**SF-86, Questionnaire for National Security Positions**

**Guide for Completing the SF-86**

This guide is provided to assist you in gathering the information needed to complete the Questionnaire for National Security Positions Standard Form 86 (SF-86) using the Electronic Questionnaires for Investigations Processing (e-QIP) system. e-QIP is a web-based automated system that was designed to facilitate the processing of standard investigative forms used when conducting background investigations. e-QIP allows you to electronically enter, update, and transmit your personal investigative data over a secure internet connection to Sandia National Laboratories (SNL) Personnel Security Department. SNL’s Personnel Security Department will review and further process the data to the Department of Energy (DOE).

**What is the SF-86, Questionnaire for National Security Positions?**

The SF-86 is intended specifically for use in requesting investigations for persons seeking to occupy positions designated as National Security “Sensitive.” The SF 86 is a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems.

Failure to provide each item of requested information, however, will disable the completion of your investigation, which will adversely affect your eligibility for a national security position at SNL. Any information that you provide is evaluated on the basis of its recency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information will have an impact on your security clearance, employment prospects, and job status, up to and including denial or revocation of your security clearance.

If you are hired and processed for a DOE Security Clearance, SNL’s Personnel Security Department will send you a link to e-QIP so that you can provide information for the sections listed below for the purposes of your federal background investigation.

**Why am I being required to have a background investigation?**

DOE requests background investigations to be conducted to determine if applicants or employees meet the suitability or fitness requirements for employment, or are eligible for access to Federal facilities, automated systems, or classified information. All persons must be properly investigated and adjudicated to be issued a credential in compliance with requirements and to be authorized access to classified information.

The scope and type of background investigation varies depending on the duties and access requirements for the position, as does the amount of time it takes to be completed.

**[SECTIONS 1-6] IDENTIFYING & BIOGRAPHIC DATA**

Provide the following:

- Full Name
- Date of Birth
- Place of Birth
- Social Security Number
- Other Names Used
- Identifying Information (gender, height, weight, hair color, eye color)

**[SECTION 7] YOUR CONTACT INFORMATION**

Provide e-mail addresses and home, work, and mobile telephone numbers.
[SECTION 8] U.S. PASSPORT INFORMATION
- Indicate whether or not you possess a U.S. Passport.
- If Yes is selected, you will be asked to enter additional information about your U.S. Passport.

[SECTIONS 9-10] CITIZENSHIP INFORMATION
- Indicate your citizenship status.

[SECTION 11] WHERE YOU HAVE LIVED
The places where you have lived beginning with your present residence and working back 10 years. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residences before your 18th birthday unless to provide a minimum of 2 years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address. For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. You may not list people who knew you well for residences completely outside this 3 year period, and do not list your spouse, cohabitant or other relatives.

Provide the following:
- Dates of residence (Month/Year – Month/Year)
- The address, city, state, and zip code are required for all residences. (If you provide an APO/FPO address, you will be asked to provide physical location data with street address, base, post, embassy, unit and country location or home port/fleet headquarter.)
- Name, phone, email and mailing address of a neighbor or other person who knew you at each address
- Date of last contact with neighbor or other person who knew you at each address
- Relationship to the neighbor or other person who knew you at each address

[SECTION 12] WHERE YOU WENT TO SCHOOL
Provide the following:
- The places you went to school within the last 10 years. If you did not receive a degree or diploma within this time period, list the last school you attended. Schools for the entire period must be account for without any date gaps.
- Name of school
- Address of school
- Dates of attendance (Month/Year – Month/Year)
- Indicate whether or not you received a degree/diploma.
  a. If yes, you will be asked to provide the type of degree/diploma received and dates awarded.

Note: Do not provide education before your 18th birthday, unless to provide a minimum of two years education history. For schools you attended in the last 3 years, provide a name, email and mailing address and phone number of a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence, distance, extension, online schools, list someone who knew you while you received this education.

[SECTION 13] EMPLOYMENT ACTIVITIES
Provide all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not provide employment before your 18th birthday unless to provide a minimum of 2 years employment history.

