE

Agency Agreement Number 01-2002	OPM USE ONLY	OPM Codes	Case Number
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AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)

1 SUBJECT'S FULL NAME							2 DATE OF BIRTH		
Last Name	First Name	Middle Name	Abbrev.	Month	Day	Year			

3 PLACE OF BIRTH ! Use the two letter code for the State.					4 SOCIAL SECURITY NUMBER					
City	County	State	Country (if not the United States)		*	*	-	*	-	* * *

5 OTHER NAMES USED AND DATES WHEN USED															
Name				Month/Year		Month/Year		Name				Month/Year		Month/Year	
				To								To			
Name				Month/Year		Month/Year		Name				Month/Year		Month/Year	
				To								To			

6 SEX (Mark one box)			7 SPECIAL AGREEMENT CODES					8 POSITION TITLE			
<input type="checkbox"/> Female	<input type="checkbox"/> Male										

9 SON		10 SOI		11 OPAC-ALC NUMBER				12 ACCOUNTING DATA			
A * G * *		A * G * *		* * * * *							

13 OTHER INFORMATION REQUIRED BY AGREEMENT

(CODE E) Credit Record - Complete if Needed Fill in subject's address for every place lived for more than three months in the past 12 months. If additional space is needed, attach a continuation sheet to this form

Month/Year to Month/year #1	Street Address	Apt#	City	State	Zip
Month/Year to Month/Year #2	Street Address	Apt#	City	State	Zip

(CODE I) Immigration and Naturalization Service Record - Complete if Needed UNITED STATES CITIZENSHIP If subject is a U.S. Citizen, not born in the U.S., provide information about one or more of the following citizenship proofs

Naturalization Certificate (Where was subject naturalized?)

Court	City	State	Certificate Number	Month/ Day/ Year Issued
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Citizenship Certificate (Where was the Certificate issued?)

City	State	Certificate Number	Month/ Day/ Year Issued
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State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed	Month/ Day/ Year	Explanation
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U.S. Passport - This may be either a current or previously issued U.S. Passport

Passport Number	Month/ Day/ Year Issued
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Dual Citizenship - If subject is (or was) a dual citizen of the United States and Country another country, provide the name of that country in the space to the right

	Country
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Alien - If subject is an alien, provide the following information

Place subject entered the United States	City	State	Date Entered U.S. Month/ Day/ Year	Alien Registration Number	Country(ies) of Citizenship
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Code N-Bureau of Vital Statistics - Complete if Needed.

Mother's Full Name	Mother's Maiden Name	Father's Full Name
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14 Requesting Official Name and Title	Signature	Telephone Number (including area code)	Date
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INSTRUCTIONS FOR COMPLETING OFI FORM 86C

GENERAL: Agencies use this form to request limited investigation, or checks, on persons in positions for which there is a special agreement with that permits and specifies alternative procedures to meet investigative requirements. Complete all items on this form according to your agreement and using information obtained from the person to be checked or from documents provided by the person. **THIS FORM MUST BE TYPED.** Submit this form and any other documentation specified in the written agreement to:

**OPM-FIPC
ATTN: SAC PROCESSING
P.O. BOX 618
BOYERS, PA 16018**

INSTRUCTIONS FOR SPECIFIC ITEMS

ITEM	INSTRUCTION																																																																																																																								
1	The subject's full name must be given. If the subject is a "Jr.", "Sr.", "III", etc., enter the abbreviation in the box after the middle name. If the subject has initials only, enter each initial in the appropriate box. If the subject has no middle name, enter "NMN".																																																																																																																								
2	Provide the month, day, and year of subject's birth. Example: Enter June 7, 1942 as: 06/07/42.																																																																																																																								
3	<p>Subject's place of birth: Enter full name of city/town under CITY. Under COUNTY, give county if born in U.S. Using the Coding shown below, provide abbreviation for State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.</p> <p style="text-align: center;">CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 3)</p> <table style="width: 100%; border: none;"> <tr> <td>Alabama</td><td>AL</td><td>Hawaii</td><td>HI</td><td>Massachusetts</td><td>MA</td><td>New Mexico</td><td>NM</td><td>South Dakota</td><td>SD</td> </tr> <tr> <td>Alaska</td><td>AK</td><td>Idaho</td><td>ID</td><td>Michigan</td><td>MI</td><td>New York</td><td>NY</td><td>Tennessee</td><td>TN</td> </tr> <tr> <td>Arizona</td><td>AZ</td><td>Illinois</td><td>IL</td><td>Minnesota</td><td>MN</td><td>North Carolina</td><td>NC</td><td>Texas</td><td>TX</td> </tr> <tr> <td>Arkansas</td><td>AR</td><td>Indiana</td><td>IN</td><td>Mississippi</td><td>MS</td><td>North Dakota</td><td>ND</td><td>Utah</td><td>UT</td> </tr> <tr> <td>California</td><td>CA</td><td>Iowa</td><td>IA</td><td>Missouri</td><td>MO</td><td>Ohio</td><td>OH</td><td>Vermont</td><td>VT</td> </tr> <tr> <td>Colorado</td><td>CO</td><td>Kansas</td><td>KS</td><td>Montana</td><td>MT</td><td>Oklahoma</td><td>OK</td><td>Virginia</td><td>VA</td> </tr> <tr> <td>Connecticut</td><td>CT</td><td>Kentucky</td><td>KY</td><td>Nebraska</td><td>NE</td><td>Oregon</td><td>OR</td><td>Washington</td><td>WA</td> </tr> <tr> <td>Delaware</td><td>DE</td><td>Louisiana</td><td>LA</td><td>Nevada</td><td>NV</td><td>Pennsylvania</td><td>PA</td><td>West Virginia</td><td>WV</td> </tr> <tr> <td>Florida</td><td>FL</td><td>Maine</td><td>ME</td><td>New Hampshire</td><td>NH</td><td>Rhode Island</td><td>RI</td><td>Wisconsin</td><td>WI</td> </tr> <tr> <td>Georgia</td><td>GA</td><td>Maryland</td><td>MD</td><td>New Jersey</td><td>NJ</td><td>South Carolina</td><td>SC</td><td>Wyoming</td><td>WY</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td>American Samoa</td><td>AS</td><td>District of Columbia</td><td>DC</td><td>Guam</td><td>GU</td><td>Northern Mariana Island</td><td>CM</td><td>Puerto Rico</td><td></td> </tr> <tr> <td>PR</td><td>Trust Territory</td><td>TT</td><td>Virgin Islands</td><td>VI</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD	Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN	Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX	Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT	California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT	Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA	Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA	Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV	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	AS	District of Columbia	DC	Guam	GU	Northern Mariana Island	CM	Puerto Rico		PR	Trust Territory	TT	Virgin Islands	VI					
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4	Provide the subject's Social Security Number.																																																																																																																								
5	To the extent information is available, list all other names the subject was known by or is now using. If the subject is female, and is or was married, include maiden name, and other married names if married more than once. Provide beginning and ending dates for use of each name. Identify maiden name with "NEE".																																																																																																																								
6	Check the appropriate box to specify sex as MALE or FEMALE.																																																																																																																								
7	List the Special Agreement codes provided in the written agreement with OPM.																																																																																																																								
8	Give subject's position title.																																																																																																																								
9	Give your Submitting Office Number (SON), assigned by OPM.																																																																																																																								
10	Give your Security Office Identifier (SOI), assigned by OPM-FIPC.																																																																																																																								
11	Enter your agency's ALC (Agency Location Code) assigned by Treasury for use in the OPAC (On-line Payment And Collection) billing system (formerly SIBAC).																																																																																																																								
12	You may enter your agency data for internal use. Up to 25 characters may be entered in this block. (The information you enter will be printed on documents used to close the case to your agency.) If your agency does not need this information, leave the block blank.																																																																																																																								
13	Provide any other information required by the agreement with OPM. The format and content of the data must be exactly as specified in the agreement.																																																																																																																								
14	Type the requestors Name, Title, Phone Number, and Date. Form must be signed.																																																																																																																								