

SF 86 PACKET INSTRUCTIONS/CHECKLIST

PLEASE READ THESE INSTRUCTIONS AS WELL AS THE INSTRUCTIONS ON THE SF 86 AS A MEANS TO CLARIFY THE INFORMATION ASKED FOR. CHECK THE BOXES AS YOU COMPLETE THE FORM TO INSURE THAT YOU HAVE ANSWERED THE QUESTIONS TO THE BEST OF YOUR ABILITY. IF THE FORMS IS NOT FILLED OUT CORRECTLY, IT WILL DELAY THE PROCESSING TIME.

IF THIS IS A PERIODIC REINVESTIGATION FOR A CURRENT CLEARANCE, PLEASE ASK YOUR SUPERVISOR TO PROVIDE AN ACCOUNTING CODE FOR PART A.

1. FULL NAME	Last, First, Middle (full middle name at birth – no maiden or former married names) If no middle name, put “NMN” or “NONE”	<input type="checkbox"/>
2. DATE OF BIRTH	Self Explanatory	<input type="checkbox"/>
3. PLACE OF BIRTH	Self Explanatory . List City and Country if born outside the US	<input type="checkbox"/>
4. SOCIAL SECURITY NUMBER	Self Explanatory	<input type="checkbox"/>
5. OTHER NAMES USED	Include maiden name, former married names, aliases and dates used.	<input type="checkbox"/>
6. OTHER IDENTIFYING INFORMATION	Self Explanatory	<input type="checkbox"/>
7. TELEPHONE NUMBERS	Self Explanatory	<input type="checkbox"/>
8. a. CITIZENSHIP	Country of Citizenship. Mark the appropriate box and follow the instructions	<input type="checkbox"/>
b. MOTHER’S MAIDEN NAME	First and Last name	<input type="checkbox"/>
c. US CITIZENSHIP	If not born in the US, provide information about proofs of your citizenship	<input type="checkbox"/>

d. DUAL CITIZENSHIP	Past or present. Name other country of citizenship	<input type="checkbox"/>
e. ALIEN	City, State, Date, Registration Number, Country	<input type="checkbox"/>
9. WHERE YOU HAVE LIVED	Provide complete street address for all locations. If in travel, list city, state and country with the name, address and telephone number of someone who can verify that information. LEAVE NO GAPS IN TIME. Follow the instructions carefully. Use SF86A, Continuation Sheet, for additional addresses. Go back 10 years.	<input type="checkbox"/>
10. WHERE YOU WENT TO SCHOOL	Self Explanatory. Go back 10 years.	<input type="checkbox"/>
11. YOUR EMPLOYMENT ACTIVITIES	Information must be current and match those on your SF171 or resume. Follow the instructions. Go back 10 years. . LEAVE NO GAPS IN TIME. If you were unemployed, or self-employed, list the dates and the name, address and telephone number of someone who can verify that you were unemployed or self-employed. List supervisor's name	<input type="checkbox"/>
12. PEOPLE WHO KNOW YOU WELL	Provide name, years known, street address and phone numbers. These people must live in the US and not be relatives or former spouses.	<input type="checkbox"/>
13. YOUR SPOUSE	Self Explanatory	<input type="checkbox"/>
14. YOUR RELATIVES AND ASSOCIATES	Self Explanatory	<input type="checkbox"/>
15. CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES	Self Explanatory	<input type="checkbox"/>
16. YOUR MILITARY HISTORY	Be sure that all periods of service are properly coded, dates are complete, Service/Certificate numbers are shown for each period, O or E are marked indicating officer or enlisted.	<input type="checkbox"/>

17. YOUR FOREIGN ACTIVITIES	Self Explanatory.	<input type="checkbox"/>
18. FOREIGN COUNTRIES VISITED	Self Explanatory. Last 10 years	<input type="checkbox"/>
19. MILITARY RECORD	Provide information for the last 10 years.	<input type="checkbox"/>
20. SELECTIVE SERVICE RECORD	Self Explanatory.	<input type="checkbox"/>
21. MEDICAL RECORD	Self Explanatory. Make sure dates are complete	<input type="checkbox"/>
22. EMPLOYMENT RECORD	Provide information for the last 10 years, not the last 15.	<input type="checkbox"/>
23. YOUR POLICE RECORD	Self Explanatory. Make sure dates are complete.	<input type="checkbox"/>
24. ILLEGAL DRUGS	Self Explanatory. Make sure dates are complete	<input type="checkbox"/>
25. YOUR USE OF ALCOHOL	Self Explanatory. Go back 10 years.	<input type="checkbox"/>
26. YOUR INVESTIGATIONS RECORD	Self Explanatory. Make sure dates are complete	<input type="checkbox"/>
27. YOUR FINANCIAL RECORD	Self Explanatory. Provide information for the last 10 years,	<input type="checkbox"/>
29. PUBLIC RECORD CIVIL COURT ACTIONS	Self Explanatory. Go back 10 years.	<input type="checkbox"/>
30. YOUR ASSOCIATION RECORD	Self explanatory. Provide information for the last 10 years,	<input type="checkbox"/>

CERTIFICATION (P 9)	Signed and dated in ink. Full first, Middle, Last name.	<input type="checkbox"/>
AUTHORIZATION FOR RELEASE OF INFORMATION (P10)	Signed and dated in ink. Full first, Middle, Last name	<input type="checkbox"/>
CD 79 REQUEST FOR SECURITY CLEARANCE	<i>This form must be filled out and signed by your supervisor.</i>	<input type="checkbox"/>
FAIR CREDIT REPORTING ACT OF 1970, AS AMENDED	Sign and date.	<input type="checkbox"/>
SF87 FINGERPRINT CHARTS (2)	Fill in the blanks. Your local police department will take your fingerprints if no one else is available. Please submit both cards.	<input type="checkbox"/>
SF 312 CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT	Read it. Fill in the information under Item 11. Have it witnessed. LEAVE THE ACCEPTANCE BLOCK BLANK. DO NOT SIGN THE "SECURITY DEBRIEFING ACKNOWLEDGEMENT."	<input type="checkbox"/>

All completed and signed forms must be mailed to:

Department of Commerce
Office of Security
Eastern Region
Norfolk Federal Building
200 Granby Street, Room 407
Norfolk, VA. 23510

Attention: Carroll Ward