SPECIAL AGREEMENT CHECKS (SAC)

INV FORM 86C
July 2010

U.S. OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIVE SERVICES

Agency Agreement Number	OPM USE ONLY	OPM Codes	Case Number

AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14)

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 2 letter code for the state				4 SOCIAL SECURITY NUMBER
City	County	State	Country	

5. OTHER NAMES AND DATES WHEN USED

Name	Month/Year Month/Year To	Name	Month/Year Month/Year To
Name	Month/Year Month/Year To	Name	Month/Year Month/Year To

6. SEX (Mark one box) ☐ Female ☐ Male	7. SPECIAL AGREEMENT CODES	8. POSITION TITLE

9 SON	10 SOI	11 IPAC-ALC NUMBER	12 ACCOUNTING DATA

13 OTHER INFORMATION REQUIRED BY AGREEMENT

(**CODE S**) Spouse/Cohabitant NACs – Complete if needed

SPOUSE/COHABITANT'S FULL NAME				DATE OF BIRTH
Last Name	First Name	Middle Name	Abbrev.	Month Day Year

PLACE OF BIRTH · Use the 2 letter code for the state				SOCIAL SECURITY NUMBER
City	County	State	Country	

OTHER NAMES AND DATES WHEN USED

Name	Month/Year Month/Year To	Name	Month/Year Month/Year To
Name	Month/Year Month/Year To	Name	Month/Year Month/Year To

(**CODE E and 3**) 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 to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year to	Street Address	Apt. #	City	State	Zip

(**CODE I**) Citizenship and Immigration information – Complete if Needed.

☐ Naturalized U.S. Citizen
☐ U.S. Citizen or national by birth, born outside the U.S. ☐ Not a U.S. Citizen

U.S. PASSPORT *current or most recent passport*			ALIEN REGISTRATION NUMBER *(if applicable)*
Number	Document Number	Expired Y☐N☐	Number

DOCUMENTATION OF U.S. CITIZENS BORN ABROAD (STATE DEPARTMENT FORM (FS) 240, DS 1350, FS 545, etc.) *Report if applicable*

Date form was completed	Document Number	Place of Issuance

CITIZENSHIP CERTIFICATE *(if applicable)*

Where was this certificate issued? City/Court	State	Certificate Number	Date Issued

NATURALIZATION CERTIFICATE *(if applicable)*

Where was this certificate issued? City/Court	State	Certificate Number	Date Issued

IMMIGRATION STATUS *Place you entered the U.S.*

City	State	Country*(ies)* of citizenship

Date of entry	Type of document (I-94, etc.)	Document Number

(**CODE N**) Bureau of Vital Statistics – Complete if needed

Mother's Full Name	Mother's Maiden Name	Father's Full Name

14 Requesting Official Name and Title	Signature	Telephone Number (including area code)	Date