If employment activity is Active Duty, National Guard/Reserve or USPHS Commissioned Corps provide:
- Dates of Employment (Month/Year – Month/Year)
- Employment Status (Full Time or Part Time)
- Assigned duty station
- Most recent rank/position title
- Duty station address and telephone number. (If you provide an APO/FPO address, you will be asked to provide physical location data with street address, base, post, embassy, unit and country location or home port/fleet headquarter.)
- Supervisor Name, Rank/Position, E-Mail Address, Physical Work Location, Phone Number. (If you provide an APO/FPO address, you will be asked to provide physical location data with street address, base, post, embassy, unit and country location or home port/fleet headquarter.)
- Reason for leaving the employment activity
If employment type is other federal employment, state government, federal contractor, non-government, or other provide:
- Dates of Employment (Month/Year – Month/Year)
- Employment Status (Full Time or Part Time)
- Position title
- Employer Name, Address, Phone Number
- Work address and phone number where you were physically located
- Supervisor Name, Position, E-Mail Address, Physical Work Location, Phone Number. (If you provide an APO/FPO address, you will be asked to provide physical location data with street address, base, post, embassy, unit and country location or home port/fleet headquarter.)
- Reason for leaving the employment activity

If employment type is self-employment, provide:
- Dates of Employment (Month/Year – Month/Year)
- Employment Status (Full Time or Part Time)
- Position title
- Employer Name, Address, Phone Number
- Work address and phone number where you were physically located
- Name, address and telephone number of someone that can verify your self-employment
- Reason for leaving the employment activity

If employment type is unemployment, provide:
- Dates of Unemployment (Month/Year – Month/Year)
- Name, address and telephone number of someone that can verify your unemployment

[SECTION 14] SELECTIVE SERVICE RECORD
- Males born after December 31, 1959 must provide their Selective Service Number.
  - If you do not know your Selective Service Number, call 1-888-655-1825 or visit http://www.sss.gov to obtain it.

[SECTION 15] MILITARY HISTORY
Answer questions related to your military service.

[SECTION 16] PEOPLE WHO KNOW YOU WELL
Provide contact information for three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of the workplace, school, or neighborhood and whose combined association with you covers at least the last seven (7) years. You may not use your spouse, former spouse(s), other relatives or other individuals listed in other sections.

The following must be provided for each personal reference:
- Dates Known (Month/Year – Month/Year)
- Relationship to you
- Name, e-mail, rank/title, telephone and mobile/cell number, home or work address

[SECTION 17] MARITAL STATUS
Provide the following information regarding your current marital status, as well as information about your spouse, former spouse(s), and/or cohabitant(s):
- Current Spouse Personal Information
  - Name; date of birth; place of birth; U.S. social security number(if applicable); other names used; dates other
    names used (Month/Year - Month/Year), countries of citizenship; date married; place married; phone number;
    email address; current address of spouse (if different than your current address). If you provide an APO/FPO
    address, you will be asked to provide physical location data with street address/unit/duty location, city or post
    name, state, zip code and country location. If separated, date of separation, if legally separated, city/country/state
    where the record is located.
  - If your current spouse was born outside of the U.S., be prepared to indicate the type of documentation the
    individual possesses (see below) and the document number.
    FS 240 or FS 545, DS 1350, U.S. Citizenship Certificate, U.S. Passport, Alien Registration, U.S.
    Naturalization Certificate (If your spouse does not possess documentation or possesses other documentation,
    be prepared to provide further explanation.)
  - Note: If you are separated from your spouse, provide a separation date and your spouse’s current or last known
    residence.
• **Former Spouse(s) Personal Information**
  o Name; date of birth; place of birth; country(ies) of citizenship; date married; place married; if divorced, annulled or widowed provide date; if divorced/annulled, city/country/state where the record is located, and last known address of former spouse(s).

