Questionnaire for National Security Positions

OMB No. 3206–0005 Form: SF 86

Interactive/Branching Electronic Questionnaire

Questionnaire Content Guide

FOR REFERENCE ONLY NOT A FORM FOR COMPLETION

Content Approved by OMB March 10, 2010

Federal Register / Vol. 74, No. 188 / Wednesday, September 30, 2009 / Notices

Revision Sheet

Release Number	Date	Revision Description
2.0	11/12/2010	Initial Version of the 2010 SF86 Questionnaire Content Guide
2.1	0H/14/2011	Updated Section 21

OFFICE OF PERSONNEL MANAGEMENT

Ouestionnaire for National Security Positions, SF 86

Questionnaire for National Security Positions

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered completely and truthfully in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. If you are a current civilian employee of the federal government: failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for a sensitive position. physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form 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. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, social security number, and date and place of birth

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security

Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative that the interview be conducted immediately after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form (Electronic)

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.

2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box, unless otherwise noted.

3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country dropdown feature.

4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.

5. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes. 7. For telephone numbers in the U.S., ensure that the area code is included.

8. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the dropdown lists to select the month and day. The year should be entered as a four character number (i.e., 1978 or 2001.), or selected from a dropdown list. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Est." box

*****Instructions for Completing this Form (Paper Form Only)*****

Follow the instructions, provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
 Type or legibly print your answers in ink. If the form is not legible, it will not be accepted. You may also be asked to submit your form using the approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with "N/A," unless otherwise noted 4. Any changes that you make to this form, after you sign it, must be initialed and dated by you. Under extremely limited circumstances, agencies may modify your response(s) with

your consent.

5. You must use the Location codes (abbreviations), listed on the back of this page, when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. Whenever "City (Country)" is indicated in an address block, also provide the name of the country in that same block when the address is outside the U.S.7. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes. 8. For telephone numbers in the U.S., ensure that the area code is included.

9. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to indicate months. For example, July 29, 1968, should be written as

07/29/1968. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "APPROX." or "EST" in the field.

10. If additional space is required for an explanation or to list your residences, employment/self- employment/unemployment, or education, you should use a continuation sheet, SF

86A. If additional space is required to answer other items, use the Continuation Space on page 17, or a blank sheet(s) of paper. Include your name and SSN at the top of each blank sheet (s)

used.

Final Determination on Your Eligibility

3

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of race, color, religion, sex, national origin, disability, or sexual orientation when granting access to classified information

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine

Privacy Act Routine Uses

1. To the Department of ustice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Sections 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives. 9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation. **LOCATION CODES (PAPER FORM ONLY, Electronic forms to use dropdown lists)**

Alabama AL, Alaska AK, Arizona AZ, Arkansas AR, California CA, Colorado CO, Connecticut CT, Delaware DE, District of Columbia DC, Florida FL, Georgia GA, Hawaii HI, Idaho ID, Illinois IL, Indiana IN, Iowa IA, Kansas KS, Kentucky KY, Louisiana LA, Maine ME, Maryland MD, Massachusetts MA, Michigan MI, Minnesota MN, Mississippi MS, Missouri MO, Montana MT, Nebraska NE, Nevada NV, New Hampshire NH, New Jersey NJ, New Mexico NM, New York NY, North Carolina NC, North Dakota ND, Ohio OH, Oklahoma OK, Oregon OR, Pennsylvania PA, Rhode Island RI, South Carolina SC, South Dakota SD, Tennessee TN, Texas TX, Utah UT, Vermont VT, Virginia VA, Washington WA, West Virginia WV, Wisconsin WI, Wyoming WY American Samoa AS, Guam GU, Northern Mariana Islands MP, Puerto Rico PR, Virgin Islands of the U.S. VI

Public Burden Information (Electronic)

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed ***********PUBLIC BURDEN INFORMATION (PAPER FORM ONLY)****

Public Burden Information

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

-----END OF INSTRUCTION PAGES -----

PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING THE PRECEDING INSTRUC	TIONS.	
I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the		
penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security	YES	NO
clearance, and/or removal and debarment from Federal Service.		

Agency Use Block "AUB"

Investigating agency user or	nly Codes	:: (F	IPC CODES)	Case Nun	nber:					
FOR COMPETITIVE SERV	VICE INITIAL APPOINTME	NTS ONLY	: WHEN THE OF3	06, RESUME, AND	OTHER INFORM	ATION				
PROVIDED IN THE HIRIN	NG PROCESS APPEARS TO	BE DISCR	EPANT WITH INF	ORMATION PROV	IDED ON THIS QU	JESTIONNAIRE,				
THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.										
A – Type of Investigation	B – Extra coverage / advance	ed results	C - Sensitivity le	vel	D – Access / Eligi	oility				
E – Nature of action code	F – Date of action		G – Geographic le	ocation	H - Position code					
I – Position title	J - SON (Submitting Office	Number)								
K – Location of Official Per	sonnel Folder _ None _ NPF	RC_At SON	N_e-OPF_Other	Other address / we	eb address of e-OPF	Zip Code				
L – SOI (Security Office Ide	entifier)									
M – Location of Security Fo	older _ None _ NPI _ At SOI	_ Other		Other address		Zip Code				
N – IPAC O – TAS	P - Obligating document nu	ımber	Q - BETC	R – Accounting d	ata and /or Agency c	ase number				
S – Investigative requirement	nt _Initial _Reinvestigation	T – Requ	esting Official: Nar	ne, Title, Signature,	Email Address, Tele	phone, Date				
U - Secondary Requesting O	Official: Name, Title, Email A	Address, Tele	ephone Number	V - Applicant Affil	iation _FED_CIV_0	CON_MIL_Other				
W - Deployment/PCS (if In	nminent): (Paper form not for	rmatted just	open block, Electro	nic Formatted colled	cting the below infor	mation)				
From-To Dates, Reason(s) f	or temporary duty assignment	, point of co	ntact at location, ad	dress/unit/duty locat	tion					
Agency Special Instructions	Agency Special Instructions for the Investigative Service Provider: e-QIP Only – Used in place of a Cage Code Contracting Number									
hardcopy cover memo e-QIP Only e-QIP Only										

Beginning of Questionnaire

	FOR REF	EREN	NCE ON	LY, NO	Г А F(ORM FO	OR CON	IPLET	ION		
Section 1 –				,							
	l name. If you have on	lv initial	s in your name	e provide the	em and ind	dicate "Initial	only". If yo	u Last	First M	iddle	Suffix
	ddle name, indicate "N							u Lust	1 11 50 11	iuuie	Sum
	Date of Birth		,	,	,				I		
Provide your dat	e of birth. Dat	e (Estim	ated)								
Section 3 –	Place of Birth										
Provide your Pla		/		County		Sta	ate		Country		
Section 4 –				00000		1			20000		
	S. Social Security Nur	hor	□ Not applica	ible							
	Other Names U		0.1	1.1 (6				()1 0		() 0	
	er names used and the	period of	of time you use	ed them (for o	example:	your maiden	name, name	(s) by a form	ner marriage	(s), fo	rmer
have you used a	s), or nickname(s)).									YE	S NO
	Provide your other n	0000 1160	d and the nori	ad of time vo	n need it l	for avampla	vour maida	n nomo non	na hu a farm		
Branch If Yes to	former name, alias, o										
"Other	have a middle name,									n you (40 1101
Names"	Provide other name		Last	First	Middl			Maiden nam		YE	S NO
1 (united)	Provide dates used.		u		From	Date (Estima	ted)	То	Date (Estim	ated/Pr	esent)
(Multiple	Provide the reason(s) why th	e name change	ed.	Reaso	n: (Free Text)				·
Entries	Summary of other na	ames use	ed:								
Allowed)	Do you have addition	nal name	es to enter?		Yes (les adds anot	her entry)	No	(Required to	pass va	alidation)
Section 6 –	Your Identifyin	ng Info	ormation								
Provide your Ide	entifying Information	Height		(inches)	Weigh	t (in pounds)		Hair Color	Eye Co	lor S	Sex (M/F)
	Your Contact I	nforn	nation								/
	ntact information		email address	Emai	l (Free Te	ext)	Work em	ail address	Email (Free Te	evt)
Home telephone			telephone nun			AL)		cell telephon	· · · · · · · · · · · · · · · · · · ·		
	U.S. Passport I		1				intoone, e	en terephon	<u>ie nameer</u>		
	a U.S. passport (curren									YI	ES NO
Do you possess a	Provide the followin			nost recent L	IS nasen	ort you curren	tly possess.			11	25 110
Branch	Provide your passpo			nost recent e	.s. passpo	Passport (F					
	Click HERE for U.S			ssport help, h	ttp://trave						
If Yes to	Provide the issue dat			Date (Estir			e expiration	date of pass	port. D	ate (Est	timated)
"passport"	Provide the name in					Last	First		ddle	Suffi	
Section 0	Citizenship		•			•					
			1	1.1.1.0							
	at reflects your curren rent citizenship status:		I am a U.S. ci		nol hy his	th in the U.C.	or U.S. torr	itom/aamma	anuvaalth		
□ Lam a U.S. cit	izen or national by bir	th horn:	to US parenti	(s) in a forei	on country	uininue ∪.s v ⊓Iamar	aturalized I	I S citizen	\Box I am not	aUS	citizen
	You answered that y	ou are a	U.S. citizen o	r national by	birth bor	n to U.S. par	ent(s) in a fo	reign count	rv.	u 0.5.	entizen.
	Provide type of docu					n to end put		reign eoune		Ext	lanation
	(FS) 240, DS 1350 H									r	
Branch	Provide document n			born abroad:			Document N	Number (Fre	e Text)		
	Provide the date the	docume	nt was issued.				Date (Estim	ated)			
Foreign Born	Provide the place of						City	Stat		Cou	intry
to U.S. Parents	Provide the name in						Last	First	Middle	Suf	fix
in a Foreign	Provide your citizen			r.			Certificate N				
Country	Provide the place of						City	Stat	e	Cou	ırt
	Provide the date the						Date (Estim		MCJH		·C:
	Provide the name in Were you born on a						Last	First	Middle	Suf	
	were you born on a	U.S. mil	2	on? ed that you w	ara horr	on a U.S. mil	itary installs	tion		YE	S NO
	Branch If Yes			name of the l		on a U.S. Iffl	nary mstalla	utoll.	Name (Tree To	ext)

	You answered that you are a naturalized U.S. citizen.										
	Provide the date of entry into			,	Estimated)	C ()					
	Provide the location of entry			City	v (Allows for	State Multiples)					
	Provide country(ies) of prior Do/did you have a U.S. alien			Countr	y (Allows for		YES NO				
	Branch If Yes	Provide your U.S. alien reg	gistration number	Alien F	Registration N	umber (Free Te					
D	Provide your citizenship cert		,			te Number (Fre					
Branch	Provide the location of the co	ourt where the citizenship cer	rtificate was issue	ed. Court (Free Text)	,					
Citizenship	Street	City		State		Zip					
Naturalized	Provide the date the citizensl				Estimated)						
U.S. Citizen	Provide the name in which the		issued.	Last	First		Suffix				
	Provide your naturalization of Provide the location of the co		tifiaata waa isa		Naturalization Certificate Number (Free Text) Court (Free Text)						
	Street	City	unicate was issued	d. Court (State	rice rext)	Zip					
	Provide the date the naturalize				Estimated)						
	Provide the name in which the		Last	First	Middle	Suffix					
	Provide the basis of naturalization. - Based on my own individual naturalization application, 1 - By operation of law through my U.S. citizen parent. - Other (Provide explanation) 1										
		h my U.S. citizen parent C	Other (Provide ex	planation)							
	Not a U.S. Citizen		Dues 1 d	1-4£ - '	4-4-110	Dete (E. il.	(h				
Branch	Provide your residence status Provide your country of citiz			date of entry in r place of entry		Date (Estimat City (Free Te	/				
	Provide your country of citiz Provide your alien registration			Number (Free		City (Free Te	n) State				
Citizenship	Provide type of document iss			sa, Other (Pro		ion)	Explanation				
Not a U.S. citizen	Provide document number:			lumber (Free T		/					
ciuzeli	Provide the name in which the		Last		First	Middle	Suffix				
	Provide the date document w	vas issued. Date (Esti	imated) Prov	vide the expira	tion date of vi	sa. Date (E	stimated)				
Section 10 -	- Dual/Multiple Citiz	enship & Foreign Pa	assport Info	rmation							
	ave you EVER held dual/mult						YES NO				
	You answered "Yes" to havi										
Branch	Provide country of citizenshi		ing what period o								
огансп	Provide the date range that y			ate it was	From Date	To Date					
Dual/Multiple	acquired through its terminat			, had?	(Estimated)		ted/Present) ree Text)				
Citizenship	How did you acquire this not Have you taken any action to			(nau :			YES NO				
0.0	Provide explanation: (Free T		chomp:				11.5 110				
(Multiple	Branch	Do you currently hold citiz	zenship with this	country?			YES NO				
Entries Allowed)	If Present/Current	Provide explanation:									
. mo wedy	Summary of dual/multiple ci										
11 11	Do you have an additional ci			S (Yes adds an	other entry)	NO (Required	· · · · ·				
Have you EVER	been issued a passport (or ide You responded "Yes" to hav				ountry other t		YES NO				
	Provide the country in which		ý l	i davel) by a C	Country other t	nan ule U.S.					
Branch	Provide the date the passport				Date (Estima	ated)					
	Provide the place the passpor	rt (or identity card) was issue	ed.		City		Country				
Foreign	Provide the name in which p		s issued:			irst Midd	le Suffix				
Passport (or	Provide the passport (or iden				Passport# (F	,					
Identity Card)	Provide the passport (or iden Have you EVER used this p		foreign travels		Date (Estima		YES NO				
(Multiple	Branch	Provide the countries to w	Ų	on this	Country	From Date	To Date				
Entries	(Multiple Entries Allowed)	passport (or identity card)			country	(Estimated)	(Est/Pres)				
Allowed)		each				,					
	Do you have an additional for	oreign passport (or identity ca		'ES		NO					
	report?		<u> </u>	Yes adds anoth	ner entry)	(Required to	validate)				
	- Where You Have Li										
List the places w	here you have lived beginning	with your present residence									
accounted for wi	thout breaks. Indicate the actua	al physical location of your re	esidence, not a Po	ost Office box	or a permaner	nt residence wh	en you				
	lly located there. If you split y your 18th birthday unless to p				od, you must l	ist all residence	es. Do not list				
residence belole	your rour on muday unless to p	iovide a minimum of 2 years	residence mistory	y .							
You are not requ	ired to list temporary locations	of less than 90 days that did	not serve as your	r permanent of	r mailing addr	ess.					
For any address	in the last 3 years, provide a pe	rson who knew you at that a	ddress and who r	nreferably etill	lives in that a	rea. Do not list	neonle who				
	or residences completely outsic						People with				
	nformation. (Multiple Entries			,							
Provide dates of	· · · · · · · · · · · · · · · · · · ·	,	m Date (Estimate			e (Estimated/Pr	,				
				1 (75 1.1	vnlanation)	Explanation (Eroo Toyt)				
Is/was this reside	ence: Owned by you Rent	ed or leased by you Milita					,				
Is/was this reside Provide the street	ence: \Box Owned by you \Box Rent t address.	ted or leased by you Milita Stre	et address and Ci	ity	State a	nd Zip Code or	Country				
Is/was this reside Provide the stree Branch	ence: Owned by you Rent t address. You have indicated an APO/	ed or leased by you □ Milita Stre FPO address; provide physic	et address and Ci al location data w	ity	State a	nd Zip Code or	Country				
Is/was this reside Provide the street	ence: Owned by you Rent t address. You have indicated an APO/ location or home port/fleet h	ed or leased by you D Milita Stre FPO address; provide physic eadquarter. Provide physica	et address and Ci al location data w	ity	State a ress, base, pos	nd Zip Code or	Country				
Is/was this reside Provide the stree Branch Physical	ence: Owned by you Rent t address. You have indicated an APO/	ed or leased by you Milita Stre FPO address; provide physica eadquarter. Provide physica cation:	et address and Ci al location data w al location data:	ity	State a ress, base, pos City or	nd Zip Code or t, embassy, uni	Country t, and country				
Is/was this reside Provide the stree Branch Physical Location Branch	ence: Owned by you Rent t address. You have indicated an APO/ location or home port/fleet h Street Address/Unit/Duty Lo Provide State for ports in Un You have indicated an addre	ed or leased by you Milita Stre FPO address; provide physic eadquarter. Provide physica cation: ited States, or Country locati ss outside of the U.S.	et address and Ci al location data w ll location data: on.	ity	State a ress, base, pos City or	nd Zip Code or t, embassy, uni Post Name	Country t, and country				
Is/was this reside Provide the stree Branch Physical Location Branch APO/FPO	ence: □ Owned by you □ Rent t address. You have indicated an APO/ location or home port/fleet h Street Address/Unit/Duty Lo Provide State for ports in Un You have indicated an addre Do/did you have an APO/FP	ed or leased by you Milita Stre FPO address; provide physica cation: ited States, or Country locati ss outside of the U.S. O address while at this locati	et address and Ci cal location data w al location data: on.	ity with street addr	State a ress, base, pos City or State a	nd Zip Code or t, embassy, uni Post Name nd Zip Code or	Country t, and country Country Yes No				
Is/was this reside Provide the stree Branch Physical Location Branch	ence: □ Owned by you □ Rent t address. You have indicated an APO/ location or home port/fleet h Street Address/Unit/Duty Lo Provide State for ports in Un You have indicated an addre Do/did you have an APO/FP	ed or leased by you Dilita Stre FPO address; provide physica cation: ited States, or Country locati ss outside of the U.S. O address while at this locati APO/FPO address:	et address and Ci cal location data w al location data: on. Address	ity with street addr	State a ress, base, pos City or State a	nd Zip Code or t, embassy, uni Post Name nd Zip Code or	Country t, and country Country Yes No				

