

This outline identifies the information required to complete SF-85, the Electronic Questionnaires for Investigations Processing (e-QIP) required for Uncleared PIV (U-PIV) badge processing. You will be able to answer some questions immediately. Others will require you to do some research. Collect all required information and have it with you to complete SF-85 data entry online.

General Information:

- Complete physical addresses are required. P.O. Boxes are not acceptable. All addresses must include #, name, and designators (Blvd, St, Dr, Rd. etc.).
- Responses such as "I don't know", "Unknown", "None", and "N/A" are not valid without a comment that explains the inability to provide the requested information.

Section 1 Full Name

- Full legal name (Last, First, Middle, Suffix).
- Indicate Initial Only (IO) or No Middle Name (NMN), if applicable.
- Include suffix Sr., Jr., II, III, etc., if applicable.

Section 2 Date of Birth**Section 3** Place of Birth (City, County, State, Country)**Section 4** Social Security Number**Section 5** Other Names Used (Maiden Name, Former Married / Changed Name, Alias, Nickname)

- EVERY other name you have used.
- Dates you used the name (from date / to date).
- Reason name was changed (such as marriage, divorce, nickname).

Suggested sources: adoption record, marriage license, court order, divorce decree.

Section 6 Your Identifying Information

- Height (feet / inches)
- Weight (pounds)
- Hair color
- Eye color
- Sex (M / F)

Section 7 Your Contact Information

Provide THREE (3) of the following, including AT LEAST ONE (1) telephone number:

- Home e-mail address.
- Work e-mail address.
- Home telephone number.
- Work telephone number.
- Mobile / cell telephone number.

Section 8 U. S. Passport Information

Do you possess a U. S. passport (current or expired)?

If YES, provide:

- Passport number.
- Issue date.
- Expiration date.
- Name in which passport was issued.

Section 9 Citizenship

Select your citizenship status:

- U. S. citizen or national by birth in U. S. or U. S. territory / commonwealth.
- U. S. citizen or national by birth, born to U. S. parent(s) in foreign country.
- Naturalized U. S. citizen.
- Derived U. S. citizen.
- NOT a U. S. citizen.

Provide your mother's maiden name.

If you ARE NOT a U. S. citizen by birth, you must answer follow-up questions and provide documentation of citizenship (varies depending on status, but may include certificate of citizenship, alien registration number, certificate of naturalization, permanent residence card, visa, etc.).

Section 10 Dual / Multiple Citizenship

Are you now or have you EVER held dual / multiple citizenship

If YES, provide additional information and documentation.

Section 11 Where You Have Lived

List places you have lived, beginning with current residence and working back FIVE (5) YEARS. The entire five-year period must be covered with NO BREAKS.

Include:

- Dates of residence (from date / to date).
- Type of residence (owned, rented, military).
- Street address, city, state, ZIP code, country.

For addresses within the last THREE YEARS, identify person who knew you at the address. DO NOT list your spouse, cohabitant, or other relatives as the verifier for periods of residence. Provide:

- Full name.
- Date of last contact.
- Relationship (neighbor, friend, landlord, business associate).
- Telephone number.
- E-mail address.
- Street address, city, state, ZIP code, country.

Suggested sources: mortgage / rental paperwork, employment documents, medical records.

Section 12 Where You Went to School

DO NOT list education before your 18th birthday, unless to provide a minimum education history of two years.

1. Have you attended any school in the last FIVE (5) YEARS?
2. Have you received a degree or diploma more than five (5) years ago?

If YES to either, provide:

- Dates of attendance (from date / to date).
- Type of school (high school, college / university / military, vocational / technical / trade, correspondence / distance / extension / online).
- School name, street address, city, state, ZIP code, country. Database of Accredited Postsecondary Institutions and Programs (<https://ope.ed.gov/dapip/#/home>) can be used to verify addresses for higher education institutions (those beyond high school).
- Did you receive a degree / diploma?

For schools attended within the last THREE years, identify person who knew you at the school. The reference can be a classmate, professor, friend, or relative. Provide:

- Full name.
- Telephone number.
- E-mail address.
- Street address, city, state, ZIP code, country.

Section 13a Employment Activities – Employment & Unemployment Record

List all employment activities, including unemployment and self-employment, beginning with the present and working back FIVE (5) YEARS. The entire five-year period must be covered with NO BREAKS.

For military duty, list separate employment activity periods to show each change in military duty station.

Provide separate entries for employment activities with the same employer but having different physical addresses.

DO NOT list employment before your 18th birthday, unless to provide a minimum employment history of two years.