• **Cohabitant Personal Information**
  o Name, other names used, dates other names used (Month/Year - Month/Year), date of birth, place of birth, U.S. social security number (if applicable), countries of citizenship, date cohabitation began.
  o If your cohabitant was born outside of the U.S., be prepared to indicate the type of documentation the individual possesses (see below) and the document number.
    FS 240 or FS 545, DS 1350, U.S. Citizenship Certificate, U.S. Passport, Alien Registration, U.S. Naturalization Certificate (If your cohabitant does not possess documentation or possesses other documentation, be prepared to provide further explanation.)

  **Note:** A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate). If your cohabitant was born outside of the U.S., be prepared to provide their citizenship information.

**[SECTION 18] RELATIVES**

Provide information for living or deceased relatives. The following information must be provided for each relative including mother, father, stepmother, stepfather, foster parent, guardian, child (incl. adopted and foster), stepchild, brother, sister, stepbrother, stepsister, half-brother, half-sister, father-in-law, mother–in-law:

- **Full Name**
- **Date of Birth**
- **Place of Birth**
- **Country(ies) of Citizenship**
- **Current Address** (If you provide an APO/FPO address, you will be asked to provide physical location data with APO/FPO address, state code and zip code).
- **Other names used and dates other names used (Month/Year - Month/Year)**
- **Reasons why the name changed**

If your relative is a U.S. Citizen, foreign born and is deceased or has a U.S. or APO/FPO address, be prepared to provide the following:

- **Type of documentation the individual possesses and document number (see the following):**
  FS 240 or FS 545, DS 1350, U.S. Citizenship Certificate, U.S. Passport, U.S. Naturalization Certificate (If your relative does not possess documentation or possesses other documentation, be prepared to provide further explanation.)
- **Name of court that issued the U.S. Citizenship/Naturalization certificate**
- **Address of the court that issued the U.S. Citizenship/Naturalization certificate**

If your relative is not a U.S. Citizen, has a U.S. address and is not deceased, be prepared to provide the following:

- **Type of documentation the individual possesses to support their U.S. residence (see the following):**
- **Document number**
- **Approximate date of first and last contact**
- **Methods of contact**
- **Frequency of contact**
- **Name of current employer or name of their most recent employer if not currently employed**
- **Address of current employer or address of their most recent employer if not currently employed**
- **Affiliations with a foreign government, military, security, defense industry, foreign movement, or intelligence service**

If your relative is not a U.S. Citizen, has a foreign address and is not deceased, be prepared to provide the following:

- **Approximate date of first and last contact**
- **Methods of contact**
- **Frequency of contact**
- **Name of current employer or name of their most recent employer if not currently employed**
- **Address of current employer or address of their most recent employer if not currently employed**
- **Affiliations with a foreign government, military, security, defense industry, foreign movement, or intelligence service**
[SECTION 19] FOREIGN CONTACTS

Provide information for foreign activities listed below:

- **Foreign Financial Interests**
  If you, your spouse, your cohabitant, or any of your dependent children have ever had any foreign financial interests (stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you or they have direct control or direct ownership, be prepared to provide the information listed below. (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)
    - Type of financial interest
    - Date acquired
    - How the financial interest was acquired
    - Cost at time of acquisition
    - Current value or the value at the time control or ownership was sold, lost or otherwise disposed of
    - Date control or ownership was relinquished
    - Explanation of how interest control or ownership was sold, lost or otherwise disposed of
    - Co-owner information (full name, current address, country(ies) of citizenship, nature of relationship)

If you, your spouse, cohabitant, or any of your dependent children ever had any foreign financial interests that someone else controlled on your behalf, be prepared to provide the information listed below.
    - Type of financial interest
    - Name of individual who controls this financial interest on your behalf
    - How the financial interest was acquired
    - Date financial interest was acquired
    - Cost at time of acquisition
    - Current value or the value at the time interest was sold, lost or otherwise disposed of
    - Date interest was sold, lost or otherwise disposed of
    - Explanation if interest was sold, lost or otherwise disposed of
    - Co-owner information (full name, current address, country(ies) of citizenship, nature of relationship)