	Provide th	he ful	l name:	Last	First	Middle	Suffix	Prov	ide dat	e of last contac	et:	Date (E	stimated	l)
Person Who	Provide y	our re	elationship (o this p	erson (cl	heck all that	t apply)	\Box Ne	ighbor	\Box Friend \Box	Landlore	d □ Business a	ssociate	;
Knew you				-				□ Ot	her (Pr	ovide explanat	tion) Ex	planation (Free	Text)	
						for this pers	son :							
(if address			g phone nu				mber/Ext			time phone nu	mber for	r this person:	Numb	er/Ext
dates within			obile phone			person:			ber/Ex					
last 3 years)			address for						il (Free	,				
	Provide s					uding apt nu				ess and City		and Zip Code o		
	Branch											lress, base, pos	t, embas	ssy,
	Physical						fleet head	quarter.	Provid	de physical loc				
	Location		treet Addre			nited States,	or Countr	v loooti				r Post Name and Zip Code o	- Count	erx 7
	Branch					ess outside			л.		State	Ind Zip Code o	Count	l y
	APO/FPC					ou have an			22				Yes	No
	Address		Branch If Y			PO/FPO ad		Addres		PO or FPO	APO/FF	PO State Code		Code
Do you have a					ovide / i	10/110 au	ure35.			s another entry		NO (Require		
					-			125 (1	es ada	s another entry	/	The (nequire	u to 1 u	iuuto)
Section 12														
					ss to pro	vide a mini	mum of tv	vo years	educat	ion history. (N	Iultiple I	Entries Allowed		
Have you atter													YES	NO
Branch If No								diplom	a more	than 10 years	ago?		YES	NO
-	Provide the					te (Estimate	,	<u> </u>		To Date (Es				
	Select the m	ost ap	propriate c							ollege/Univers			Line Cel	1
-	Descride the		of the color		vocati	onal/Techni	cal/ I rade	School		Name (Free		e/Extension/Or	line Sci	1001
-	Provide the name of the school: Provide the street address of the school. For correspondence/dist									Street addre	,	Star		
Branch	extension/or								ined	State and Zi				
												, etc.). Do not l	ist neon	le for
If Yes to	education pe						WIIO KIICW	v you at	uie sen	ooi (ilistitucioi	, student	, etc.). Do not i	ist peop	101
Attending							ool (for co	rrespon	lence/d	listance/extens	ion/	Name		
Schools										I don't know	1011	(Free Text)		
0.0	Provide curr								/					
OR	Street addres			1	```	0 1		/		State and Zi	p Code o	or Country		
Yes to	Provide telep	phone	number for	r this pe	rson.					Number/Ex	*			
Receiving a	Provide ema					n't know				Email (Free	Text)			
Degree or	Did you rece											YES NO		
Diploma	Bronch		Provid	e type o	f degree	s(s)/diplomation			late(s) a	awarded:				
I · · · ·	Branch If Yes to			/diplom			h School L			Other degre	e/diplom	na		
	Receiving D	eoree				elor's • Ma				Other Degree				
_	, i i i i i i i i i i i i i i i i i i i	-	• Proj			(e.g. MD, 1				Month / Yea		ate (Estimated)		
	Do you have							n the las	t 10	YES (Yes a		NO (Required	to valio	late)
	years, as we	ll as d	egrees or d	iplomas	more th	an 10 years	ago)?			another entr	y)			
Section 13	a – Empl	oyn	ient Act	ivities	s – En	nployme	ent & U	nemp	loym	ient Recoi	.d			
List all of your	employment	activ	ities, includ	ing une	mploym	ent and self	-employm	ent, beg	inning	with the preser	nt and w	orking back 10	years.	The
entire period n														
each change of		/ stati	on. Do not l	ist emp	loyment	before your	r 18th birtl	hday unl	ess to p	provide a mini	mum of 2	2 years employ	ment hi	story.
(Multiple Entr								1.00						
Select your em														
Other Federal Correl		it				-Federal em				Self-employme		nemployment ther (Provide e	mlanati	(
□ Federal Con Other Type Ex		90 To				yment (excl es of emplo				stimated)		Date (Estimate	d/Proso	oll)
Other Type Ex			/			or USPHS C	2		\	stillated)	10	Date (Estimate	u/Flese	II()
						osition: \Box F								
			r assigned d			station (Free				nost recent	Rar	nk/position (Fre	e Text)	
			g this perio		Duty			rank/pc			- tui	in position (i i		
			ress of duty							and City	Stat	te and Zip Cod	e or Cou	intry
	Teleph	one n	umber					Numbe		•		1		
	Additio	onal F	Periods of A	ctivity v	with this	Employer -	Provide a	additiona	al perio	ds of activity i	f you wo	orked for this e	nployei	on
	more th	han o	ne occasion	at the s	ame phy	sical location	on (for exa	ample, if	you w	orked at XY P	lumbing	in Denver, CO	, during	; 3
Branch												ment above, a		de
					isors fo	r the two pr	evious per	riods of o	employ	ment as entries	s below)	. Not Applicat	ole □	
If Employmen	•		ntries Allow	red)									1.00	
Type is Active			ployment		D	··· (F				te (Estimated)		Date (Estimate		nt)
Duty, National		on title		indiant		sition (Free			ipervis			bervisor (Free T street address,		at
Guard/Reserve or USPHS	, Branc	h								arter. Provide			base, po	st,
Commissioned	Physic	al				Location:	n nome pe	nt/neet i	leauqu	alter. I lovide		y or Post Name		
Corps	Locatio	on			2	the United S	States or o	Country 1	ocation	1.		te and Zip Cod		intrv
corps	Branc	h								n. D you or did yo			YES	NO
	APO/F		address w							. Jou of did ye				
	Addres		Branch			vide APO/I	FPO addre	ess: A	ddress	APO/FP0	O AP	O/FPO State	Zip Co	ode
			name of you							or name (Free				
			rank/positic			upervisor.				or rank/positio		Γext)		
						visor. □ I de		S	ipervis	or email (Free				
					2	our supervis	sor.			dress and City	Stat	te and Zip Cod	e or Cou	intry
	Provid	e sup	ervisor telep	phone nu	umber			N	umber/	Ext.				