Include:

- Type of employment (active military, national guard / reserve, USPHS commissioned corps, other federal employment, federal contractor, state government, non-government employment, self-employment, unemployment).
 - As an SRS employee, you are a **federal contractor**.
- Dates of employment (from date / to date).
- Position title / military position rank.
- Type of employment (full-time, part-time).
- Employer (company) name, street address, city, state, ZIP code, country, and telephonenumber.
 - For SRS employment, use the following: (Subcontractor's should use their company's corporate address)

Savannah River Nuclear Solutions	Savannah River Mission Completion	Battelle Savannah River Alliance
Savannah River Site Building 730-1B, Service Center	Savannah River Site Building 766-H, Room 1066G	Savannah River Site Building 773-51A Room 107
Aiken, SC 29808	Aiken, SC 29808	Aiken, SC 29808
803-725-7772	803-208-0181	803-725-8421

- Physical work location street address, city, state, ZIP code, country, if different from employer (company) address.
 - For SRS employment, use the following SRS address format to provide the address where you are physically located:
Savannah River Site, Building____, Room____(if applicable)
Aiken, SC 29808
- Supervisor name, position title / military position rank, e-mail address, physical work location street address, city, state, ZIP code, country, telephone number.
 - For SRS employment, use SRS address format for supervisor's physical address:
Savannah River Site, Building____, Room____(if applicable)
Aiken, SC 29808
- Name, street address, city, state, ZIP code, country, and telephone number of someone who can verify self-employment / unemployment.

Suggested sources: union hall employment records, tax records, W-2 forms, job applications, resumes.

Section 13B Employment Record

Answer additional questions related to employment activities. If YES, add to Section 13a.

Section 14 Selective Service Record

If you were born a male after 12/31/1959, you must complete this section.

If you are not sure whether you registered with the Selective Service System OR if you do not know your registration number, access the Selective Service System website (<https://www.sss.gov>) and click Verify Registration.

Note: Your Selective Service Number IS NOT your Social Security Number.

If you did not register with the Selective Service System, you must provide an explanation.

Section 15 Military History

If you have EVER served in the U. S. military, you must complete this section.

Include:

- Branch of service (Army, Army National Guard, Navy, Air Force, Air National Guard, Marine Corps, Coast Guard).
- State of service if National Guard.
- Status (active duty, active reserve, inactive reserve).
- Officer or enlisted.
- Service number.
- Dates of service (from date / to date).

If discharged, include:

- Type of discharge (honorable, dishonorable, under other than honorable conditions, general, bad conduct, other)
- Discharge date.
- Reason for discharge if not honorable.
- Member 4 copy of your DD-214 (NGB Form 22 for Army National Guard). ONLY Member 4 copy will be accepted. U-PIV request cannot be submitted without required discharge paperwork. Discharge paperwork may be requested at <https://www.va.gov>.

In the last FIVE (5) YEARS, if you have been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), provide details.

If you have EVER served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, or other defense force, or government agency, provide details.

Section 16 Police Record

Report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. Include all incidents whether occurring in the U. S. or abroad.

In the last FIVE (5) YEARS, have you:

- Been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you?
- Been arrested by any police officer, sheriff, marshal, or other law enforcement official?
- Been charged with, convicted of, or sentenced for a crime in any court?
- Been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Include:

- Date of offense.
- Description of specific nature of offense.
- Offense location street address, city, state, ZIP code, country.
- Name, street address, city, state, ZIP code, country of law enforcement agency that issued arrest / citation / summons.

If charged or convicted, also include:

- Name, street address, city, state, ZIP code, country of court.
- All charges brought for the offense and outcome of each (found guilty, found not guilty, charge dropped, "nolle pros," etc.).

If sentenced, also include:

- Description of sentence.
- If conviction resulted in imprisonment, provide dates of incarceration (from date / to date).
- If conviction resulted in probation or parole, provide dates of probation or parole (from date / to date).

If there is currently a domestic violence protective order or restraining order issued against you, include:

- Explanation of domestic violence offense.
- Date protective order or restraining order was issued.
- Name, street address, city, state, ZIP code, country of court or agency that issued the order.

Section 17 Illegal Use of Drugs and Drug Activity

Questions pertain to the illegal use of drugs / controlled substances or drug / controlled substance activity not in accordance with federal laws, even if permissible under state laws. Your truthful responses and information derived from your responses to this section will not be used as evidence against you in subsequent criminal proceedings.

1. In the LAST YEAR, have you illegally used any drugs / controlled substances (by injecting, snorting, inhaling, swallowing, experimenting with, or otherwise consuming)?
2. In the LAST YEAR, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling, or sale of any drug / controlled substance?

