



**INSTALLATION SECURITY & INTELLIGENCE OFFICE
FORT HOOD, TEXAS**



**QUICK REFERENCE GUIDE
CONTRACTOR INVESTIGATION PROCEDURES
FOR POSITIONS OF PUBLIC TRUST**

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UNCLASSIFIED

INSTALLATION SECURITY & INTELLIGENCE OFFICE

QUICK REFERENCE GUIDE

CONTRACTOR INVESTIGATION PROCEDURES

FOR POSITIONS OF PUBLIC TRUST

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Instructions for Preparation and Submission of SF 85P

Responsibility	Instructions
Electronic Personnel Security Questionnaire (EPSQ)	The subject or Security Manager will complete SF 85P for background investigation.
Security Manager	<ul style="list-style-type: none">-Is the Point of Contact for processing background investigations. -Deliver investigation packet to DPTMS-ISIO, Industrial Specialist. -Make corrections when investigation packet is unacceptable for submission.
Industrial Security Specialist	<ul style="list-style-type: none">-Review NAC investigation paperwork. -Submit NAC to OPM when paperwork is acceptable. -Provide Security Manager a summary of corrections required when application is unacceptable. -Forward completed investigation results to the Security Manager.
Fingerprints	Security Manager or Installation Security and Intelligence Office will fingerprint subject.

Common Errors on SF 85P

Block	Instructions
Agency Use Information (SF 85P)	Must have this form. Other names used: If one of the other names used is a maiden name, put "nee" in front of maiden name.
National Agency Check (NAC) Security Information	Must have this form. This form is to be completed by the Security Manager. The Security Manager verifies the citizenship of the subject. Do not submit the original or a copy of the birth certificate with the application.
Block 1 Personal Information	Place of birth: Include city, state, county and country for those born in the United States. Outside the U.S.: City and country only, UNK for the county.
Block 2 Other Names Used	Do not list maiden name again it was provided in block 1.
Block 3 Citizenship	Select number 2 or 3 if born outside the U.S. Subject will need Naturalization Certificate number, issue date, city, state, State Department Form 240 (Consular Report of Birth Abroad), and court name or alien registration number.
Block 4, 5, 6, 8, &10 Addresses	Provide complete addresses no P.O. boxes. Example: 123 Apple Street, Apt B, Anywhere TX 12376. Military overseas addresses: (street address) 123 Apfel Strasse, (city) APO AE, (state) is left blank, (country) Germany. If addresses have only two lines, provide street address, city, state, & zip code. It is not necessary to type none on the additional address line. If phone numbers are not known, insert UNK and initial when the form is printed. Must have working phone numbers for people listed in Block 4 and Block 8. If middle names are not known, insert UNK and initial when the form is printed. If there is no middle name, insert in NMN.

Common Errors on SF 85P

<p>Block 5 Where You Went to School</p>	<p>If prompted to provide information for someone who knows you, provide a name, phone number, and address of an instructor, fellow student, or student admissions.</p>
<p>Block 6 Employment Activities</p>	<p>Employment must correspond with the residences that are provided in Block 4. Individuals who have served in the military will not combine entire military service into one employment. Each duty station must be listed separately with the corresponding residence. Go back 7 years from the scope of employment.</p>
<p>Block 7 Employment Record</p>	<p>Has any of the following happened to you in the past 7 years?</p> <ul style="list-style-type: none"> - Fired from job - Quit a job after being told you would be fired - Left a job by mutual agreement following allegations of misconduct - Left a job by mutual agreement following allegations of unsatisfactory performance - Left a job for other reason under unfavorable circumstances
<p>Block 8 People who know you well</p>	<p>List three people who know you well and whose combined association covers at least the last seven years. Do not list spouse, former spouse(s), and other relatives. Do not list anyone who is listed elsewhere on the form.</p>
<p>Block 9 Marital Status</p>	<p>If status is divorced write/type the following information after the SF 85P is printed: name, date of birth, and place of birth of former spouse, date of marriage, when and where divorced and address of divorcee. Most of the information can be obtained from the divorce decree. If information is unknown, write UNK and initial.</p>
<p>Block 10 Relatives</p>	<p>Provide a complete address, no P.O. boxes.</p>