	Branch					location data with e				
			embassy, unit, and country lo	cation or he	ome port/fleet head	quarter. Provide phy	ysical lo	catio		
	Physical Location	data of your supervis Street Address/Unit/				City or Post Name	۰.			
	Location		ts in the United States, or co	untry locati	on.	State and Zip Cod		untry		
	Branch		an address outside of the Uni				YES	N		
	APO/FPO		thile at this location?					Ļ		
	Address	Branch if Yes	Provide APO/FPO address			APO/FPO State	Zip Co	ode		
		st recent position title.	Government, Federal Contra	ctor, Non-g	overnment employ	Position (Free Tex	vt)			
			nis position: 🗆 Full-time 🗆	Part-time		TOSITION (THEE TEX	xt)			
		name of your employe	1			Employer name (l	Free Tex	t)		
	Provide the	address of employer		Street a	address and City	State and Zip Cod	le or Co	untry		
		phone number				Number/Ext.	-			
	more than o separate per dates, positi	ne occasion at the same iods of time, you woul	h this Employer - Provide ad e physical location (for exam d enter information concerni ors for the two previous perior	ple, if you	worked at XY Plur t recent period of er	nbing in Denver, CO nployment above, a), during nd provi	g 3		
	Dates of em	ployment	From Date (Estimated)		To Date (Estimate					
Branch	Position title		Position (Free Text)		Supervisor	Supervisor (I				
			different than your employed				YES	NO		
f Employment	Branch Physical	Provide the work add Street address and C	dress where you are/were phy	ysically loc	ated. State and Zip Coc	le or Country				
Type is Other Federal	Location	Provide telephone nu			Number/Ext.	ic of country				
mployment,			an APO/FPO address; provid	e physical		ither street address.	base, po	ost,		
state	Branch Physical	embassy, unit, and c	ountry location or home port	/fleet head	juarter. Provide ph	ysical location data:	1	<i>,</i>		
Government,	Location	Street Address/Unit/				City or Post Name				
Federal Contractor, Non-			ts in the United States, or co			State and Zip Cod				
ontractor, Non-	Branch APO/FPO	You have indicated a address while at this	an address outside of the Uni	ted States.	Do you or did you l	have an APO/FPO	YES	N		
employment, or	APO/FPO Address	Branch if Yes	Provide APO/FPO address	: Addres	as APO/FPO	APO/FPO State	Zip Co	ode		
Other		name of your supervise		. nutree	110/110	Supervisor name				
		position title of your su				Supervisor position				
			supervisor. □ I don't know			Supervisor email	(Free Te	ext)		
		physical work location		Street a	address and City					
	Provide sup	ervisor telephone numl				Number/Ext.				
			an APO/FPO address for you							
	Branch Physical	data of your supervis	embassy, unit, and country lo	cation or no	ome port/fieet nead	quarter. Provide ph	ysical lo	cano		
	Location	Street Address/Unit/				City or Post Name	e:			
			ts in the United States, or con	untry locati	on.	State and Zip Cod		untry		
	Branch		an address outside of the Uni			rvisor have an	YES	N		
	APO/FPO	APO/FPO address w	hile at this location?					<u> </u>		
						APO/FPO State	Zin C.	ode		
	Address	Branch if Yes	Provide APO/FPO address	: Addres	as APO/FPO	AI 0/110 State	Zip Co	Jue		
	Address Self-Employ	Branch if Yes	Provide APO/FPO address	: Addres	is APO/FPO			Jue		
	Address Self-Employ Provide mos	Branch if Yes yment st recent position title.				Position (Free Tex				
	Address Self-Employ Provide mos Select the en	Branch if Yes yment st recent position title. mployment status for th	nis position:			Position (Free Tex	xt)			
	Address Self-Employ Provide mos Select the en Provide the	Branch if Yes yment st recent position title. mployment status for th name of your employm	nis position:	□ Part-time		Position (Free Tex Employment nam	xt) le (Free 7	Fext)		
	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number	nis position:	□ Part-time	·	Position (Free Tex	xt) e (Free ' le or Cou	[Fext]		
	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys	Branch if Yes yment st recent position title. mployment status for th name of your employn address of employer phone number sical work address diffe	nis position:	□ Part-time Street a address?	address and City	Position (Free Tex Employment nam State and Zip Cod	xt) le (Free 7	Text) untry		
	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work address difference	nis position:	□ Part-time Street a address?	address and City	Position (Free Te: Employment nam State and Zip Cod Number/Ext.	xt) le (Free ⁻ le or Cou YES	Text untry N		
	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch Physical	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C	nis position: nent rent than your employment dress where you are/were phy ity	□ Part-time Street a address?	address and City	Position (Free Te: Employment nam State and Zip Cod Number/Ext. State and Zip Cod	xt) le (Free ⁻ le or Cou YES	Text untry N		
	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone m	nis position: nent rent than your employment dress where you are/were ph ity imber:	Part-time Street a address? ysically loc	address and City ated.	Position (Free Ter Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext.	xt) le (Free [*] le or Cou YES le or Cou	Text) untry N(
	Address Self-Employ Provide mos Select the en Provide the Provide the Is your phys Branch Physical Location Branch	Branch if Yes yment st recent position title. mployment status for th name of your employer address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone m You have indicated a	nis position: nent rent than your employment dress where you are/were phy ity imber: an APO/FPO address; provid	Part-time Street a address? ysically loc	address and City ated.	Position (Free Tez Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address,	kt) e (Free ' le or Cou YES le or Cou base, po	Text) untry N(
	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch Physical Location Branch Physical	Branch if Yes yment st recent position title. mployment status for th name of your employer address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone m You have indicated a	nis position: nent rent than your employment dress where you are/were ph ity imber: an APO/FPO address; provid ountry location or home port	Part-time Street a address? ysically loc	address and City ated.	Position (Free Tez Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address,	xt) e (Free ' le or Coi yES le or Coi base, po	Text) untry N(
	Address Self-Employ Provide mos Select the en Provide the Provide the Is your phys Branch Physical Location Branch	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone nu You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por	his position: perent than your employment dress where you are/were phy ity ity mber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or cou	 Part-time Street a address? ysically loc te physical l /fleet headco untry locati 	address and City ated. location data with e uarter. Provide ph on.	Position (Free Tex Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Name State and Zip Cod	xt) e (Free ' le or Coi yES le or Coi base, po	Textjuntry No untry ost,		
	Address Self-Employ Provide most Select the end Provide the Provide the Provide tele Is your physical Location Branch Physical Location Branch Physical Location	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work address Street address and C Provide telephone nu You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a	his position: perent than your employment dress where you are/were phy ity ity imber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or com an address outside of the United States.	 Part-time Street a address? ysically loc te physical l /fleet headco untry locati 	address and City ated. location data with e uarter. Provide ph on.	Position (Free Tex Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Name State and Zip Cod	xt) e (Free ' le or Coi yES le or Coi base, po	Text untry Nutry untry pst,		
Branch	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone m You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a address while at this	his position: perent than your employment dress where you are/were phy ity an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or con an address outside of the Uni location?	Part-time Street a address? ysically loc e physical 1 fleet heade untry locati ted States.	address and City ated. location data with e juarter. Provide ph on. Do you or did you l	Position (Free Te: Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Nam State and Zip Cod nave an APO/FPO	e (Free ' le or Con YES le or Con base, po e: le or Con YES	Text) untry untry untry ost,		
Branch	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone m You have indicated a Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes	his position: perent than your employment dress where you are/were phy ity an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or con an address outside of the Uni location? Provide APO/FPO address	Part-time Street a address? ysically loc be physical 1 fleet heade untry locati ted States. Addres	address and City ated. location data with e juarter. Provide ph on. Do you or did you l is APO/FPO	Position (Free Tex Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Name State and Zip Cod	e (Free ' le or Cou yES le or Cou base, po e: le or Cou yES Zip Co	Text) untry untry untry ost,		
	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address Provide the	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone m You have indicated a Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes name of someone that	his position: perent than your employment dress where you are/were phy ity an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or cot an address outside of the Uni location? Provide APO/FPO address can verify your self-employn	Part-time Street a address? ysically loc e physical l fleet headc untry locati ted States. Addres nent.	address and City ated. location data with e quarter. Provide ph on. Do you or did you l ss APO/FPO Last	Position (Free Te: Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Name State and Zip Cod nave an APO/FPO APO/FPO State	e (Free ' le or Con yES le or Con base, po e: e: le or Con YES Zip Co First	Intry Intry Intry Intry Intry Intry Intry Intry Intry Intry		
Employment Sype is Self-	Address Address Self-Employ Provide mos Select the en Provide the Provide the Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address Provide the Provide the	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone m You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes name of someone that address of this verifier	his position: perent than your employment dress where you are/were phy- ity mber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or con an address outside of the Uni- location? Provide APO/FPO address can verify your self-employn	Part-time Street a address? ysically loc be physical be physical be fileet heade untry locati ted States. Call Address nent. Street a	address and City ated. location data with e quarter. Provide ph on. Do you or did you l as APO/FPO Last address and City	Position (Free Te: Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Nam State and Zip Cod nave an APO/FPO	e (Free ' le or Con yES le or Con base, po e: e: le or Con YES Zip Co First	Intry Intry Intry Intry Intry Intry Intry Intry Intry Intry		
f Employment Type is Self-	Address Address Self-Employ Provide mos Select the en Provide the Provide the Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address Provide the Provide the	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone m You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes name of someone that address of this verifier telephone number for t You have indicated a either street address,	his position: □ Full-time nent erent than your employment dress where you are/were phy ity imber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or con an address outside of the Uni location? Provide APO/FPO address can verify your self-employn this person an APO/FPO address for you base, post, embassy, unit, ar	Part-time Street a address? ysically loc be physical l fileet headc untry locati ted States. Address heat. Street a Numbe r self emple	address and City ated. location data with e quarter. Provide ph on. Do you or did you l as <u>APO/FPO</u> Last address and City er/Ext. oyment verifier; pro	Position (Free Te: Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Nam State and Zip Cod nave an APO/FPO APO/FPO State State and Zip Cod	e (Free 7 le or Con base, po le or Con base, po e: le or Con YES Zip Co First le or Con	Text) untry Nuntry ost, untry Node untry with		
f Employment Type is Self-	Address Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address Provide the Provide t	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone nu You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes name of someone that address of this verifier telephone number for t You have indicated a either street address, physical location dat	his position: □ Full-time hent Frent than your employment dress where you are/were phyity ity imber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or col an address outside of the Uni location? Provide APO/FPO address can verify your self-employ this person an APO/FPO address for you base, post, embassy, unit, ar a for this person	Part-time Street a address? ysically loc be physical l fileet headc untry locati ted States. Address heat. Street a Numbe r self emple	address and City ated. location data with e quarter. Provide ph on. Do you or did you l as <u>APO/FPO</u> Last address and City er/Ext. oyment verifier; pro	Position (Free Te: Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Name State and Zip Cod nave an APO/FPO APO/FPO State State and Zip Cod ovide physical location tr/fleet headquarter.	e (Free 7 le or Con base, po e: le or Con YES Zip Co First le or Con ion data Provid	Text) untry Nuntry ost, vantry No ode untry with		
f Employment Type is Self-	Address Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address Provide the Provide t	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone nu You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes name of someone that address of this verifier telephone number for t You have indicated a either street address, physical location dat Street Address/Unit/	his position: □ Full-time hent Frent than your employment dress where you are/were phyity ity imber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or col an address outside of the Uni location? Provide APO/FPO address can verify your self-employ this person an APO/FPO address for you base, post, embassy, unit, ar a for this person Duty Location:	Part-time Street a address? ysically loc e physical l fleet headc untry locati ted States. Address Hent. Street a Numbe r self emple d country l	address and City ated. location data with e juarter. Provide ph on. Do you or did you l is APO/FPO Last address and City pr/Ext. oyment verifier; pro ocation or home po	Position (Free Te: Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Name State and Zip Cod nave an APO/FPO APO/FPO State State and Zip Cod ovide physical location rt/fleet headquarter.	e (Free 7 le or Con base, po base, po e: le or Con YES Zip Co First le or Con ion data Provid	Text) untry N(untry sst, N(ode untry with de		
f Employment Type is Self-	Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address Provide the Provi	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone nu You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes name of someone that address of this verifier telephone number for t You have indicated a either street address, physical location dat Street Address/Unit/ Provide state for por	his position: □ Full-time inent erent than your employment dress where you are/were phy ity imber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or con an address outside of the Uni location? Provide APO/FPO address can verify your self-employr this person an APO/FPO address for you base, post, embassy, unit, ar a for this person Duty Location: ts in the United States, or con	Part-time Street a address? ysically loc te physical l ffleet headc untry locati ted States. Addres nent. Street a Numbo r self emplo ad country l untry locati	address and City ated. location data with e uarter. Provide ph on. Do you or did you l is APO/FPO Last address and City er/Ext. poyment verifier; pro ocation or home po on.	Position (Free Ter Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Name State and Zip Cod nave an APO/FPO APO/FPO State State and Zip Cod ovide physical location of the physical location of the physical location of the physical location of the physical location of the physical location	e (Free 7 le or Con base, po base, po e: le or Con YES Zip Co First le or Con ion data Provid	Text untry No untry ost, No ode untry with de		
Branch If Employment Type is Self- Employment	Address Address Self-Employ Provide mos Select the en Provide the Provide the Provide tele Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address Provide the Provide t	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone nu You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes name of someone that address of this verifier telephone number for t You have indicated a either street address, physical location dat Street Address/Unit/ Provide state for por	his position: □ Full-time inent erent than your employment dress where you are/were phy ity imber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or con an address outside of the Uni location? Provide APO/FPO address can verify your self-employr this person an APO/FPO address for you base, post, embassy, unit, ar a for this person Duty Location: ts in the United States, or con an address outside of the Uni	Part-time Street a address? ysically loc te physical l ffleet headc untry locati ted States. Addres nent. Street a Numbo r self emplo ad country l untry locati	address and City ated. location data with e uarter. Provide ph on. Do you or did you l is APO/FPO Last address and City er/Ext. poyment verifier; pro ocation or home po on.	Position (Free Ter Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Name State and Zip Cod nave an APO/FPO APO/FPO State State and Zip Cod ovide physical location of the physical location of the physical location of the physical location of the physical location of the physical location	e (Free 7 le or Con base, po e: le or Con YES Zip Co First le or Con ion data Provid e: le or Con	Text) untry N(untry sst, sst, N(ode untry with de		
f Employment Fype is Self-	Address Address Self-Employ Provide mos Select the en Provide the Provide the Provide the Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address Provide the Provide th	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone nu You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes name of someone that address of this verifier telephone number for t You have indicated a either street address, physical location dat Street Address/Unit/ Provide state for por You have indicated a either street address, physical location dat Street Address/Unit/ Provide state for por You have indicated a have an APO/FPO a	his position: □ Full-time nent erent than your employment dress where you are/were phy ity mber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or coi an address outside of the Uni location? Provide APO/FPO address can verify your self-employr this person an APO/FPO address for you base, post, embassy, unit, ar a for this person Duty Location: ts in the United States, or coi an address outside of the Uni ddress? Provide APO/FPO address	Part-time Street a address? ysically loc te physical ly loc te physical ly loc te physical states. Address nent. Street a Numbe r self emple ad country locati ted States.	address and City ated. location data with e juarter. Provide ph on. Do you or did you l is APO/FPO Last address and City pr/Ext. oyment verifier; pro ocation or home po on. Does your self emp	Position (Free Ter Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Nam State and Zip Cod nave an APO/FPO APO/FPO State State and Zip Cod ovide physical location tr/fleet headquarter. City or Post Nam State and Zip Cod loyment verifier Address	e (Free 7 le or Con base, po e: le or Con YES Zip Co First le or Con ion data Provid e: le or Con	Intry		
If Employment Type is Self-	Address Address Self-Employ Provide mos Select the en Provide the Provide the Provide the Provide tele Is your phys Branch Physical Location Branch Physical Location Branch APO/FPO Address Provide the Provide t	Branch if Yes yment st recent position title. mployment status for th name of your employm address of employer phone number sical work address diffe Provide the work add Street address and C Provide telephone nu You have indicated a embassy, unit, and c Street Address/Unit/ Provide state for por You have indicated a address while at this Branch if Yes name of someone that address of this verifier telephone number for t You have indicated a either street address, physical location dat Street Address/Unit/ Provide state for por You have indicated a either street address, physical location dat Street Address/Unit/ Provide state for por You have indicated a have an APO/FPO ar Branch if Yes	his position: □ Full-time in hent erent than your employment dress where you are/were phy ity mber: an APO/FPO address; provid ountry location or home port Duty Location: ts in the United States, or con an address outside of the Uni location? Provide APO/FPO address can verify your self-employr this person an APO/FPO address for you base, post, embassy, unit, ar a for this person Duty Location: ts in the United States, or con an address outside of the Uni ddress?	Part-time Street a address? ysically loc te physical ly loc te physical ly loc te physical states. Address nent. Street a Numbe r self emple ad country locati ted States.	address and City ated. location data with e juarter. Provide ph on. Do you or did you l is APO/FPO Last address and City pr/Ext. oyment verifier; pro ocation or home po on. Does your self emp	Position (Free Ter Employment nam State and Zip Cod Number/Ext. State and Zip Cod Number/Ext. ither street address, ysical location data: City or Post Name State and Zip Cod nave an APO/FPO APO/FPO State State and Zip Cod ovide physical location rt/fleet headquarter. City or Post Name State and Zip Cod ovide physical location covide physical location for the theadquarter.	e (Free ' le or Con yES le or Con base, pc e: le or Con yES Zip Co First le or Con ion data Provid e: le or Con yES	Text) untry sst, untry sst, n(n) ode untry with ie		