If YES to either, provide:

- Type of drug / controlled substance (cocaine or crack cocaine, THC, ketamine, hallucinogenic, inhalant, stimulant, depressant, narcotic, steroid, other).
- Date of first use / involvement.
- Date of most recent use / involvement.
- Reason(s) engaged in activity.

3. In the LAST YEAR, have you intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else?

If YES, provide:

- Name of prescription drug misused.
- Dates of involvement (from date / to date).
- Reason(s) / circumstances of misuse of prescription drug.

4. In the LAST YEAR, have you been ordered, advised, or asked to seek counseling / treatment as a result of your illegal use of drugs / controlled substances?
5. In the LAST YEAR, have you voluntarily sought counseling / treatment as a result of your use of a drug / controlled substance?

If YES to either, provide:

- Type of drug / controlled substance (cocaine or crack cocaine, THC, ketamine, hallucinogenic, inhalant, stimulant, depressant, narcotic, steroid, other).
- Who ordered, advised, or asked to seek counseling / treatment (employer / military commander / employee assistance program, mental health professional, medical professional, court official / judge, none of the above).
- Name, street address, city, state, ZIP code, country of treatment provider.
- Telephone number for treatment provider.
- Dates of treatment (from date / to date).
- If you DID NOT successfully complete treatment, explain.

Section 18 Investigations and Clearance Record

1. Has the U. S. government or a foreign government EVER investigated your background and/or granted you a security clearance / access authorization? (Investigation includes for security clearance or Uncleared PIV badge.)

If YES, provide:

- Investigating agency (U. S. Department of Defense, U. S. Office of Personnel Management, U. S. Department of Treasury / Bureau, U. S. Department of Homeland Security, U. S. Department of State, Federal Bureau of Investigation (FBI), Foreign Government, Other, Don't Know)
- Date investigation was completed (if known).
- Was security clearance / access authorization granted?

If clearance WAS granted, provide:

- Name of agency that issued security clearance / access authorization, if different from investigating agency.
- Date security clearance / access authorization was granted (if known).
- Level of security clearance / access authorization (non-sensitive, Confidential, Secret, Top Secret, Sensitive Compartmented Information (SCI), Q, L, Issued by Foreign Government, Other, Don't Know).

2. In the last FIVE (5) YEARS, have you had a security clearance / access authorization denied, suspended, or revoked? (Administrative downgrade or administrative termination is not a revocation.)

If YES, provide:

- Date security clearance / access authorization was denied, suspended, or revoked.
- Name of agency taking action.
- Explanation of circumstances of denial, suspension, or revocation.

3. In the last FIVE (5) YEARS, have you been debarred from government employment?

If YES, provide:

- Name of agency taking debarment action.
- Date debarment occurred.
- Explanation of circumstances of debarment.

Section 19 Financial Record

1. In the last FIVE (5) YEARS, have you failed to file or pay federal, state, or other taxes as required bylaw?

If YES, provide:

- Did you fail to file, pay as required, or both?
- Year you failed to file or pay federal, state, or other taxes.
- Reason for failure to file or pay required taxes.
- Name of agency to which you failed to file or pay taxes.
- Type of taxes you failed to file or pay (property, income, sales, etc.).
- Amount (in U. S. dollars) of taxes.
- Date satisfied (paid).
- Describe actions taken to satisfy the debt (such as withholdings, frequency and amount of payments, etc).
- If you have not taken action, explain.

2. Are you currently delinquent on any federal debt?

If YES, provide:

- Loan / account number involved.
- Type of property involved (if any).
- Amount (in U. S. dollars) of the financial issue.
- Reason for the financial issue.
- Date financial issue began / date resolved.
- Name, street address, city, state, ZIP code, country of courtinvolved.
- Describe actions taken to satisfy the debt (such as withholdings, frequency and amount of payments, etc).

Section 20 Association Record

For purpose of this section, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion or to affect the conduct of a government by mass destruction, assassination, or kidnapping.

1. Are you now or have you EVER been a member of an organization dedicated to terrorism?
2. Have you EVER knowingly engaged in any acts of terrorism?
3. Have you EVER advocated any acts of terrorism or activities designed to overthrow the U. S. government by force?
4. Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the U. S. government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?
5. Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence discourage others from exercising their rights under the U. S. Constitution or any state of the U. S. with the specific intent to further such action?
6. Have you EVER knowingly engaged in activities designed to overthrow the U. S. government by force?
7. Have you EVER associated with anyone involved in activities to further terrorism?

If YES to any of above, provide:

- Name, street address, city, state, ZIP code, country of organization.
- Dates of involvement (from date / to date).
- Positions held within the organization (if any).
- Contributions made to the organization (if any).
- Describe nature and reason for involvement with the organization / activity.