Common Errors on SF 85P

<p>Block 12 Selective Service Record</p>	<p>Males born after December 31, 1959 need registration number or the legal exemption explanation if not registered. Registration number can be found at http://www.ss.gov/. Type in last name, social security number, date of birth, and selective service number will be displayed.</p>
<p>Fingerprint Card FD-258</p>	<p>Submit one fingerprint card (FD-258). Subject's name, date of birth and place of birth must be exactly the same on the SF 85P and FD-258.</p> <ul style="list-style-type: none"> -Residence of person fingerprinted -Date -Signature of official taking fingerprints -Employer names and address (complete) -Reason fingerprinted: Insert background investigation -Printed last name, first name and middle name. If there is no middle name, insert NMN -Aliases (AKA) are any nicknames -Citizenship -Sex -Race -Height -Weight -Eye color -Hair color -Place of birth (complete) -Date of birth. -Social security number
<p>Local Record Check (LRC)</p>	<p>The dates on LRC are good for 60 days only.</p>
<p>SF 85P Signatures</p>	<p>Signature/Dates cannot be more than 120 days. If SF 85P is returned for dates, line through the date and signature. Resign and re-date all signature pages and initial corrections.</p>
<p>Disks</p>	<p>Submissions of disks are not required. Disks can remain in the possession of the subject or the individual signing the NAC security information form.</p>
<p>Dates on the SF 85P</p>	<p>Do not use question marks for dates. If exact dates are unknown, use your best guess.</p>

Common Errors on SF 85P

Printing the SF 85P	When printing the SF 85P choose the 2 nd option: Send report to printer and do not include instructions privacy act notice text.
Packet Composition	Agency Use Information (SF 85P) National Agency Check Security Information Public Trust Position Application (SF 85P) Co-subject Information Authorization for Release of Information Authorization for Release of Medical Information Validation of Public Trust Application (SF 85P) Validation NAC Security Information FD-258 (fingerprint card) Local Record Check Original and 1 copy of the entire packet is required.

LAST NAME
FULL FIRST NAME, FULL MIDDLE NAME
SSN: 123-45-6789
Page: 1

1. Personal Information

Name LAST NAME
FULL FIRST NAME, FULL MIDDLE NAME
Birth Date 1900/01/01 Sex Male
Place Of Birth NEW YORK, TX
County UNITED STATES
Work/Day Phone Home/Day Phone
Height - Weight Hair Color Eye Color

2. Other Names Used

YES Have you ever used or been known by another name?

	FROM	TO	OTHER NAME
1.	//	//	**** ****

3. Citizenship

Current Citizenship U.S. Citizen

Mother's Maiden Name ****

Citizenship Type Born in the U.S.

YES Are you now or were you a dual citizen of the U.S. and another country?

Countries of Dual Citizenship

4. Where You Have Lived

	FROM	TO	ADDRESS
1.	//	PRES	

Person Who Knows You

Must give complete address to
include: City, State, Zip Code

SAMPLE

Phone

NO Is this residence address hard to find?

2. // //

5. Where You Went To School

YES Have you attended school beyond Junior High School within the last 5 years?

	FROM	TO	TYPE/ADDRESS
1.	//	//	Degree/Diploma/Other Award Date //

6. Your Employment Activities

	FROM	TO	TYPE OF EMPLOYMENT
1.	//	PRES	
2.	//	//	
3.	//	//	
4.	//	//	

Scope of employment
is 7 years (most recent 7 years)

7. Your Employment Record

NoAns Has any of the following happened to you in the past 7 years?

- Fired from job
- Quit a job after being told you'd be fired
- Left a job by mutual agreement following allegations of misconduct
- Left a job by mutual agreement following allegations of unsatisfactory performance
- Left a job for other reason under unfavorable circumstances

8. People Who Know You Well

FROM	TO	REFERENCE NAME/ADDRESS
1. //	PRES	**** ****

Work Address

Day Phone

2. //	//	**** ****
-------	----	--------------

Work Address

Day Phone

3. //	//	**** ****
-------	----	--------------

Work Address

Day Phone

Cannot use relatives as references or persons with overseas address.

SAMPLE

9. Your Marital Status

What is your current marital status? Married

STATUS/DATES	NAMES/LOCATION
1. Married	**** ****

DOB // POB

Marriage //

SSN -□□-E□□

NoAns Is your current spouse's address different from yours?