Type is	Provide the	addres	ss of this verifier.	Provide the address of this verifier. Street address and City								
Unemployment	Provide the		one number for the									
	Branch	You	have indicated an	n APO/I	FPO address for your unemployment verifier; prost, embassy, unit, and country location or home	ovide physica	l locati	on dat	a with			
	Verifier		sical location data			port/fieet nead	aquarte	r. Pro	ovide			
	Physical		et Address/Unit/D			City or P	ost Nar	ne.				
	Location				United States, or country location.	State and			Country			
	Branch				ss outside of the United States. Does your unem			YE	-			
	Verifier		e an APO/FPO add									
	APO/FPO	Dwo	nch if Yes	Provid	e APO/FPO address for this person:	Address		AP	O/FPO			
	Address	Dia	licit li Tes	APO/F	FPO State	Zip Code						
			n for leaving the er			Reason (1	Free Te					
					ving happened to you in the last seven (7) year			YE	IS NO			
					be fired • Left by mutual agreement followin agreement following notice of unsatisfactory p							
	anegations	л mis	conduct • Left by	mutuai	agreement following notice of unsatisfactory p	errormance						
Branch			Select the type o	of incide	ent: • Fired • Quit after being told you would	be fired						
					tent following charges or allegations of miscond							
If Employment	Branch		• Left by mutual	agreen	nent following notice of unsatisfactory performa	nce						
Type is Active Duty, National	If Fired, Qu	i+	Branch		Provide the reason for being fired.			\ \	ee Text)			
Guard/Reserve,	Left by Mut		If Fired		Provide the date you were fired.			(Estin	/			
USPHS	Agreement,		Branch		Provide the reason for quitting.			- (ee Text)			
Commissioned	Left After		If Quit		Provide the date you quit after being told you fired.	would be	Date	(Estin	nated)			
Corps, Other	Unsatisfacto				Provide the charges or allegations of miscond	uct	Char	ges (Fi	ee Text)			
Federal	Performanc	e	Branch		Provide the charges of anegations of miscolid Provide the date you left following charges or			(Estin				
employment, State	(Multiple		If Left after Char	rges	of misconduct.			(
Government,	Entries		Branch		Provide the reason(s) for unsatisfactory perfor				ee Text)			
Federal	Allowed)		If Left Unsatisfa	ctory	Provide the date you left by mutual agreement	t following a	Date	(Estin	nated)			
Contractor, Non-			performance	(1)	notice of unsatisfactory performance.							
government			In the last seven report for this en		ears do you have another reason for leaving to	YES (Yes a another entr		NO (F to val	Required			
employment, Self-	For this em	olovm			years have you received a written warning, bee		y)	YE				
Employment,					misconduct in the workplace, such as a violatio		olicy?	11	.5 110			
Unemployment,	Branch	<u> </u>			ed, suspended, or disciplined for misconduct.	,	2					
or Other	If Discipline	ed,	Provide the m	nonth ar	ed or	Date	(Estin	nated)				
	Warned,	1	disciplined.									
	Reprimande Suspended	ea, or) for being warned, reprimanded, suspended or o			,	ee Text)			
	(Multiple E	ntries	provide?	another	instance of discipline or a warning to	YES (Yes a another entr	N 1					
	Allowed)		1				57					
Do you have an ad	ditional emplo	yment	activity to enter?		YES (Yes adds another	entry) NO	(Requi	ired to	validate)			
					ner Federal Service							
Do you have forme					tary service, NOT indicated previously, to report	rt?		YE	S NO			
Branch			eral Service Detail									
			es of federal civilia	1		To Date (Es	t/Presei	nt)				
If Yes to Former Federal Service			name of the federa r position title.	u agenc	ey for which you are/were employed.	Name Position title	(Eraa	Taxt)				
rederar Service			location of the age	nev	Street address and City	State and Zi			untry			
(Multiple Entries			U	2	1 civilian employment, excluding military	YES (Yes a			Required			
Allowed)			T indicated previou			another entr		to val				
Section 13c -	Employn	ient	Record									
				ven (7)	years at employment activities that you have n	ot previously l	isted? (If Yes	, you will			
be required to add					• Fired from a job? • Quit a job after	being told you	would	be fire	ed?			
	b by mutual a				allegations of misconduct?							
		TOLLON	U		ory performance? ended, or disciplined for misconduct in the work	nlace such as	violati	on of c	security			
• Left a job by mut	0			i, suspe	inded, of disciplined for misconduct in the work	place, such as	violati	011 01 2	security			
 Left a job by mut Received a writte	0		ciany reprintancec					VE	S NO			
• Left a job by mut	0							IC				
 Left a job by mut Received a writte policy? 	n warning, bee	en offi						IE				
 Left a job by mut Received a writte policy? 	n warning, bee Selective S	en offi Servi	ice Record				1		NO			
• Left a job by mut • Received a writte policy? Section 14 – S Were you born a m	n warning, bee Selective S	en offi	ice Record 31, 1959?				Y	TE TES	NO			
Left a job by mut Received a writte policy? Section 14 - S Were you born a m	n warning, bee Selective S hale after Dece Selective Servi	en offi Servi mber 2 ce Re	ice Record 31, 1959?	Service	e System (SSS)	I don't know			NO			
Left a job by mut Received a writte policy? Section 14 – S Were you born a m	n warning, bee Selective S ale after Dece Selective Servi Have you regis	en offi Servi mber 2 ce Re	ice Record 31, 1959? gistration with the Selective The Selective Se	ervice w	vebsite, <u>www.sss.gov</u> , can help provide the regis	stration numbe	Y	YES	NO			
Left a job by mut Received a writte policy? Section 14 – S Were you born a m Branch	n warning, bee Selective S Bale after Dece Selective Servi Have you regis Branch	en offi Servi mber 2 ce Re	ice Record 31, 1959? gistration with the Selective The Selective Se registered. Note	ervice w e: Select	vebsite, <u>www.sss.gov</u> , can help provide the regis tive Service Number is not your Social Security	stration numbe Number	Yer for pe	TES TES ersons	NO who have			
Left a job by mut Received a writte policy? Section 14 – S Were you born a m Branch If Yes to Born	n warning, bee Selective S lale after Dece Selective Servi Have you regis Branch If Yes	en offi Servi mber 2 ce Re	ice Record 31, 1959? gistration with the Selective The Selective Se registered. Note Provide registrat	ervice w e: Select tion nur	vebsite, <u>www.sss.gov</u> , can help provide the regis tive Service Number is not your Social Security nber:	stration number Number Registration r	Yer for pe	TES TES ersons	NO who have			
Left a job by mut Received a writte policy? Section 14 – S Were you born a m Branch If Yes to Born Male After	n warning, bee Selective S lale after Dece Selective Servi Have you regis Branch If Yes Branch	en offi Servi mber 2 ce Re	ice Record 31, 1959? gistration with the Selective The Selective Se registered. Note Provide registrat You responded 'I	ervice w : Select tion nur No' to h	vebsite, <u>www.sss.gov</u> , can help provide the regis tive Service Number is not your Social Security nber: naving registered with the Selective Service Sys	stration number Number Registration r tem (SSS)	Yer for po	YES YES ersons (Free	NO who have			
Left a job by mut Received a writte policy? Section 14 – S Were you born a m Branch If Yes to Born Male After 12/31/1959	n warning, bee Selective S selective Servi Have you regis Branch If Yes Branch If No	en offi Servi mber 2 ce Re	ice Record 31, 1959? gistration with the Selective The Selective Se registered. Note Provide registrat You responded 'I Provide explanat	ervice w : Select tion nur No' to h tion	vebsite, <u>www.sss.gov</u> , can help provide the regis tive Service Number is not your Social Security nber: having registered with the Selective Service Sys	stration number Number Registration r tem (SSS) Explanation (Yer for per number Free Te	YES YES ersons (Free	NO who have			
Left a job by mut Received a writte policy? Section 14 – S Were you born a m Branch If Yes to Born Male After 12/31/1959	n warning, bee Selective S Selective Servi Have you regis Branch If Yes Branch If No Branch	en offi mber : ice Re stered	ice Record 31, 1959? gistration with the Selective The Selective Se registered. Note Provide registrat You responded 'I Provide explanat You responded 'I	ervice w : Select tion nur No' to h tion I don't l	vebsite, <u>www.sss.gov</u> , can help provide the regis tive Service Number is not your Social Security nber: naving registered with the Selective Service Sys	stration number Number Registration r tem (SSS) Explanation (rvice System)	Yer for per number Free Te (SSS)	YES YES ersons (Free ext)	NO who have			
Left a job by mut Received a writte policy? Section 14 – S Were you born a m Branch If Yes to Born Male After 12/31/1959	n warning, bee Selective S Selective Servi Have you regis Branch If Yes Branch If No Branch If No Branch If I Don't Kno	en offi mber (ice Re stered	ice Record 31, 1959? gistration with the Selective Se registered. Note Provide registrat You responded 'I Provide explanat You responded 'I Provide explanat	ervice w : Select tion nur No' to h tion I don't l	vebsite, <u>www.sss.gov</u> , can help provide the regis tive Service Number is not your Social Security nber: having registered with the Selective Service Sys	stration number Number Registration r tem (SSS) Explanation (Yer for per number Free Te (SSS)	YES YES ersons (Free ext)	NO who have			
Left a job by mut Received a writte policy? Section 14 – Were you born a m Branch If Yes to Born Male After 12/31/1959 Section 15 –	n warning, bee Selective S lale after Dece Selective Servi Have you regis Branch If Yes Branch If No Branch If I Don't Kno Military H	en offi mber (ice Re stered w listo	ice Record 31, 1959? gistration with the Selective Se registered. Note Provide registrat You responded 'I Provide explanat You responded 'I Provide explanat You responded 'I	ervice w : Select tion nur No' to h tion I don't l	vebsite, <u>www.sss.gov</u> , can help provide the regis tive Service Number is not your Social Security nber: having registered with the Selective Service Sys	stration number Number Registration r tem (SSS) Explanation (rvice System)	Yer for per number Free Te (SSS)	YES YES ersons (Free ext) ext)	NO who have Text)			
Left a job by mut Received a writte policy? Section 14 – S Were you born a m Branch If Yes to Born Male After 12/31/1959 I Have you EVER s	n warning, bee Selective S Selective Servit Have you regises Branch If Yes Branch If No Branch If I Don't Kno Military E erved in the U	w W W W W Uisto .S. Mi	ice Record 31, 1959? gistration with the Selective Se registered. Note Provide registrat You responded 'I Provide explanat You responded 'I Provide explanat Fy litary?	ervice w : Select tion nur No' to h tion I don't h tion	vebsite, <u>www.sss.gov</u> , can help provide the regis tive Service Number is not your Social Security nber: naving registered with the Selective Service Sys know' to having registered with the Selective Se	stration number Number Registration r tem (SSS) Explanation (rvice System)	Yer for per number Free Te (SSS)	YES YES ersons (Free ext)	NO who have Text)			
Left a job by mut Received a writte policy? Section 14 – S Were you born a m Branch If Yes to Born Male After 12/31/1959 Section 15 – I Have you EVER s Branch Yo	n warning, bed Selective S Selective Servit Have you regis Branch If Yes Branch If No Branch If I Don't Kno Military H erved in the U u responded 'Y	w Karaka W Karaka	ice Record 31, 1959? gistration with the Selective Se registered. Note Provide registrat You responded 'I Provide explanat You responded 'I Provide explanat You responded 'I Provide explanat	ervice w Selection nur No' to 1 tion I don't 1 tion the U.S	vebsite, <u>www.sss.gov</u> , can help provide the regis tive Service Number is not your Social Security nber: naving registered with the Selective Service Sys know' to having registered with the Selective Se	stration number Number Registration r tem (SSS) Explanation (rvice System Explanation (Yer for per number Free Te (SSS)	TES TES (Free ext) ext) YE	NO who have Text)			

