

This outline identifies the information required to complete SF-86, the Electronic Questionnaires for Investigations Processing (e-QIP) required for security clearance 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-86 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.

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 TEN (10) YEARS. The entire ten-year period must be covered with NO BREAKS.

DO NOT list residence entries before your 18<sup>th</sup> birthday, unless to provide a minimum residence history of two years.

Include:

- Dates of residence (from date / to date).
- Type of residence (owned, rented, military).
- Street address, city, state, ZIP code, country.
- If the address is a dormitory, provide the school's physical address and then add the hall name and dorm numbers.

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 18<sup>th</sup> 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).
  - For Correspondence/Distance/Extension/Online Schools, select the appropriate option.
- 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 ten (10) YEARS. The entire ten-year period must be covered with NO BREAKS.

UNEMPLOYMENT should be listed for any periods of time that you were not employed, this does not mean that you were receiving unemployment benefits. You cannot have overlapping dates of employment and unemployment. Entries require a reference who can verify you were not working, such as a relative, friend, or roommate.

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 18<sup>th</sup> 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 telephone number.
  - For SRS employment, use the appropriate address for your company:

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

- Subcontractors should provide their employer's corporate address
- 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**      Former Federal Service

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

#### **Section 13C**      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 SEVEN (7) 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**      People who know you well

Your references in Section 16 cannot be listed elsewhere on the form. The references listed must collectively cover 7 years. They should live in the United States. Do not list your spouse, former spouse(s), other relatives.

Provide:

- Dates known
- Full name
- Relationship to you
- Phone number
- Email address
- Home or work address

#### **Section 17**      Marital/Relationship Status

If applicable, provide information regarding the individual whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership with, or the person from whom you are currently separated from.

If applicable, provide information regarding person(s) from whom you are divorced/dissolved, annulled, or widowed.

If applicable, provide information regarding a cohabitant (by definition, a cohabitant is someone with whom you are cohabitating, have a spouse-like relationship with, but are not married to.)

### **Section 18** Relatives

Provide information for each type of relative applicable to you, regardless of if they are living or deceased.

- Mother
- Father
- Stepmother
- Stepfather
- Foster Parent
- Child (including adopted/foster)
- Stepchild
- Brother
- Sister
- Stepbrother
- Stepsister
- Half-brother
- Half-sister
- Father-in-law
- Mother-in-law
- Guardian

Provide:

- Name
- Other names used, including maiden or nick names
- Place of birth
- Date of birth
- Citizenship documentation (for foreign born relatives)
- Addresses

If relative is estranged or information is unknown, select "I do not know the requested information" and add an entry with comments explaining

### **Section 19** Foreign Contacts

Provide information if you have, or have you had, close and/or continuing contact with a foreign national within the last seven (7) years with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.

A foreign national is defined as any person who is not a citizen or national of the U.S.

### **Section 20A** Foreign Activities

Provide information if:

- You, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children have EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)
- You, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children have EVER had any foreign financial interests that someone controlled on your behalf
- You, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children have EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country
- You, as a U.S. citizen, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children have received in the last seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country
- You have EVER provided financial support for any foreign national

### **Section 20B** Foreign business, professional activities, and foreign government contacts

For Section 20B, 'Immediate Family' means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

Provide information if:

- You have, in the last seven (7) years, provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer (Answer 'No' if all your advice or support was authorized pursuant to official U.S. Government business.)
- You, your spouse, cohabitant, or any member of your immediate family have, in the last seven (7) years, been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency (Answer 'No' if all the advice or support was authorized pursuant to official U.S. Government business.)
- Any foreign national, in the last seven (7) years, has offered you a job, asked you to work as a consultant, or consider employment with them
- You have, in the last seven (7) years, been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)
- You have, in the last seven (7) years, attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S. (Do not include those you attended or participated in on official business for the U.S. government.)
- You, or any member of your immediate family have, in the last seven (7) years, had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S. (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.)

- You have, in the last seven (7) years, sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence
- You have EVER held political office in a foreign country
- You have EVER voted in the election of a foreign country

**Section 20C** Foreign Travel

List all foreign countries you have visited in the last seven (7) years.

- Travel that involves multiples countries must be listed (i.e., cruise). You must provide individual entries for each country.
- If you provided entries In Section 20B for conferences or seminars you attended, you are required to also list those visits in 20C.
- If you select "other" as the reason for travel, you must provide a comment explaining what the travel was for.

**Section 21** Psychological/Emotional Health

Provide information regarding:

- Mental competency
- Orders to consult with a mental health professional
- Hospitalizations for mental health conditions
- Diagnosis of specified mental health conditions that may, particularly if untreated, impact your judgement, reliability, or trustworthiness
- Mental health or other health condition(s) that substantially adversely affect your judgement, reliability, or trustworthiness

**Section 22** 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 SEVEN (7) 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?

Other than those previously listed, have you EVER had the following happen to you:

- Have you EVER been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Have you EVER been charged with an offense involving firearms or explosives?
- Have you EVER been charged with an offense involving alcohol or drugs?

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 23**      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 seven (7) years, have you illegally used any drugs / controlled substances (by injecting, snorting, inhaling, swallowing, experimenting with, or otherwise consuming)?
2. In the last seven (7) years, 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. Have you EVER illegally used or otherwise been illegally involved with a drug or controlled substance while possessing a security clearance other than previously listed?
4. Have you EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?
5. 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.

6. Have you EVER been ordered, advised, or asked to seek counseling / treatment as a result of your illegal use of drugs / controlled substances?
7. Have you EVER 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 24**      Use of Alcohol

- In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?
- Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?
- Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?
- Have you EVER received counseling

**Section 25**      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. Have you EVER 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. Have you EVER been debarred from government employment?

If YES, provide:

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

**Section 26** Financial Record

1. In the last seven (7) YEARS, have you filed a petition under any chapter of the bankruptcy code?
2. In the last seven (7) years, have you failed to file or pay federal, state, or other taxes as required by law?

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.

3. In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?
4. Have you EVER experienced financial problems due to gambling?
5. Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?
6. Other than previously listed, have any of the following happened to you?
  - In the last seven (7) years, you have been delinquent on alimony or child support payments.
  - In the last seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - In the last seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
  - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

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 court involved.
- Describe actions taken to satisfy the debt (such as withholdings, frequency and amount of payments, etc.

7. Other than previously listed, have any of the following happened?
  - **In the last seven (7) years**, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
  - **In the last seven (7) years**, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
  - **In the last seven (7) years**, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
  - **In the last seven (7) years**, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
  - **In the last seven (7) years**, you were evicted for non-payment?
  - **In the last seven (7) years**, you had your wages, benefits, or assets garnished or attached for any reason?
  - **In the last seven (7) years**, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
  - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

**Section 27** Use of Information Technology Systems

In the last seven (7) years:

- Have you illegally or without proper authorization accessed or attempted to access any information technology system?
- Have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?
- Have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?

**Section 28** Non-criminal court actions

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form?

**Section 29** 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.