NoAns Has your current spouse, to your knowledge, ever used another name (other than maiden name)?

Country(ies) of Citizenship

10. Your Relatives

RELATIONSHIP	NAME/PLACE OF BIRTH
1. Mother	**** ****

DOB // POB

NO Is the family/associate you listed deceased?

Current Address

Mothers & Fathers are mandatory entries.

10. Your Relatives (Continued)

Country(ies) of Citizenship

2. Father

DOB / / POB

NoAns Is the family/associate you listed deceased?

3. Child (adopted also)

DOB / / POB

NoAns Is the family/associate you listed deceased?

4. Child (adopted also)

DOB / / POB

NoAns Is the family/associate you listed deceased?

11. Your Military History

NoAns Have you ever served in the military? (If yes, provide in chronological order your military history: begin with the most recent period and include Reserves, National Guard, Merchant Marines, and Foreign Military service.)

12. Your Selective Service Record

NO Are you a male born after December 31, 1959?

13. Your Investigation Record - Investigations/Clearances Granted

NoAns Has the United States Government ever investigated your background and/or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter (Y)es and follow instructions in the help text for the fields on the next screen. If you can't recall whether you've been investigated or cleared, enter (N)o.)

14. Your Investigation Record - Clearance Actions

NoAns To your knowledge have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.)

15. Foreign Countries You Have Visited

NoAns Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6.

16. Your Police Record

NoAns In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)

17. Illegal Drugs - Use

NoAns 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.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

SAMPLE

18. Illegal Drugs - Activity

NoAns 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?

19. Your Financial Record - Bankruptcy, Liens, Judgements

NoAns 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 a legal judgement rendered against you for a debt?

20. Your Financial Record - 180-Day Delinquencies

NoAns Are you now over 180 days delinquent on any loan or financial obligation? (Include loans or obligations funded or guaranteed by the Federal Government.)

CERTIFICATION BY PERSON COMPLETING FORM

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Name LAST NAME
FULL FIRST NAME, FULL MIDDLE NAME
SSN 123-45-6789

Signature (Sign in ink)

Date

"SUBJECT Signs/Dates Here"

SAMPLE

C O - S U B J E C T R E P O R T

LAST NAME

SF85P

SSN: 123-45-6789

FULL FIRST NAME, FULL MIDDLE NAME

Page: 5

1. Current Spouse

DOB / / POB
MARRIAGE / /
SSN -[]-[]-[]

NoAns Is your current spouse's address different from yours?

NoAns Has your current spouse, to your knowledge, ever used another name
(other than maiden name)?

Country(ies) of Citizenship

SAMPLE

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 Security 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 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) SSN 123-45-6789

Date

"SUBJECT Signs/Dates Here"

SAMPLE

Name LAST NAME
FULL FIRST NAME, FULL MIDDLE NAME
Other Names Used ****

Address
SSN 123-45-6789
Home Phone

SAMPLE

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.

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)

← LEAVE BLANK

(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 judgement or reliability?

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 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) SSN 123-45-6789

Date

Name LAST NAME
FULL FIRST NAME, FULL MIDDLE NAME

Other Names Used ****

Address

SSN 123-45-6789

Home Phone

"SUBJECT Signs/Dates Here"

SAMPLE

V A L I D A T I O N R E P O R T

SSN:

Page: 1

The validation report will review your data for the following items:
BLANK INFORMATION THAT IS REQUIRED

EPSQ will identify the required information that you have not provided.
DATE GAPS

EPSQ will check the dates between employment and residence entries for gaps
in dates.

REMARKS

EPSQ will check required remarks to ensure you have entered comments.
If you have any questions about this validation report or the required
information, see your security officer

No errors found during validation.