Serving in		ny National Guard Force 🗆 Air National Guard	Provide your st	atus ⊐ <i>Active Reserve</i>	□ Not App □ Officer	 Not Applicable Officer 		(Free Te	xt)
the U.S.		$ps \square Coast Guard$	□ Inactive Rese		\Box Enlisted	l	Tumber	(1100-10)	<i>(</i> ()
Military		lates of service	From Date (Est		To Date (I		l/Present)	1	
Multiple	Were you disc	harged from this instance of U.S.	military service, t	o include Reserves,	or National	Guard?		YES	NO
Entries	Branch	You responded 'Yes' to being or National Guard; answer the		.S. military service	, to include	Reserves			
Allowed)	If Yes to	Provide the type of discharge y Conditions				nder Othe	er than Hono	orable	
	Discharged	Provide other discharge type:		ther (provide type)		ischarge	explanation	(Free Te	xt)
	_	Provide the date of discharge li				ate (Estir			
	In the last 7 ye	ascharge Not Honorable Providence		disciplinary proced	lure under th		(Free Text) m Code of	YES	NO
		You responded 'Yes' to having of Military Justice (UCMJ), su	g been subject to co ch as Article 15, C	ourt martial or othe aptain's mast, Arti	r disciplinar cle 135 Cou	rt of Inqu	iry, etc in th	ie last 7 y	
		Provide the date of the court m Provide a description of the Ur					Date (Estin	Descri	ption
	Branch	were charged.					-	(Free	
	10.37	Provide the name of the discipl		uch as Court Marti	al, Article 15	5, Captair	n's mast,	Name	
	If Yes to Military	Article 135 Court of Inquiry, en Provide the description of the r		her authority in wh	ich vou were	e charged	(title of	(Free Descri	
	Discipline	court or convening authority, a					(the of	(Free	1
		Provide the description of the f			edure, such a	as found g	guilty,	Descri	
		found not guilty, fine, reduction In the last 7 years do you have	an additional	YES (Yes a	dds another	entry)	NO (Requi	(Free 7 red to val	
	Do you have a	instance of military discipline t dditional military service to report		YES (Yes a	dds another	entry)	NO (Requi	red to val	idate)
lave you EV	ER served, as a	civilian or military member in a f	oreign country's n			, security	forces,	YES	NO
	defense force, or	government agency?							
		d 'Yes' to having EVER served a curity forces, militia, other defens			oreign count	ry's milit	ary, intellig	ence,	
		preign service, which organization			(Army, Nav	y, Air Fo	rce, Marine	s, etc), Si	pecify
	□ Intelligence Agency, Speci	Service \Box Diplomatic Service \Box S fy							
ranch		me of the foreign organization.					e (Free Text ate (Estimat	/	
ancii	Provide your p	period of service	eriod of service From Date (Estimated)						nt)
		ma of the country	Drovido vou	highest position/r	nl: hold	Donit	ion hold (Er	an Taxt)	
Yes to		me of the country ivision/department/office in which		highest position/ra	ank held		ion held (Fr	,	
erving in a	Provide the di	me of the country ivision/department/office in which cription of the circumstances of y	h you served.	* *		Divis	ion held (Fr sion (Free To ription (Free	ext)	
Serving in a Foreign	Provide the di Provide a des Provide a des	ivision/department/office in which cription of the circumstances of y cription of the reason for leaving	h you served. our association wi this service.	th this organization	•	Divis Desc Desc	sion (Free To ription (Free ription (Free	ext) e Text) e Text)	
Serving in a Foreign Military	Provide the di Provide a dese Provide a dese Do you maint	ivision/department/office in which cription of the circumstances of y	h you served. our association wi this service.	th this organization	•	Divis Desc Desc	sion (Free To ription (Free ription (Free	ext) e Text)	NO
Serving in a Foreign Military Multiple Entries	Provide the di Provide a des Provide a des	ivision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta	h you served. our association wi this service. r associates, collea aining contact with	th this organization gues, or acquaintan	ices from yo	Divis Desc Desc ur service	sion (Free To ription (Free ription (Free e in this	ext) e Text) e Text) YES nces from	your
Serving in a Foreign Military Multiple Entries	Provide the di Provide a des Provide a des Do you maint organization? Branch	ivision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro-	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac	th this organization gues, or acquaintar current or former ldress (if known), o	aces from yo associates, co fficial title,	Divis Desc Desc ur service olleagues length of	sion (Free To ription (Free ription (Free e in this a, acquaintar association	ext) e Text) e Text) YES nces from	your
Serving in a Foreign Military Multiple Entries	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to	ivision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or	th this organization gues, or acquaintar current or former ldress (if known), o	aces from yo associates, co fficial title,	Divis Desc Desc ur service olleagues length of	sion (Free To ription (Free ription (Free e in this , acquaintar association contact.	ext) e Text) e Text) YES nces from	your uency
Serving in a Foreign Military Multiple Entries	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain	 vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. 	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ciate, colleague or e.	th this organization gues, or acquaintan current or former ldress (if known), o acquaintance with	aces from yo associates, co official title, whom you r First	Divis Desc Desc ur service olleagues length of maintain Midd State	sion (Free T ription (Free ription (Free e in this , acquaintar association contact. lle and Zip Co	ext) e Text) e Text) YES nces from , and freq Suffiz de or Cou	your uency x untry
f Yes to Serving in a Foreign Military Multiple Entries Allowed)	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to	 vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro- of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti 	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ciate, colleague or e.	th this organization gues, or acquaintar current or former a ldress (if known), o acquaintance with Last Street address and	acces from yo associates, c official title, whom you t First I City	Divis Desc Desc olleagues length of maintain Midd State Of	sion (Free T ription (Free ription (Free e in this a acquaintar association contact. lle and Zip Co fficial title (1	ext) e Text) e Text) YES nces from , and freq Suffiz de or Cou Free Text	uency x untry
Serving in a Foreign Military Multiple Entries	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple	vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the length of your asso	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ciate, colleague or e. title. ociation with the co	th this organization gues, or acquaintar current or former a ldress (if known), c acquaintance with Last Street address and ontact From Da	associates, co official title, whom you to First I City te (Estimated	Divis Desc Desc olleagues length of maintain Midd State Of	sion (Free T ription (Free ription (Free e in this , acquaintar association contact. lle and Zip Co	ext) e Text) e Text) YES nces from , and freq Suffiz de or Cou Free Text	your uency k untry
Serving in a Foreign Military Multiple Entries	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact	vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's address. Provide the length of your asso Provide the frequency of conta Do you have an additional fore	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. tite. ociation with the co ct.	th this organization gues, or acquaintar current or former a ldress (if known), o acquaintance with Last Street address and	associates, co official title, whom you to First the City te (Estimated Fext)	Divis Desc Desc ur service olleagues length of maintain Midd State Of d) To	sion (Free T ription (Free ription (Free e in this a acquaintar association contact. lle and Zip Co fficial title (1	ext) 2 Text) 2 Text) 2 Text) YES A recess from and freq Suffin de or Con Free Text nated/Pre	your uency antry () esent)
Serving in a Foreign Military Multiple Entries	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed)	vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the length of your asso Provide the frequency of conta	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. title. ociation with the co ct. sign military	th this organization gues, or acquaintar current or former a ldress (if known), c acquaintance with Last Street address and ontact From Da Frequency (Free 7	eces from yo associates, c official title, whom you t First 1 City te (Estimated Text) nother entry)	Divis Desc Desc Desc Ur service Olleagues length of maintain Midd State Of d) Tc N0	sion (Free T ription (Free ription (Free e in this a acquaintar association contact. lle and Zip Co fficial title (1 Date (Estin	ext) e Text) e Text) YES cces from , and freq Suffin de or Cou Free Text nated/Pre	your uency antry) esent) tte)
Serving in a Foreign Military Multiple Entries Allowed)	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a	 vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; proof contact for each former asso Provide the contact's full name Provide the contact's official ti Provide the length of your asso Provide the frequency of contact Do you have an additional fore service contacts to report? 	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. title. ociation with the co ct.	th this organization gues, or acquaintan current or former a ldress (if known), c acquaintance with Last Street address and ontact From Da Frequency (Free ' YES (Yes adds ar	eces from yo associates, c official title, whom you t First 1 City te (Estimated Text) nother entry)	Divis Desc Desc Desc Ur service Olleagues length of maintain Midd State Of d) Tc N0	sion (Free Tr ription (Free ription (Free e in this association contact. Ille and Zip Co fficial title () Date (Estin O (Required	ext) e Text) e Text) YES cces from , and freq Suffin de or Cou Free Text nated/Pre	your uency antry) esent) tte)
Serving in a Foreign Ailitary Multiple Entries Allowed) Section 16	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V	 vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to maintain service in this organization; proof contact for each former asso Provide the contact's full name Provide the contact's official ti Provide the length of your asso Provide the length of your asso Provide the frequency of contact to report? In additional foreign military servite 	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or be contact, colleague or be colleague or be contact, colleague or colleague or colleague or colleague or colleague or	th this organization gues, or acquaintan dress (if known), or acquaintance with Last Street address and Frequency (Free ' YES (Yes adds an YES (Yes adds an	associates, co official title, whom you to First I City te (Estimated Text) nother entry)	Divis Desc Desc Ur service Olleagues length of maintain Midd State Of d) Tc N	sion (Free Tr ription (Free ription (Free e in this association contact. lle and Zip Co fficial title (1 Date (Estin O (Required	ext) e Text) e Text) YES reces from , and freq Suffin de or Con Free Text nated/Pre to valida	your uency antry) esent) tte)
erving in a foreign filitary Multiple entries kllowed) Section 10 rovide three ssociates, etc <i>i</i> th you cove	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno c., who are collect rs at least the la	 vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; proof contact for each former asso Provide the contact's full name Provide the contact's official ti Provide the length of your asso Provide the frequency of contact Do you have an additional fore service contacts to report? 	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or c. itle. ociation with the co ct. ct. ct. ct. ct. ct. ct. ct. ct. ct.	th this organization gues, or acquaintan current or former a ldress (if known), o acquaintance with Last Street address and ontact From Da Frequency (Free ⁷ YES (Yes adds an YES (Yes adds an y should be friends, place, school, or ne	acces from yo associates, cc official title, whom you n First 1 City te (Estimated Text) nother entry) nother entry) peers, colle eighborhood	Divis Desc Desc Ur service olleagues length of maintain Midd State Of d) Tc No agues, cc , and whc	sion (Free T ription (Free ription (Free e in this association contact. lle and Zip Co fficial title (j Date (Estin O (Required O (Required	ext) e Text) e Text) YES from, and freq Suffin de or Cor Free Text nated/Pre to valida to valida mates, d associa	your uency intry essent) ite) ite) ite)
Arving in a Soreign Ailitary Multiple Entries Allowed) Section 16 rovide three ssociates, etc vith you cove Multiple Entr	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno 2., who are collee rrs at least the la ries Allowed)	 vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the frequency of contat Do you have an additional fore service contacts to report? In additional foreign military servite Who Know You Well w you well and who preferably limitively aware of your activities ou st seven (7) years. Do not list you 	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. dite. ociation with the co ct. dign military ice to report?	th this organization gues, or acquaintan current or former a ldress (if known), c acquaintance with Last Street address and ontact From Da Frequency (Free ' YES (Yes adds an YES (Yes adds an YES (Yes adds an y should be friends, place, school, or ne spouse (s), other rel	eces from yo associates, c official title, whom you n First 1 City te (Estimated Text) nother entry) nother entry) peers, colle eighborhood atives, or an	Divis Desc Desc Desc Desc Desc Desc Desc Des	sion (Free Tr ription (Free Tr ription (Free e in this a acquaintar association contact. Ile and Zip Co fficial title (i b Date (Estin O (Required O (Required O (Required O (Required D) (Required	ext) e Text) e Text) YES cess from , and freq Suffin de or Con Free Text nated/Pre to valida to valida nates, d associa re on this	your your antry contry cosent) tte) tte) tte)
Arving in a Soreign Ailitary Multiple Entries Allowed) Section 10 Provide three ssociates, etc vith you cove Multiple Entri Provide dates	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno , who are collec rrs at least the la ries Allowed) known Frc	 vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; proof contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the length of your asso Provide the frequency of contat Do you have an additional fore service contacts to report? In additional foreign military servitively aware of your activities ou set seven (7) years. Do not list your mate (Est.) 	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. title. ociation with the co ct. tign military ice to report? ve in the U.S. They tiside of your work ur spouse, former s st./Present)	th this organization gues, or acquaintan current or former a ldress (if known), o acquaintance with Last Street address and ontact From Da Frequency (Free ⁷ YES (Yes adds an YES (Yes adds an y should be friends, place, school, or ne	ces from yo associates, c official title, whom you t First 1 City te (Estimated Text) nother entry) nother entry) peers, colle eighborhood, atives, or an me Last	Divis Desc Desc Desc Desc Desc Desc Desc Des	ion (Free Tr ription (Free Tr ription (Free e in this association contact. Ile and Zip Co fficial title (i) Date (Estin O (Required O (Required O (Required D) (Required D) (Required D) (Required D) (R	ext) e Text) e Text) YES acces from and freq Suffin de or Con Free Text nated/Pre to valida to valida nates, d associa re on this	your your untry contry
Serving in a Foreign Ailitary Multiple Entries Allowed) Section 16 Provide three rovide three vith you cove Multiple Entri Trovide dates Provide rank/to Not applical	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno c., who are colled ris at least the la ris at llowed) known Fro title Ra	ivision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the length of your asso Provide the frequency of conta Do you have an additional fore service contacts to report? In additional foreign military servite Who Know You Well wyou well and who preferably live tively aware of your activities ou st seven (7) years. Do not list you om Date (Est.) In Additional foreign military servite Date (Est.) In Vork asso	h you served. our association wi this service. r associates, collea aining contact with ovide full name, at ociate, colleague or e. itle. ociation with the co ct. ign military ice to report? ve in the U.S. The tiside of your work ur spouse, former s st./Present) ationship to you: (sociate \Box Schoolm	th this organization gues, or acquaintan current or former a ldress (if known), c acquaintance with Last Street address and mtact From Da Frequency (Free ' YES (Yes adds an YES (Yes adds an YES (Yes adds an y should be friends, place, school, or ne spouse (s), other rel Provide full na	associates, co official title, whom you n First 1 City te (Estimateor Text) nother entry) nother entry) peers, colle sighborhood. atives, or an me Last y) □ Neighl	Divis Desc Desc Desc ur service olleagues length of Midd State Of d) Tc No No agues, cc , and who yone list	ion (Free T) ription (Free T) ription (Free e in this association contact. lle and Zip Co fficial title (1) Date (Estin O (Required O (Required O (Required O (Required D) (Required D) (Required D) (Required D) (Re	ext) e Text) e Text) YES cess from, and freq Suffin de or Con Free Text nated/Pree to valida to valida d associa re on this ddle S planation ree Text)	your your (nntry)) ssent) (te) tte) tte) tton s form
Serving in a Foreign Ailitary Multiple Entries Allowed) Section 16 Provide three rovide three rovide three rovide three rovide three rovide three associates, etc vith you cove Multiple Entri rovide dates Provide rank/t Not applical Provide phone	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno c., who are colled ris at least the la ris Allowed) known Fro title Ra	ivision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the length of your asso Provide the frequency of conta Do you have an additional fore service contacts to report? n additional foreign military service Who Know You Well wy you well and who preferably lively aware of your activities ou st seven (7) years. Do not list you provide (Est.) To Date (E nk/title (Free Text) Provide relimination of the service relim	h you served. our association wi this service. r associates, collea aining contact with ovide full name, at ociate, colleague or e. title. ociation with the co ct. ign military ice to report? ve in the U.S. The tiside of your work ur spouse, former s st./Present) ationship to you: (sociate \Box Schoolm know	th this organization gues, or acquaintan current or former a ldress (if known), c acquaintance with Last Street address and ntact From Da Frequency (Free YES (Yes adds an YES (Yes adds an YES (Yes adds an y should be friends, place, school, or ne spouse (s), other rel Provide full na Check all that apply	associates, co official title, whom you n First 1 City te (Estimateor Text) nother entry) nother entry) peers, colle sighborhood. atives, or an me Last y) □ Neighl	Divis Desc Desc Desc ur service olleagues length of Midd State Of d) Tc No No agues, cc , and who yone list	ion (Free T ription (Free ription (Free e in this association contact. lle and Zip Co fficial title (1) Date (Estin O (Required O (Required O (Required O (Required O (Required D) (Required D) (Required D) (Required D) (Require	ext) e Text) e Text) yES cess from, and freq Suffin de or Con Free Text nated/Pree to valida to valida d associa re on this ddle S planation ree Text)	your your untry) essent) tte) tte) tte) Suffix