If you, your spouse, cohabitant, or any of your dependent children ever owned, or anticipate owning, or plan to purchase real estate in a foreign country, be prepared to provide the information listed below.
    - Type of real estate property
    - Location/address of property
    - Date to be acquired
    - How the foreign real estate is to be acquired
    - Cost expected at time of acquisition
    - Co-owner information (full name, current address, country(ies) of citizenship, nature of relationship)

As a U.S. citizen if you, your spouse, cohabitant, or dependent children ever received in the past 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, be prepared to provide the information listed below.
    - Type of benefit
    - Frequency of the benefit
    - If you, your spouse, cohabitant, or dependent children received or expect to receive a benefit from a foreign country provide the date the benefit was received, name of the country providing the benefit, total value of the benefit received, reason the benefit was received and obligation to foreign country as a result of the benefit.

If you ever provided financial support for any foreign national be prepared to provide the information listed below.
    - Name of foreign national you support or have supported financially
    - Foreign nationals address
    - Nature of relationship
    - Amount of all financial support provided
    - Frequency of support
    - Foreign nationals country(ies) of citizenship
[SECTION 20] FOREIGN ACTIVITIES (CONTINUED)

- **Foreign Business, Professional Activities, and Foreign Government Contacts**
  If you have provided any advice or support in the past seven (7) years to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer, be prepared to provide the information listed below.
  - Description of advice/support provided
  - Name of the individual to whom advice or support was provided
  - Name of foreign organization or foreign business with whom the individual is associated
  - Country of origin for the organization or business
  - Date(s) during which this advice or support was provided
  - Description of compensation, if any, was provided for your service

If you, your spouse, cohabitant, or any member of your immediate family in the past seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency, be prepared to provide the information listed below.
  - Full name of the government official
  - Name of the agency
  - Country with which the government official or agency is affiliated
  - Date of request
  - Circumstances of request

If a foreign national in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them, be prepared to provide the information listed below.
  - Full name of foreign national who made the offer
  - Description of the position offered
  - Date when this offer was extended
  - Location of where this occurred

If you in the past seven (7) years have been involved in any other type of business venture with a foreign national not described in previous sections (own, co-own, serve as a business consultant, provide financial support, etc), be prepared to provide the information listed below.
  - Full name of foreign national
  - Foreign nationals current address
  - Foreign nationals citizenship(s)
  - Description of the business venture
  - Relationship with foreign national
  - Length of time you have been involved in the business venture
  - Nature of association with this business venture
  - Position you held
  - Service you provided
  - Financial support involved
  - Description of what compensation was provided for your service

If you in the past seven (7) years attended or participated in any conferences, trade shows, seminars, or meetings outside of the U.S., be prepared to provide the information listed below. (Does not include those you attended or participated in on official business for the U.S. government.)
  - Name, description, dates and purpose of the event
  - Name of the sponsoring organization
  - City and country where the event was held
  - Details of subsequent contact with any foreign nationals as a result of the event

If you or any member of your immediate family in the past 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., be prepared to provide the information listed below.
  - Name of the individual involved in the contact
  - Location of the contact
  - Date of contact
  - Foreign governments involved
  - Type of establishment (such as embassy, consulate, agency military service, intelligence or security service, etc.) involved.
  - Names of foreign representatives involved in contact
  - Purpose/circumstances of contact
Details of subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization.

If you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, for work or for permanent residence, be prepared to provide the information listed below.

- Name, date of birth, place of birth, current address, country(ies) of citizenship
- Name and address of the organization through which sponsorship was arranged
- Dates of stay in the U.S.
- Address of the sponsored foreign national while residing in the U.S.
- Purpose of stay in the U.S.
- Purpose of your sponsorship

If you ever held a political office in a foreign country, be prepared to provide the information listed below.

- Position held
- Dates position held
- Name of the country involved
- Reasons for the activities
- Current eligibility to hold political office in a foreign country

If you ever voted in the election of a foreign country, be prepared to provide the information listed below.