End-of-User-Report

SAMPLE

National Agency Check Security Information

Date: 2006/11/08

LAST NAME

FULL FIRST NAME, FULL MIDDLE NAME

EPSQ Version 2.2

Time: 16:07:15

SSN: 123-45-6789

Page: 1

1. Addresses

Forward This Request To:

US OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATION PROCESSING CENTER
P. O. BOX 618, 1137 BRANCHTON ROAD
BOYERS, PA 16018-0168

RETURN RESULTS TO:

SOI A061 D/ARMY
DPTMS, ATTN: IMSW-HOD-PLS
761ST TANK BN AVE, BLDG 1001, C125
FORT HOOD, TX 76544

Requester Army (A)

Organization Code/Type WAT4FF/UIC

FROM:

US OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIONS PROCESSING CENTER
P. O. BOX 618, 1137 BRANCHTON ROAD
BOYERS, PA 16018-0168

2. Type of Investigation

NAC - Industrial (3)

3. Local Files Check

YES Were the results of local files check favorable?

4. Current Status

What is the subject's current status? Contractor Employee

5. Citizenship Verified

YES Was the subject's U.S. citizenship verified?

6. Reason for Request

ADP III

7. Investigation Validity Certification

I certify that the information provided on this form is true to the best of my knowledge and that the above named individual has the need for the indicated clearance to perform assigned duties.

Name of Certifier MANAGER
COMPANY, SECURITY

Title of Certifier

Certifier's Phone

Certifier's Signature

Date

8. General Remarks

NoAns Do you have any remarks relating to this subject's form?

SAMPLE

LAST NAME

NAQ SSN: 123-45-6789

FULL FIRST NAME, FULL MIDDLE NAME

Page: 2

CERTIFICATION NOTICE

COMPANY SECURITY MANAGER ,, US OFFICE OF PERSONNEL MANAGEMENT, FEDERAL INVESTIGATIONS PROCESSING CENTER, P. O. BOX 618, 1137 BRANCHTON ROAD, BOYERS, PA 16018-0168 has certified to the Defense Security Service that FULL FIRST NAME FULL MIDDLE NAME LAST NAME has signed an Authority for Release of Information and Records authorizing any duly accredited representative of the Department of Defense (including those from the Defense Security Service) to obtain information relating to his/her activities. This Authority for Release of Information and Records will be maintained by US OFFICE OF PERSONNEL MANAGEMENT until the security determination process has been completed.

An exact copy of the text of this Authority for Release of Information and Records, including all information provided on the form by FULL FIRST NAME FULL MIDDLE NAME LAST NAME (to include the name(s), date of birth, social security number, current home address, home telephone number, name signed on the release form, and date the release form was signed), is provided as an attachment to this notice and may be retained by the records repository or individual providing information concerning FULL FIRST NAME FULL MIDDLE NAME LAST NAME .

SAMPLE

The validation report will review your data for the following items:
BLANK INFORMATION THAT IS REQUIRED

EPSQ will identify the required information that you have not provided.
DATE GAPS

EPSQ will check the dates between employment and residence entries for gaps
in dates.
REMARKS

EPSQ will check required remarks to ensure you have entered comments.
If you have any questions about this validation report or the required
information, see your security officer

No errors found during validation.

End-of-User-Report

SAMPLE

Instructions For The Agency Use Information Form SF 85P

Complete the following information only:

Block I Position Title	Enter the title of the position for which the investigation is being requested. If the person being investigated is a contractor individual, enter the person's position with the contractor company, or "CONTRACTOR."
Subject of Investigation Full Name	If subject has only initials in their name, use them and state (IO). If subject is a "JR., SR. II, III, etc., enter this in the box after middle name. If no middle name, enter "NMN".
Other Names Used	Give other names used and the period of time used them (for example: maiden name, name(s) by a former marriage, former name(s), alias (es) or nickname(s). If the other name is a maiden name put "nee" in front of it.
Education Degree (s) outside 7 years	List education information for those degrees beyond the 7-year period, not listed on your SF 85P. Use the number "2" in the code block which represents College/University/Military College.
Appointee/Applicant Signature	Subject must sign and date

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation.
Note: The EPSQ is for internal DOD use only, and is pending OMB approval.