Arving in a Soreign Ailitary Multiple Entries Solowed) Section 16 Provide three ssociates, etc vith you cove Multiple Entr rovide three rovide three rovide three sociates, etc vith you cove Multiple Entr rovide three rovide three sociates, etc vith you cove Multiple Entr rovide three rovide three sociates, etc vith you cove Multiple Entr rovide three rovide three rovide three sociates, etc vith you cove Multiple Entr rovide three rovide three sociates, etc vith you cove rovide three rovide three sociates, etc vith you cove rovide three sociates, etc vith you cove the place rovide three sociates, etc vith you cove the place rovide three sociates, etc vith you cove rovide three sociates, etc vith you cove sociates, etc vith you cove rovide three sociates, etc rovide three rovide three	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno c., who are colled rrs at least the la ries Allowed) known Frc title Ra ble e number for this	vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the length of your asso Provide the frequency of conta Do you have an additional fore service contacts to report? n additional foreign military service Who Know You Well wy you well and who preferably live wy ou well and who preferably live m Date (Est.) To Date (E nk/title (Free Text) Provide rel: mbar(title (Free Text) Provide rel: work ass sperson. I don't H	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. title. ociation with the co ct. ign military ice to report? ve in the U.S. The tiside of your work ur spouse, former s st./Present) ationship to you: (sociate Schoolm know	th this organization gues, or acquaintan current or former a ldress (if known), c acquaintance with Last Street address and ntact From Da Frequency (Free YES (Yes adds an YES (Yes adds an YES (Yes adds an y should be friends, place, school, or ne spouse (s), other rel Provide full na Check all that apply	associates, co official title, whom you n First 1 City te (Estimateor Text) nother entry) nother entry) peers, colle sighborhood. atives, or an me Last y) □ Neighl	Divis Desc Desc Desc ur service olleagues length of Midd State Of d) Tc No No agues, cc , and who yone list	ion (Free T ription (Free T ription (Free e in this a cquaintar association contact. Ile and Zip Co fficial title (1) o Date (Estin O (Required O (Required O (Required O (Required O (Required C) (Requ	ext) e Text) e Text) yES cess from, and freq Suffiz de or Con Free Text nated/Pree to valida ito valida ito valida d associa re on this ddle S planation ree Text) lephone/I lephone/I	your your untry) essent) tte) tte) tte) Suffix Ext. Ext.
Arving in a Soreign Ailitary Multiple Entries Allowed) Section 1(Provide three ssociates, etc vith you cove Multiple Entr Provide three rovide three rovide three provide rank/t i Not applical Provide phone Provide e-mai Provide home	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno c., who are collect rs at least the la ries Allowed) known Fred title Rational e number for this le/cell phone nui al address for this	vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the length of your asso Provide the frequency of conta Do you have an additional fore service contacts to report? n additional foreign military service wyou well and who preferably live ctively aware of your activities ou st seven (7) years. Do not list you om Date (Est.) To Date (E nk/tile (Free Text) Provide relation of the person. I don't I s person. I don't I s for this person. I don't I	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ciate, colleague or e. title. occiation with the co ct. ign military ice to report? ve in the U.S. The tside of your work ur spouse, former s st./Present) ationship to you: (sociate \Box Schoolm know know	th this organization gues, or acquaintan eurrent or former a ldress (if known), of acquaintance with Last Street address and ontact From Da Frequency (Free 7 YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an Provide full na Check all that apply ate \Box Other (Provi	acces from yo associates, cc official title, whom you r First d City te (Estimated Fext) nother entry) other entry) peers, colle eighborhood atives, or an me Last y) \Box Neighl de explanati State and 2	Divis Desc Desc Desc Desc Desc Desc Desc Des	sion (Free T ription (Free T ription (Free e in this a acquaintar association contact. Ile and Zip Co fficial title (1 o Date (Estin O (Required O (Required O (Required O (Required O (Required O (Required C) (Requ	ext) e Text) e Text) YES cess from, and freq Suffiz de or Coo Free Text nated/Pree to valida to valida ito valida ito valida nates, d associa re on this ddle S planation ree Text) lephone/H lephone/H	your your untry) essent) tte) tte) s forr Suffix Ext. Ext.
Serving in a Foreign Military Multiple Entries Allowed) Section 10 Provide three Issociates, etc vith you cove Multiple Entr Provide dates Provide three Provide dates Provide phone Provide phone Provide home Drovide home Drovide home	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno c., who are collec rrs at least the la ries Allowed) known Fro title Raible e number for this le/cell phone nu il address for this or work address an additional per	vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; pro-of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the length of your asso Provide the frequency of conta Do you have an additional fore service contacts to report? n additional foreign military servitively aware of your activities ou st seven (7) years. Do not list you om Date (Est.) To Date (E nk/title (Free Text) Provide related in this person. provide this person. I don't fi s for this person. I don't fi stort his person. stort his person.	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ciate, colleague or e. title. occiation with the co ct. ign military ice to report? ve in the U.S. The tside of your work ur spouse, former s st./Present) ationship to you: (sociate \Box Schoolm know know	th this organization gues, or acquaintan current or former a ldress (if known), of acquaintance with Last Street address and ontact From Da Frequency (Free 7 YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an Other rel Provide full na Check all that apply ate □ Other (Provi	acces from yo associates, cc official title, whom you n First 1 City te (Estimated Fext) nother entry) nother entry) peers, colle eighborhood, atives, or an me Last y) □ Neighl de explanati	Divis Desc Desc Desc Desc Desc Desc Desc Des	sion (Free T ription (Free T ription (Free e in this a acquaintar association contact. Ile and Zip Co fficial title (1 o Date (Estin O (Required O (Required O (Required O (Required O (Required O (Required C) (Requ	ext) e Text) e Text) YES cess from, and freq Suffiz de or Coo Free Text nated/Pree to valida to valida ito valida ito valida nates, d associa re on this ddle S planation ree Text) lephone/H lephone/H	your your untry) essent) tte) tte) s forr Suffix Ext. Ext.
Serving in a Foreign Military Multiple Entries Allowed) Section 1(Provide three associates, etc vith you cove Multiple Entr Provide dates Provide three Provide dates Provide rank/t Not applical Provide phone Provide home Do you have a Section 17	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno 2, who are collee rrs at least the la ries Allowed) known Fro title Rai ble e number for this e number for this or work address an additional per 7 – Marital	vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former You responded 'Yes' to mainta service in this organization; proof contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the frequency of conta Do you have an additional fore service contacts to report? n additional foreign military servitively aware of your activities ou st seven (7) years. Do not list you om Date (Est.) To Date (E nk/title (Free Text) Provide related on this person. s for this person. I don't fi s for this person. I don't fi s for this person. Status	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. itle. ociation with the co ct. dign military ice to report? ve in the U.S. They tiside of your work ur spouse, former st st./Present) ationship to you: (sociate \Box Schoolm know know Street addres YES (Yes ac	th this organization gues, or acquaintan current or former a ldress (if known), c acquaintance with Last Street address and mtact From Da Frequency (Free ' YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an Provide full na Check all that apply ate \Box Other (Provi ss and City lds another entry)	ces from yo associates, c official title, whom you I First I City te (Estimated Text) nother entry) nother entry) peers, colle ighborhood, atives, or an me Last y) □ Neighl de explanati State and 2 NO (Requ	Divis Desc Desc Desc Desc Desc Desc Desc Des	ion (Free T ription (Free T ription (Free e in this association contact. lle and Zip Co fficial title (i o Date (Estin O (Required O (Required O (Required O (Required O (Required C) (Requ	ext) e Text) e Text) YES cess from, and freq Suffiz de or Con Free Text nated/Pree to valida to valida to valida to valida d associa re on this planation ee Text) lephone/H ail (Free	your your untry) essent) tte) tte) s forr Suffix Ext. Ext.
Serving in a Foreign Military Multiple Entries Allowed) Section 1(Provide three associates, etc vith you cove Multiple Entr Provide dates Provide three Provide dates Provide rank/t Not applical Provide home Provide home Provide home Do you have a Section 17	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno ., who are collect rrs at least the la ries Allowed) known Fro title Rai ble e number for this le/cell phone nu il address for this or work address an additional per 7 – Marital current marital s	ivision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former assored in contact with current or former assored in this organization; proof contact for each former assored provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the frequency of contat Do you have an additional fore service contacts to report? In additional foreign military servite to your activities out st seven (7) years. Do not list your assored provide the frequency of contat service contacts to report? In additional foreign military service to the provide the provide the provide the provent of your activities out st seven (7) years. Do not list your assored provide the provide really in the provide the provide the provide really in the provide the provent of the provide really and the provide really in the provide the provent of the provide really and the present of the provide really as a provide the provide really in the provide the provide really provide really and the present of the provide really provide really and the present of the provide really provide really and the present of the present of the present. □ I don't provide the present of	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. title. ociation with the co ct. tign military ice to report? ve in the U.S. They tiside of your work ur spouse, former s st./Present) ationship to you: (sociate □ Schoolm know know Street addres YES (Yes ac	th this organization gues, or acquaintan current or former a ldress (if known), c acquaintance with Last Street address and intact From Da Frequency (Free YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an Check all that applicate applicate and the construction of the construction of the construction and Check all that applicate and the construction is and City Ids another entry)	ices from yo associates, c official title, whom you n First 1 City te (Estimated Text) nother entry) nother entry) state and i NO (Requ	Divis Desc Desc Desc Desc Desc Desc Desc Des	ion (Free T ription (Free T ription (Free e in this association contact. lle and Zip Co fficial title (i o Date (Estin O (Required O (Required O (Required O (Required O (Required C) (Requ	ext) e Text) e Text) YES cess from, and freq Suffiz de or Con Free Text nated/Pree to valida to valida to valida to valida d associa re on this planation ee Text) lephone/H ail (Free	your your unntry) esent) tte) tte) tton s form Suffix Ext. Ext.
Serving in a Foreign Military Multiple Entries Moved Multiple Entri Provide three ssociates, etc vith you cove Multiple Entri Provide dates Provide dates Provide dates Provide nome Provide dates Provide nome Provide nome Provi	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno c, who are collee rrs at least the la ries Allowed) known Fro title Rai ble e number for this le/cell phone nu il address for this or work address an additional per 7 – Marital current marital s You selected "	vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former as on the contact with current or former as one of contact for each former as one provide the contact's full name. Provide the contact's official tile Provide the contact's official tile Provide the frequency of contact for each former as one provide the frequency of contact for each former as one provide the frequency of contact by you have an additional fore service contacts to report? In additional foreign military servite the service contacts to report? Who Know You Well wyou well and who preferably live tively aware of your activities ou st seven (7) years. Do not list you make a service contacts to report? In Date (Est.) To Date (Enk/title (Free Text)) Provide relations on the preson. □ I don't for this person. □	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. title. ociation with the co ct. tign military ice to report? ve in the U.S. The tiside of your work ur spouse, former s st./Present) ationship to you: (sociate □ Schoolm know know Street address YES (Yes ac d (including Commete the following a	th this organization gues, or acquaintan current or former a ldress (if known), c acquaintance with Last Street address and ontact From Da Frequency (Free YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an Other (Provide full na Check all that apply ate to Other (Provide State and City Ids another entry)	cess from yo associates, c official title, whom you i First I City te (Estimated Text) nother entry) nother entry) peers, colle cighborhood, atives, or an me Last y) □ Neighl de explanati State and I NO (Requ nted □ Annu spouse only.	Divis Desc Desc Desc Desc Desc Desc Desc Des	ion (Free T ription (Free T ription (Free e in this association contact. lle and Zip Co fficial title (i) b Date (Estin O (Required O (Required O (Required O (Required O (Required C) (Req	ext) e Text) e Text) YES cces from, and freq Suffind de or Cou Free Text nated/Pree to valida to valida to valida to valida to valida dassocia re on this dassocia re to this planation ee Text) lephone/H planation ext (Free Widowed	your uency antry) ssent) tte) tte) tte) tte) Ext. Ext. Ext. Text)
Serving in a Foreign Military Multiple Entries Allowed) Section 1(Provide three associates, etc vith you cove Multiple Entr Provide dates Provide three Provide dates Provide rank/t Not applical Provide home Provide home Provide home Do you have a Section 17	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno c, who are collee rrs at least the la ries Allowed) known Fro title Rai ble e number for this le/cell phone nuu il address for this or work address an additional per 7 – Marital current marital s You selected " Provide spouse	ivision/department/office in which cription of the circumstances of y cription of the reason for leaving g ain contact with current or former You responded 'Yes' to mainta service in this organization; pro- of contact for each former asso Provide the contact's full name Provide the contact's address. Provide the contact's official ti Provide the length of your asso Provide the frequency of conta Do you have an additional fore service contacts to report? n additional foreign military servi? Who Know You Well w you well and who preferably live trively aware of your activities ou st seven (7) years. Do not list you om Date (Est.) To Date (E nk/title (Free Text) Provide related in don'the s person. I don'the s for this person. I don'the s for this person. I don'the son who knows you well to list? Status: Married" or "Separated." Comple's full name Last	h you served. our association wi this service. r associates, collea aining contact with ovide full name, ac ociate, colleague or e. title. ociation with the co ct. tign military ice to report? ve in the U.S. They tiside of your work ur spouse, former s st./Present) ationship to you: (sociate □ Schoolm know know Street addres YES (Yes ac	th this organization gues, or acquaintan current or former a ldress (if known), c acquaintance with Last Street address and ontact From Da Frequency (Free YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an Provide full na Check all that apply ate Other (Provi as and City Ids another entry) non Law) Separation bout your current se	ices from yo associates, c official title, whom you n First 1 City te (Estimated Text) nother entry) nother entry nother entry no	Divis Desc Desc Desc Desc Desc Desc Desc Des	ion (Free T ription (Free T ription (Free e in this association contact. lle and Zip Co fficial title (i o Date (Estin O (Required O (Required O (Required O (Required O (Required C) (Requ	ext) e Text) e Text) YES cces from , and freq Suffind de or Con Free Text nated/Pree to valida to valida to valida to valida to valida dassocia re on this dassocia planation ee Text) lephone/I lephone/I ail (Free Widowed Date (E	your uency antry) ssent) tte) tte) tte) tte) Ext. Ext. Ext. Text)
Serving in a Foreign Military Multiple Entries Moved Multiple Entri Provide three ssociates, etc vith you cove Multiple Entri Provide dates Provide dates Provide dates Provide nome Provide dates Provide nome Provide nome Provi	Provide the di Provide a des Provide a des Do you maint organization? Branch If Yes to Maintain Contact (Multiple Entries Allowed) Do you have a 6 – People V people who kno c, who are collee rrs at least the la ries Allowed) known Fro title Rai ble e number for this le/cell phone nuu il address for this or work address an additional per 7 – Marital current marital s You selected " Provide spouse	vision/department/office in which cription of the circumstances of y cription of the reason for leaving ain contact with current or former as on the contact with current or former as one of contact for each former as one provide the contact's full name. Provide the contact's official tile Provide the contact's official tile Provide the frequency of contact for each former as one provide the frequency of contact for each former as one provide the frequency of contact by you have an additional fore service contacts to report? In additional foreign military servite the service contacts to report? Who Know You Well wyou well and who preferably live tively aware of your activities ou st seven (7) years. Do not list you make a service contacts to report? In Date (Est.) To Date (Enk/title (Free Text)) Provide relations on the preson. □ I don't for this person. □	h you served. our association wi this service. r associates, collea aining contact with ovide full name, at ociate, colleague or e. itle. ociation with the co ct. ign military ice to report? ve in the U.S. The tiside of your work ur spouse, former s st./Present) ationship to you: (sociate	th this organization gues, or acquaintan current or former a ldress (if known), of acquaintance with Last Street address and ontact From Da Frequency (Free 7 YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an YES (Yes adds an Other (Provide full na Check all that apply ate Other (Provide ss and City Ids another entry) non Law) \Box Separation Separatio	ces from yo associates, c official title, whom you i First I City te (Estimated Fext) nother entry) nother entry) pother entry) pother entry nother entry nother entry i Last y) □ Neighl de explanati State and 2 NO (Requ ted □ Annu pouse only. rovide spouse fity □ the or she p	Divis Divis Desc Desc Desc Desc Desc Desc Desc Des	ion (Free T ription (Free T ription (Free e in this a cquaintar association contact. Ille and Zip Co fficial title (i) b Date (Estin O (Required O (Required (Required O (Required (Requ	ext) e Text) e Text) YES cess from, and freq Suffinde de or Con Free Text nated/Pree to valida to valida to valida d associa re on this d associa re on this d associal (Free Free Text nates, d associal (Free Widowed Date (E Country ument nu	your uency antry) esent) (te) (te) (te) (te) (te) (te) (te) (t