- Date you voted in the foreign election
- Name of the country involved
- Reasons for the activities
- Current eligibility to vote in a foreign country

**Foreign Countries You Have Visited in the last 7 years**

If you have traveled outside of the U.S. in the last seven (7) years for other than solely U.S. Government business, be prepared to provide the information listed below.

- Country visited
- Dates of travel (Month/Year – Month/Year)
- Number of days
- Purpose of the travel
- Details on if you were questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country; encounters with the police; contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations; involvement in any counterintelligence or security issues not reported; contacted by or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job; contacted by or in contact with anyone attempting to obtain classified information or unclassified, sensitive information; threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service.

### [SECTION 21] PSYCHOLOGICAL AND EMOTIONAL HEALTH

Mental health counseling in and of itself is not a reason for DOE to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

If in the last seven (7) years, you have consulted with a health care professional regarding an emotional or mental health condition or were hospitalized for a condition, be prepared to provide the information listed below. *(Does not apply to counseling for the following reasons and was not court ordered: strictly martial, family, grief not related to violence by you or strictly related to adjustments from service in a military combat environment.)*

- Dates of counseling or treatment (Month/Year – Month/Year)
- Names, addresses and telephone numbers of health care professional
- Name and address of agency/organization/facility where counseling/treatment was provided

If a court or administrative agency ever declared you mentally incompetent, be prepared to provide the information listed below.

- Date you were declared mentally incompetent
- Name and address of the court or administrative agency that declared you mentally incompetent
- Name and address of the court if the matter was appealed to a higher court
[SECTION 22] POLICE RECORD

For this section 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. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

Have any of the following happened in the past seven (7) years?
If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than $300 and did not include alcohol or drugs)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past seven (7) years have you been or are you currently on probation or parole?

Have any of the following ever happened?
If yes, you will be asked to provide details for each offense that pertains to the actions that are identified below.

- 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 provided)
- 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, former spouse, or someone with whom you have 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?

If there is a current domestic violence protective order or restraining order issued against you, be prepared to provide the information listed below.

- An explanation of the order
- Date the order was issued
- Name and location of the court or agency that issued the order

[SECTION 23] ILLEGAL USE OF DRUGS AND DRUG ACTIVITY

If in the last seven (7) years you illegally used any drugs or controlled substances, be prepared to provide the information listed below. (Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.)

- Type of drug or controlled substance(s)
- Dates of use (Month/Year - Month/Year)
- Explain (nature of use, frequency, and number of times used)

If in the last seven (7) years you have been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance, be prepared to provide the information listed below.

- Type of drug or controlled substance(s)
- Dates of use (Month/Year - Month/Year)
- Explain (nature of use, frequency, and why you engaged in the activity)

If in the last seven (7) years you have intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else, be prepared to provide the information listed below.

- Name of the prescription drug you misused
- Dates of involvement/use
- Reasons for and circumstances of the misuse of the prescription drug
If you ever have been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances, be prepared to provide the information listed below.

- An explanation
- Counseling or treatment information. (name, address, and phone number of treatment provider; dates of treatment)

If you ever voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance, be prepared to provide the information listed below.

- Type of drug or controlled substance(s)
- Name, address and phone number of treatment provider
- Dates of treatment

**[SECTION 24] USE OF ALCOHOL**

If in the last seven (7) years 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 personal, be prepared to provide the information listed below.

- Dates of involvement or use (Month/Year - Month/Year)
- Month/Year this negative impact occurred
- Circumstances
- Negative impact

If you ever have been ordered, advised, or asked to seek counseling or treatment as a result of your use, be prepared to provide the information listed below.

- Counseling or treatment information. (dates of treatment, name, address, and phone number of treatment provider)

If you ever voluntarily sought counseling or treatment as a result of your use of alcohol, be prepared to provide the information listed below.

- Counseling or treatment information. (dates of treatment, name, address, and phone number of treatment provider)

If you ever received counseling or treatment as a result of your use of alcohol, be prepared to provide the information listed below.