Agency Use Information (SF 85P)

A Type of Investigation	06A	B Extra Coverage		C Sensitivity Level	1	D Computer/ADP	C	E Nature of Action Code	CON	F Date of Action	
G Geographic Location				H Position Code		I Position Title					
J SON	A061	K Location of Official Personnel Folder	<input checked="" type="checkbox"/>	None	Other Address					Zip Code	
				NPRC							
				At SON							
L SOI	A061	M Location of Security Folder	<input checked="" type="checkbox"/>	None	Other Address					Zip Code	
				At SOI							
				NPI							

N OPAC ALC Number	DA-GPSI	O Accounting Data and/or Agency Case Number	
--------------------------	----------------	--	--

P Requesting Official	Name and Title WANDA Y. JENKINS SECURITY SPECIALIST	Signature	Telephone Number (254) 553-2221	Date
------------------------------	---	-----------	------------------------------------	------

The following information is requested as part of your EPSQ for an investigation request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign the attached sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME

*If you have only initials in your name, use them and state (IO). *If you are a "JR., SR. II, III, etc.", enter this in the box after your middle name.
 *If you have no middle name, enter "NMN"

Last Name	First Name	Middle Name	JR., SR., etc.

OTHER NAMES USED

Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es) or nickname(s). If the other name is your maiden name, put "nee" in front of it.

Name #1	Month/Year to	Month/Year	Name #3	Month/Year to	Month/Year
Name #2	Month/Year to	Month/Year	Name #4	Month/Year to	Month/Year

EDUCATION DEGREE (S) (OUTSIDE 7 YEARS)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information below for those degrees beyond the 7-year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Day #1 To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (County) of School			State	Zip Code
Month/Day #2 To	Code	Name Of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: _____

Date _____

**LOCAL RECORDS CHECK FOR
CONTRACTOR BACKGROUND INVESTIGATION**

When completed, this form is considered personal in nature and should be protected by a For Official Use Only Cover Sheet.

NAME OF INDIVIDUAL BEING SCREENED

SSN

CONTRACTING AGENCY

**SECTION I
PROVOST MARSHAL/SECURITY OFFICER RECORDS CHECK**

A law enforcement/security records check has been conducted in accordance with AR 380-67.
Information is is not attached.

NAME OF REVIEWING OFFICIAL

GRADE

SIGNATURE

DATE

COMMENTS:

**SECTION II
LOCAL CIVILIAN LAW ENFORCEMENT AGENCY RECORDS CHECK
(If permitted by the state, city or local laws)**

Local civilian law enforcement agencies in the area of the individual's residence have been checked in accordance with AR 380-67.
Information is is not attached.

NAME OF REVIEWING OFFICIAL

GRADE

SIGNATURE

DATE

COMMENTS:

**SECTION III
SECURITY OFFICIAL EVALUATION**

Individual has been screened in accordance with AR 380-67.
After thorough review of all information provided, I find this individual suitable unsuitable to perform prescribed duties.

ORGANIZATION AND POSITION

NAME OF REVIEWING OFFICIAL

GRADE

SIGNATURE

DATE

SF 85P CORRECTION CHECKLIST

SUSPENSE DATE _____

SUBJECT _____ SSN _____

UNIT _____

The Standard Form 85 for Positions of Trust (SF 85P) will be forwarded to the Office of Personnel Management (OPM) for completion of the background investigation. OPM has additional requirements not identified in the Personnel Security Questionnaire (PSQ) instructions. Instructions on the completion of each module of the SF 85P can be found in the Industrial Security Handbook or the SF 85P Quick Reference Guide. The SF 85P will be returned for corrections for the following errors:

- Blank spaces where information is required. (ex: If a middle name is unknown, the space must be annotated *UNK* or if no middle name annotate *NMN*. (Please note *UNK* requires subject initials only not *NMN*.)
- Incomplete address. All addresses must have street, city, state, and zip code.
- Signatures on PSQ cannot be more than 120 days.
- Subject's name, date of birth, and place of birth must be the same on the SF 85P and fingerprint card.

The SF 85P is being returned for the following corrections:

____ Initial all unknowns or overwrites at _____

____ Provide complete address for # _____

____ Provide middle name or insert *UNK* and initial for # _____

____ Insert the correct code for # _____

____ List each job separately or incorrect employment entry for # _____

____ Provide medical/general release page signed/dated. _____

____ Residence and employment dates do not correspond. _____

____ Fingerprint card address different from employer address _____

____ See back of page for further information.

Return corrected SF 85P with this sheet attached by the suspense date above.

DATE RETURNED: _____ FILE NO: _____

Reviewed by: _____ DATE: _____

SECURITY IS YOUR BEST DEFENSE!



1 December 2006

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