	Born	Expla	nation (Free	Text)			Provide d	ocument num	ber	Num	ber (Free	e Text)
	Provide	e your spouse's	U.S. Social	Security N	umber. 🗆 No	ot applicable						
	Provide	e other names us	sed by your :	spouse (suc	ch as maiden n	ames, name	s by other	Last	Firs	t	N	liddle
		ges, nicknames,						Suffix		Iaiden N	lame	
	Dates U	Jsed	<u>^</u>				From Date (Estimated)		Date (Est		Present)
		e your spouse's	country(ies)	of Citizens	ship		Provide date	· · · · · · · · · · · · · · · · · · ·		e (Estima		
		e place married.	eound y(res)	or endem	Jimp		City	County		e or Cou	,	
		e your spouse's	current addr	ess if diffe	erent than your		2	County				ity
		ny current addr		css, 11 unite	font than your	current add	11035.		Street address and City State and Zip Code or Countr			Ş
		e telephone nur			nt talanhana n	umban				1 7		
		<u> </u>		Free Text)	nt telephone n			DO - 119	INUL	Number/Ext		
		e email address		Free Text)	Does your		ave an APO/FPO address? PO/FPO APO State 0					TES NO
	Branci		Address	1 100								ip
	Branch				FPO address fo			ion data	a with sti	reet addr	ress, base,	
	Physica				try location of					<i>a</i> .		
	Locatio	Provid	le physical le		Street Addre	ess/unit/duty	location	City/Post Na	me	State	Zip	Country
			or your spou									
	Are you	a separated from	<i>y</i>								Ŷ	TES NO
	Branch	•	le date of sej					Date (Estima	ted)			
	If Sepa	rated If lega	Ily separated	i, provide t	the location of	the record.	🗆 Not App					
	-	City						State and Zip		or Count		
		have a former									Y	YES NO
		e information ab			e (such as divo	orced, annul	ed, widowe					
		e the full name of	2	1				Last	First	М	liddle	Suffix
D		e the date of bir						Date (Estima	ted)			
Branch		e the place of bi						City	State		Count	ry
If	Provide	e the country(ies	s) of citizens	hip for you	ir former spou	se.					Count	ry
If W ² down d	Provide	e the date you m	arried your	former spo	use.						Date (Estimated)
Widowed, Divorced,	Provide	e the place marr	ied. City	State of	or Country	Provide th	ne date divo	rced, annulled	or wide	owed	Date (Estimated)
or Annulled	Provide	e the status of th	is marriage				🗆 Divor	rced □ Widow	ed 🗆 Aı	nnulled		
of Alliuneu		For yo	our divorced	or annulled	d marriage, pro	ovide where	the record i	s located.	City	State a	und Zip (Code or
(Multiple	Branch				0 1				2	Count	-	
Entries	If Divo		former spou	se decease	d?				I don't	know	Y	YES NO
Allowed)	or Ann	ulled Brand	h If Not	For divore	ced or annulled	d marriage p	provide last l	known	Street	and City	,	
/ mowed)		Decea			f the former sp		I don't know					Country
	Do you	have any addit	ional former	spouse (su	ich as divorceo	d annulled	YES			NO		
		ed, or other form					(Yes ad	ds another en	ry)	(Requi	ired to v	alidate)
A cohabitant i	s a perso	n with whom v	ou share bon	ds of affec	tion, obligatio	n, or other c	ommitment	as opposed to	a perse	on with y	whom vo	ou live with
A cohabitant i for reasons of												
for reasons of	convenie	ence (e.g. a roor										
for reasons of U.S., provide	convenie citizensh		nmate). If ap								s born ou	
for reasons of U.S., provide	convenie citizensh tly resid	ence (e.g. a roor ip information. e with a cohabit	nmate). If ap	oplicable, c	complete the fo						s born ou	utside the
for reasons of U.S., provide	convenie citizensh ntly resid You ha	ence (e.g. a roor ip information.	nmate). If ap ant? It you curren	oplicable, c	complete the fo			abitant. If you		itant was	s born ou	utside the
for reasons of U.S., provide	convenie citizensh ntly resid You ha Provide	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant	nmate). If ap cant? It you curren full name.	oplicable, c	complete the fo	ollowing abo	out your coh	abitant. If you st F	r cohab irst	itant was	s born ou Y	TES NO Suffix
for reasons of U.S., provide Do you preser Branch	convenie citizensh atly resid You ha Provide Provide	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant e the cohabitant	nmate). If ap ant? t you curren full name. date of birth	tly have a o	complete the fo	Provide th	but your coh	abitant. If you st F place of birth	r cohab irst	itant was	s born or Y Middle State	TES NO Suffix Country
for reasons of U.S., provide Do you preser Branch If Yes to	convenie citizensh ntly resid You ha Provide	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant If For yo	nmate). If ap ant? tt you curren full name. date of birth our foreign b	tly have a of the second secon	cohabitant Estimated) tant, indicate of	Provide th one type of c	La e cohabitant	abitant. If you st F place of birth on that he or s	irst . Ci he poss	itant was	State d the doc	TES NO Suffix Country cument
for reasons of U.S., provide Do you preser Branch If Yes to Residing	convenie citizensh ttly resid You ha Provide Provide Branch Cohabi	ence (e.g. a root ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant I If For yo number	nmate). If ap ant? ant? dut you curren full name. date of birth our foreign b er. \Box FS 240	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 \Box U.	Provide th one type of c S. Citizensh	La cohabitant locumentati ip certificat	abitant. If you st F place of birth on that he or s $e \Box U.S. Pass$	irst . Ci he poss port (cu	itant was itant was ity S esses and irrent or	viiddle State d the doo most rec	YES NO Suffix Country cument cent)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a	convenie citizensh ntly resid You ha Provide Branch	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant t ff For yo number gn □ Alie	nmate). If ap ant? ant? dut you curren full name. date of birth our foreign b er. \Box FS 240	tly have a c . Date (orn cohabit or 545 = 1 n = U.S. 1	cohabitant Estimated) tant, indicate of	Provide th one type of c S. Citizensh	La e cohabitant locumentati ip certificat None (Prov	abitant. If you st F place of birth on that he or s $e \Box U.S. Pass$	irst . Ci he poss port (cu on) □	itant was itant was ity S esses and irrent or Other (P	viiddle State d the doo most rec	TES NO Suffix Country cument cent) xplanation)
for reasons of U.S., provide Do you preser Branch If Yes to Residing	convenie citizensh ntly resid You ha Provide Provide Branch Cohabi is Forei Born	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant t ff For you numburgin Explai	nmate). If ap ant? tt you curren full name. date of birth our foreign b er. □ FS 240 n registratio nation (Free	tly have a c Date (orn cohabir or 545 \Box I n \Box U.S. I Text)	cohabitant Estimated) tant, indicate of DS 1350 \Box U. Naturalization	Provide th one type of c S. Citizensh	La e cohabitant locumentati ip certificat None (Prov Provide o	abitant. If you st F place of birth on that he or s $e \Box U.S.$ Pass vide explanatio	irst . Ci he poss port (cu on) □	itant was itant was ity S esses and irrent or Other (P	Viiddle State d the doo rovide e	TES NO Suffix Country cument cent) xplanation)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant	convenie citizensh ttly resid You ha Provide Branch Cohabi is Forei Born Provide	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant t ff For yo number gn □ Alie	nmate). If ap ant? tt you curren full name. date of birth our foreign b er. □ FS 240 n registratio nation (Free nt's U.S. Soc	tly have a of the security for the security for the security of the security o	cohabitant Estimated) tant, indicate of DS 1350 \Box U. Naturalization y Number.	Provide th one type of c S. Citizensh certificate Not applic	La e cohabitant locumentati ip certificat None (Provide of able	abitant. If you st F place of birth on that he or s $e \Box U.S.$ Pass vide explanatio	irst . Ci he poss port (cu on) □	itant was ity S esses and rrrent or Other (P Num	Viiddle State d the doo rovide e	TES NO Suffix Country cument cent) xplanation)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple	convenie citizensh atly resid You ha Provide Branch Cohabi is Forei Born Provide Provide Provide	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant e the cohabitant I If gn I For you number Explaint e your cohabitant	nmate). If ap ant? tt you curren full name. date of birth our foreign b er. □ FS 240 en registration nation (Free nt's U.S. Soc sed by your of	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 \Box U. Naturalization y Number. (such as maide	Provide th one type of c S. Citizensh certificate Not applic en names, na	La e cohabitant locumentati ip certificat None (Provide of able ames by	abitant. If you st F place of birth on that he or s $e \Box U.S.$ Pass vide explanation document num	r cohab	itant was ity S esses and rrrent or Other (P Num	Middle Middle State d the doo most rec rovide e ber (Free	VES NO Suffix Country cument cent) xplanation) e Text)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries	convenie citizensh atly resid You ha Provide Branch Cohabi is Forei Born Provide Provide Provide	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant e the cohabitant the cohabitant f For your number gen Explant e your cohabitant e other names un narriage, etc., ar	nmate). If ap ant? tt you curren full name. date of birth our foreign b er. □ FS 240 en registration nation (Free nt's U.S. Soc sed by your of	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 \Box U. Naturalization y Number. (such as maide	Provide th one type of c S. Citizensh certificate Not applic en names, na) D Not app	La e cohabitant locumentati ip certificat None (Provide of able ames by	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num 	r cohab irst i. Ci he poss port (cu on) iber Firs	itant was itant was ity S esses and irrent or Other (P Num t	Middle Middle State d the doo most rec rovide e ber (Free ame	VES NO Suffix Country cument eent) xplanation) e Text) Middle
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple	convenid citizensh htty resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Provide Other m Dates U	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant e the cohabitant the cohabitant f For your number gen Explant e your cohabitant e other names un narriage, etc., ar	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 en registration nation (Free it's U.S. Soc sed by your of d provide da	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 \Box U. Naturalization y Number. (such as maide ame was used)	Provide th one type of c S. Citizensh certificate□ □ Not applic en names, na) □ Not app From D	La e cohabitant locumentati ip certificat None (Provide of able ames by licable ate (Estimation	abitant. If you st F place of birth on that he or s e □ U.S. Pass ride explanation document num Last Suffix ted)	r cohab	itant was itant was ity S esses and irrent or Other (P Num t taiden N	Viddle State d the doo most rec rovide e ber (Free ame timated/	VES NO Suffix Country cument eent) xplanation) e Text) Middle
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries	convenid citizensh htty resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Other m Dates U	ence (e.g. a roor ip information. e with a cohabit ve indicated tha e the cohabitant e the cohabitant f f For you number gen Explant e your cohabitant e other names un narriage, etc., ar Jsed	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 en registration nation (Free it's U.S. Soc sed by your of d provide da it's country(tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 \Box U. Naturalization y Number. (such as maide ame was used) zenship	Provide th one type of c S. Citizensh certificate□ □ Not applic en names, na) □ Not app From D Provide	La e cohabitant locumentati ip certificat None (Provide of able ames by licable ate (Estimation	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num Last Suffix ted) itation began.	r cohab irst . Ci he poss port (cu on) Firs Firs Date	itant was ity 5 esses and rrent or Other (P Num t faiden N Date (Est	Viddle Middle State d the doo most rec rovide e ber (Free ber (Free ame timated/ ated)	VES NO Suffix Country cument eent) xplanation) e Text) Middle Present)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed)	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Oriovide other m Dates U Provide Do you	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant e vour cohabitar e other names un the cohabitar the cohabitant e other names un the cohabitar the cohabitar the cohabitart the cohabitart the cohabitart the cohabitart	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 en registration nation (Free it's U.S. Soc sed by your of d provide da it's country(tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 \Box U. Naturalization y Number. (such as maide ame was used) zenship	Provide th one type of c S. Citizensh certificate□ □ Not applic en names, na) □ Not app From D Provide	La e cohabitant locumentati ip certificat None (Provide of able ames by licable vate (Estimation date cohabition	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num Last Suffix ted) itation began.	r cohab irst . Ci he poss port (cu on) Firs Firs Date	itant was ity S esses and rrent or Other (P Num t laiden N Date (Est e (Estima	Viddle Middle State d the doo most rec rovide e ber (Free ber (Free ame timated/ ated)	VES NO Suffix Country cument eent) xplanation) e Text) Middle Present)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Section 18	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Other m Dates U Drovide Do you	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant the cohabitant e other names us narriage, etc., ar Jsed e your cohabitant have an addition	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 n registration nation (Free at's U.S. Soc sed by your of d provide da nt's country(onal cohabita	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 D. Naturalization y Number. (such as maide ame was used) zenship t?	Provide th one type of c S. Citizensh certificate Not applic en names, na) □ Not app From D Provide YES (Y	La e cohabitant locumentatic ip certificat None (Prov Provide of ablea mes by licable vate (Estimation date cohabition estimation date cohabition fes adds ano	abitant. If you st F place of birth on that he or s $e \Box U.S.$ Pass vide explanation document num Last Suffix ted) itation began. ther entry)	r cohab irst . Ci he poss port (cu n) Firs Firs M To I Data NO	Itant was Ity S esses and rrent or Other (P Num t laiden N Date (Estina (Required)	Middle State d the doc most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val	Version of the second s
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Section 18 Select each ty	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Orivide Orivide Drovide Dates U Do you B – Re pe of rela	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant e the cohabitant the cohabitant e the cohabitant in If tant gn ☐ For ye tant gn ☐ Alice Explai e other names us narriage, etc., ar Jsed e your cohabitant have an addition	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 n registration nation (Free at's U.S. Soc sed by your of d provide da nt's country(onal cohabita to you, rega	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 D. Naturalization y Number. (such as maide ame was used) zenship t? ey are living o	Provide th one type of c S. Citizensh certificate Not applic en names, na) © Not app From D Provide YES (Y r deceased.	