- Counseling or treatment information. (dates of counseling or treatment, name and address of counselor or treatment provider, and name of agency/organization where counseling/treatment was provided)

**[SECTION 25] INVESTIGATIONS AND CLEARANCE RECORD**

If the U.S. Government (or a foreign government) ever investigated your background and/or granted you a security clearance eligibility/access, be prepared to provide the information listed below.

- Name of investigating agency
- Name of agency that issued the clearance eligibility/access
- Date investigation was completed
- Date clearance eligibility/access was granted
- Level of clearance eligibility/access granted

If you ever had a security clearance eligibility/access authorization denied, suspended, or revoked, be prepared to provide the information listed below.

- Date security clearance eligibility/access authorization denied, suspended, or revoked.
- Name of the agency that took the action
- Explanation of the circumstances of the denial, suspension or revocation

If you have ever been debarred from government employment, be prepared to provide the information listed below.

- Name of the government agency taking debarment action
- Date debarment occurred
- Explanation of the circumstances of the debarment
[SECTION 26] FINANCIAL RECORD

Provide answers to questions related to applicable bankruptcies, gambling, taxes, employer travel or credit card, assistance for financial difficulties, delinquency involving enforcement and delinquency involving routine accounts.

If in the last seven (7) years you filed a petition under any chapter of the bankruptcy code, be prepared to provide the information listed below.
- Bankruptcy petition type
- Bankruptcy court docket/account number
- Date bankruptcy was filed and discharged
- Total amount involved in bankruptcy
- Name debt recorded under
- Name and address of court involved

If you ever experienced financial problems due to gambling, be prepared to provide the information listed below.
- Date range of your financial problems due to gambling
- Description of your financial problems due to gambling
- Description of actions taken to rectify your financial problems due to gambling

If in the past seven (7) years you failed to file or pay Federal, state, or other taxes when required by law or ordinance, be prepared to provide the information listed below.
- Year you failed to file or pay your Federal, state or other taxes
- Reason you failed to file or pay required taxes
- Federal, state, or other agency to which you failed to file or pay taxes
- Type of taxes you failed to file or pay (property, income, sales, etc.)
- Amount of the taxes
- Date satisfied
- Description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.)

If in the past (7) years you have been counseled, warned, or disciplined for violated the terms of agreement for a travel or credit card provided by your employer, be prepared to provide the information listed below.
- Name and address of the agency or company
- Date of your counseling, warning, or disciplinary action
- Reason(s) for the counseling, warning, or disciplinary action
- Amount of violation
- Description of any action(s) you have taken to rectify this situation

If you are currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties, be prepared to provide the information listed below.
- Name, telephone number and location of the credit counseling organization
- Description of any action(s) you have taken to resolve your financial difficulties

Have any of the following happened to you?
- In the past seven (7) years, you have been delinquent on alimony or child support payments.
- In the past seven (7) years, you had a judgment entered against you.
- In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts.
- You are currently delinquent on any Federal debt.

If yes, you will need to provide the information listed below for each event that pertains to the actions identified above.
- Name of agency/organization/individual to which debt is/was owed.
- Associated loan/account number(s) involved
- Identify/describe the type of property involved
- Amount of the financial issue
- Reason for the financial issue
- Current status of the financial issue
- Date the financial issue began and was resolved
- Name and address of the court involved
- Description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.)
[SECTION 27] USE OF INFORMATION TECHNOLOGY SYSTEMS
Provide answers to questions related to your use of information technology systems to include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage, or protection of information.

[SECTION 28] INVOLVEMENT IN NON-CRIMINAL COURT ACTIONS
If in the last ten (10) years you have been a party to any public record civil court action, be prepared to provide the information listed below.
- Date(s) (Month/Year) of civil action
- Court Name and Address
- Nature of Action
- Result(s) of Action
- Name(s) of Principal Parties Involved

[SECTION 29] ASSOCIATION RECORD
Provide answers to questions related to any associations, and your allegiance to the United States.