La e cohabitant locumentati- ip certificat None (Prov Provide o able ames by licable vate (Estimational date cohabi- res adds ano	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num Last Suffix ted) itation began. ther entry) mity will be p	r cohab irst . Ci he poss port (cu n) Firs Firs M To I Data NO rovided	Itant was Ity S esses and rrent or Other (P Num t laiden N Date (Estina (Required to list m	Middle State d the doc most rec rovide e ber (Free ber (Free ame ame timated/ ated) ed to val	utside the ES NO Suffix Country Country Country cument ent) xplanation) e e Text) Middle Present) idate)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Other m Dates U Provide Do you B – Re pe of rela	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant e the cohabitant the cohabitant e the cohabitant mumb gn Alice Explait e other names us harriage, etc., ar Jsed e your cohabitar have an additional the an additional attive applicable that apply. \Box M	nmate). If ap ant? it you curren full name. date of birth our foreign b er. \Box FS 240 n registration nation (Free nt's U.S. Soc sed by your of d provide da nt's country(onal cohabita to you, rega	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 u. Naturalization y Number. u (such as maide ame was used) zenship t? ey are living o mother u Step	Provide th one type of c S. Citizensh certificate Not applic en names, n O Not applic From D Provide YES (Y r deceased. pfather = Fo	La e cohabitant locumentati- ip certificat None (Prov Provide e able ames by licable ate (Estimation date cohabi- res adds ano (An opportu- poster parent	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num Last Suffix ted) itation began. ther entry) mity will be p □ Child (incl	r cohab irst . Ci he poss port (cu n) Firs Firs M To I Date NO covided uding ac	Itant was Itant was	Middle State d the doc most rec rovide e ber (Free ber (Free ame ame timated/ ated) ed to val	utside the ES NO Suffix Country Country Country cument ent) xplanation) e e Text) Middle Present) idate)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother \Box Sis	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Other m Dates U Provide Do you B - Rei pe of rela heck all ter □ Ste	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant the cohabita	nmate). If ap ant? it you curren full name. date of birth our foreign b er. \Box FS 240 n registration nation (Free nt's U.S. Soc sed by your of d provide da nt's country(onal cohabita to you, rega lother \Box Fat psister \Box Ha	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 u. Naturalization y Number. u (such as maide ame was used) zenship t? ey are living o mother u Step	Provide th one type of c S. Citizensh certificate Not applic en names, n O Not applic From D Provide YES (Y r deceased. pfather = Fo	La e cohabitant locumentati- ip certificat None (Prov Provide e able ames by licable ate (Estimation date cohabi- res adds ano (An opportu- poster parent	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num Last Suffix ted) itation began. ther entry) mity will be p □ Child (incl	r cohab irst . Ci he poss port (cu n) Firs Firs M To I Date NO covided uding ac	Itant was Itant was	Middle State d the doc most rec rovide e ber (Free ber (Free ame ame timated/ ated) ed to val	utside the ES NO Suffix Country Country Country cument ent) xplanation) e e Text) Middle Present) idate)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother \Box Sis Provide relative	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Other m Dates U Provide Do you 3 – Rei pe of rela heck all ter 🗆 Steven (Convenience)	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant the cohabita	nmate). If an ant? it you curren full name. date of birth our foreign b er. \Box FS 240 n registration nation (Free it's U.S. Soc sed by your of d provide da nt's country(onal cohabita to you, rega lother \Box Fat psister \Box Ha s Allowed)	tly have a d tly have a d Date (orn cohabin or 545 = 1 n = U.S. 1 Text) ial Security cohabitant ites each na ies) of Citiz int to repor rdless if the her = Step alf-brother	cohabitant Estimated) tant, indicate of DS 1350 u. Naturalization y Number. u (such as maide ame was used) zenship t? ey are living o mother u Step u Half-sister	Provide th one type of c S. Citizensh certificate n names, n: O Not applic en names, n: O Not applic Provide YES (Y r deceased. pfather = F Father-in	La e cohabitant locumentati- ip certificat None (Provide e able ames by licable ate (Estimar date cohabi es adds ano (An opportu oster parent -law \square Mot	abitant. If you st F place of birth on that he or s e □ U.S. Pass ride explanation document num Last Suffix ted) itation began. ther entry) nity will be p □ Child (incl her-in-law □	r cohab irst . Ci he poss port (cu on) Firs Firs M To I Date NO covided uding as Guardia	itant was itant was ity \$ esses and rrrent or Other (P Num t laiden N Date (Essi a (Essima (Require to list m dopted/foun	Viddle State d the doo most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val ultiple r oster) =	Version of the second s
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother \Box Sis Provide relativ	convenid citizensh ttly resid You ha Provide Brancl Cohabi is Forei Born Provide Provide On provide Provide Other m Dates U Provide Do you B - Ref pe of rela heck all 1 ter \Box State re type. (Cather \Box	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant e the cohabitant the cohabitant in If tant For you cohabitant e your cohabitant e other names un marriage, etc., an Jsed e your cohabitant have an addition latives thive applicable that applyM multiple Entrie Stepmother	nmate). If an ant? it you curren full name. date of birth our foreign b er. \Box FS 240 n registration n registration nation (Free it's U.S. Soc sed by your of d provide da t's country(onal cohabita to you, rega lother \Box Fat psister \Box Ha s Allowed) Stepfather \Box	tly have a of tly have a of orn cohabin or 545	cohabitant Estimated) tant, indicate o DS 1350 u U. Naturalization y Number. (such as maide ame was used) zenship t? ey are living o mother step Half-sister rent Child (Provide th one type of of S. Citizensh certificate Not applic en names, n. O Not applic en names, n. O Not applic From D Provide YES (Y YES (Y r deceased. pfather F. _ Father-in	La e cohabitant locumentatii ip certificat None (Provide of able ames by licable rate (Estimar date cohabi fes adds ano (An opportu oster parent -law Mot	abitant. If you st F place of birth on that he or s e □ U.S. Pass ride explanation document num Last Suffix ted) itation began. ther entry) nity will be p □ Child (incl her-in-law □	r cohab irst . Ci he poss port (cu on) Firs Firs M To I Date NO covided uding as Guardia	itant was itant was ity \$ esses and rrrent or Other (P Num t laiden N Date (Essi a (Essima (Require to list m dopted/foun	Viddle State d the doo most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val ultiple r oster) =	Version of the second s
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each tyy each type.) CC Brother = Sis Provide relativ = Mother = F	convenid citizensh ttly resid You ha Provide Brancl Cohabi is Forei Born Provide Other m Dates U Provide Ob you B – Rel pe of rela heck all ter = 5 te ve type. (<i>Cather</i> = 0 <i>Cather</i> = 0	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant e the cohabitant the the cohabitant the cohabitant e the cohabitant mumbé Explant e your cohabitant e your cohabitant e other names us aarriage, etc., ar Jsed e your cohabitant have an addition that apply M epbrother Ste Multiple Entrie Stepmother Ste Multiple Entrie	nmate). If an ant? it you curren full name. date of birth our foreign b er. \Box FS 240 n registration n registration nation (Free it's U.S. Soc sed by your of d provide da by your of d provide da t's country(onal cohabita to you, rega lother \Box Fat psister \Box Ha s Allowed) Stepfather \Box	tly have a of tly have a of orn cohabin or 545	cohabitant Estimated) tant, indicate of DS 1350	Provide th one type of of S. Citizensh certificate Not applic en names, na) Not applic en names, na) Not applic en names, na) Not applic r deceased. pfather For frather For frather For frather For Graduary Constants	La e cohabitant locumentatii ip certificat None (Provide of able Provide of able mes by licable ate (Estimar date cohabi ces adds ano (An opportu oster parent -law \Box Mot	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num 	r cohab irst L Ci he poss port (cu on) Firs Firs M To I Date To I Date rovided uding ac Guardia <i>I</i> Bro	itant was itant was ity Sesses and rrent or Other (P Numi t laiden N. Date (Essimation (Required to list m dopted/fain ther \Box S	y Y Middle State d the doc most rec rovide e ber (Fred ame timated/ ated) ed to val witiple r poster) □	Itside the Suffix NO Suffix Country Country Country cument eent) xplanation) e Text) Middle Present) idate) elatives for Stepchild Stepbrother
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each tyy each type.) CC Brother = Sis Provide relativ = Mother = F Stepsister = T	convenic citizensh ttly resid You ha Provide Brancl Cohabi is Forei Born Provide other m Dates U Provide other m Dates U Provide Do you	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant e the cohabitant the the cohabitant the cohabitant e the cohabitant mumbé Explant e your cohabitant e your cohabitant e other names us aarriage, etc., ar Jsed e your cohabitant have an addition that apply M epbrother Ste Multiple Entrie Stepmother Ste Multiple Entrie Stepmother Affection full name.	nmate). If an ant? it you curren full name. date of birth our foreign b er. □ FS 240 nr registration nation (Free it's U.S. Soc sed by your (Free at's country(onal cohabitat to you, rega to other □ Fat psister □ Hat s Allowed) Stepfather □ ster □ Fath Last	tly have a of tly have a of orn cohabin or 545	cohabitant Estimated) tant, indicate of DS 1350	Provide th one type of of S. Citizensh certificate Not applic en names, n. O Not applic en names, n. O Not applic From D Provide YES (Y YES (Y r deceased. pfather F. _ Father-in	La e cohabitant locumentatii ip certificat None (Provide of able Provide of able icable ate (Estimar date cohabi fes adds ano (An opportu oster parent -law \square Mot another another for the formation of the formation	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num 	r cohab irst L Ci he poss port (cu on) Firs Firs M To I Date To I Date rovided uding ac Guardia <i>I</i> Bro late of b	itant was itant was ity S esses and rrent or Other (P Numi t laiden N. Date (Essimation (Required to list m dopted/fa n ther S Sinth.	y Y Middle State d the doc most rec rovide e ber (Fred ber (Fred ber (Fred ame timated/ ated) ed to val witiple r oster) □	Itside the Suffix NO Suffix Country Country Country cument ent xplanation) e Text) Middle Present) idate) elatives for Stepchild Stepbrother Estimated)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) CC Brother = Sis Provide relati = <i>Stepsister</i> = Provide your f	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Do you B – Rei pe of rela heck all ter – Ste ve type. (<i>Cather</i> – <i>Laff-br</i> relative's relative's	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant the the cohabitant the the cohabitant the the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the applicable that apply. Chabitant the applicable that apply. Multiple Entriee Stepmother Stepmother Half-si full name.	nmate). If an ant? it you curren full name. date of birth our foreign b er. \square FS 2400 n registration ation (Free it's U.S. Soc sed by your + d provide da at's country(onal cohabita to you, rega lother \square Fat s Allowed) Stepfather \square sat Last City	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 u U. Naturalization y Number. (such as maide ame was used) cenship t? ey are living o mother u Step Half-sister rent u Child(Provide th one type of of S. Critizensh certificate Not applic en names, na) Not applic en names, na) Not applic en names, na) Not applic r deceased. pfather = Fe father = Fe father - in <i>fincluding aa</i> w = Guardh	La e cohabitant locumentatii ip certificat None (Provide of able Provide of able icable ate (Estimar date cohabi fes adds ano (An opportu oster parent -law ster Mot dopted/foste an Provide yo	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num	r cohab irst L Ci he poss port (cu on) Firs Firs M To I Date To I Date rovided uding ac Guardia <i>I</i> Bro late of b	itant was itant was ity S esses and rrent or Other (P Numi t laiden N. Date (Essi e (Estima (Require to list m dopted/fa in ther S pirth. es) of ciri	y Y Middle State d the doc most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val witiple r oster) □ Sister □ Date (tizenshij	Itside the Suffix NO Suffix Country Country Country cument teent) xplanation) e Text) Middle Present) idate) elatives for Stepchild Stepbrother Estimated)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother = Sis Provide relativ Mother = F Stepsister = Provide your f	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Do you B – Rei pe of rela heck all ter – Ste ve type. (<i>Cather</i> – <i>Laff-br</i> relative's relative's	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant the the cohabitant the the cohabitant the the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant thave an addition the applicable that apply. Multiple Entrie Stepmother Stee Multiple Entrie Stepmother Half-si full name. place of birth Provide your cohabitant	nmate). If ap	tly have a of the second secon	cohabitant Estimated) tant, indicate of DS 1350 u U. Naturalization y Number. (such as maide ame was used) cenship t? ey are living o mother u Step Half-sister rent u Child(Provide th one type of of S. Critizensh certificate Not applic en names, na) Not applic en names, na) Not applic en names, na) Not applic r deceased. pfather = Fe father = Fe father - in <i>fincluding aa</i> w = Guardh	La e cohabitant locumentatii ip certificat None (Provide of able Provide of able icable ate (Estimar date cohabi fes adds ano (An opportu oster parent -law \square Mot another another for the formation of the formation	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num 	r cohab irst L Ci he poss port (cu on) Firs Firs M To I Date To I Date rovided uding ac Guardia <i>I</i> Bro late of b	itant was itant was ity S esses and rrent or Other (P Numi t laiden N. Date (Essimation (Required to list m dopted/fa n ther S Sinth.	y Y Middle State d the doc most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val witiple r oster) □ Sister □ Date (tizenshij	Itside the Suffix NO Suffix Country Country Country cument ent xplanation) e Text) Middle Present) idate) elatives for Stepchild Stepbrother Estimated)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each tyy each type.) C Brother = Sis Provide relativ = Mother = F Stepsister = Provide your in Branch = If M Branch	convenic citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Drovide Drovide Drovide Do you B – Re pe of rela heck all ter – Ste re type. (<i>Cather</i> – <i>Chabi</i> Provide Do you B – Re pe of rela heck all ter – Ste re type. (<i>Cather</i> – <i>Cather</i> –	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant the the cohabitant the the cohabitant the the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant the cohabitant thave an addition the applicable that apply. Multiple Entrie Stepmother Step Multiple conter full name. place of birth Provide your to Relatives other	nmate). If ap	tly have a of tly have a of Date (orn cohabin or 545 = 1 n = U.S. 1 Text) ial Security cohabitant tes each na ies) of Citiz int to repor rdless if the her = Step alf-brother Foster par er-in-law t First State iden name. 1	cohabitant Estimated) tant, indicate of DS 1350 u U. Naturalization y Number. (such as maide ame was used) zenship t? ey are living o mother u Step Half-sister rent u Child (Provide th one type of of S. Critizensh certificate Not applic en names, na) Not applic en names, na) Not applic en names, na) Not applic r deceased. pfather = Fe father = Fe father - in <i>fincluding aa</i> w = Guardh	La e cohabitant locumentatii ip certificat None (Provide of able Provide of able icable ate (Estimar date cohabi fes adds ano (An opportu oster parent -law ster Mot dopted/foste an Provide yo	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanation document num	r cohab irst L Ci he poss port (cu on) Firs Firs M To I Date To I Date rovided uding ac Guardia <i>I</i> Bro late of b	itant was itant was ity S esses and rrent or Other (P Numi t laiden N. Date (Essi e (Estima (Require to list m dopted/fa in ther S pirth. es) of ciri	s born of Y Middle State d the doo most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val ed to val sister □ Date (tizenship	Itside the
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Section 18 Select each type.) CC Brother — Sis Provide relativ — Mother — F — Stepsister — Provide your — Provide your — Branch – If M Branch If Father, Mot	convenic citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Drovide Drovide Drovide Do you B – Rei De frela heck all ter – Ste ve type. (Cather – Half-br relative's relative's	ence (e.g. a roor ip information. e with a cohabit ve indicated that the cohabitant e the cohabitant the the cohabitant the the cohabitant the cohabitant e the cohabitant mumble mumble taint e your cohabitant have an addition taitve applicable that apply. Multiple Entrie Stepmother Step Multiple Entrie Stepmother Step full name. place of birth Provide your 1 Relatives othe Has this relati	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 m registratio nation (Free it's U.S. Soc sed by your of d provide da it's country(onal cohabita to you, rega to you, rega coher □ Fat psister □ Ha s s Allowed) Stepfather □ Stepfather □ Stepfather □ tast City nother's ma r names used	tly have a of the second secon	complete the for cohabitant Estimated) tant, indicate of DS 1350 □ U. Naturalization y Number. □ (such as maide ame was used) zenship t? ey are living o mother □ Step □ Half-sister rent □ Child (□ Mother-in-la Middle □ Country (□ same as list es?	Provide th one type of c S. Citizensh certificate Not applic not applic Provide YES (Y YES (Y r deceased. pfather = F Father-in <i>including a</i> Suffix	La e cohabitant locumentatii ip certificat None (Prov Provide of able ames by licable date cohabi res adds ano (An opportu oster parent -law □ Mot dopted/foste an Provide yo Last	abitant. If you st E F place of birth on that he or s e □ U.S. Pass vide explanatio document num □	r cohab	Itant was itant was itant was sesses and rrrent or Other (P Numi to list m daged (Require to list m ther \Box S	s born of Y Middle State d the doo most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val sister □ Date (tizenship	Itside the
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother — Sis Provide relativ Mother — F Provide your T Provide your T Branch – If M Branch If Father, Mot Child, Stepchi	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Drovide Drovide Drovide Do you B – Rei Provide Do you Provide Do you B – Rei Provide Do you B – Rei Provide Do you B – Rei Provide Do you Provide Do you Provide	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant e the cohabitant in If gn	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 on registratio nation (Free it's U.S. Soc sed by your of d provide da it's country(onal cohabita to you, rega to you, rega to you, rega fother □ Fat psister □ Hat s Allowed) Stepfather □ ster □ Fath Last City nother's ma r names user ve used any Provide o	tly have a of the second secon	cohabitant Estimated) tant, indicate o DS 1350 u U. Naturalization y Number. (such as maide ame was used) zenship t? ey are living o mother Step Half-sister rent Child (Middle Country (Gme as lis es? sused and the	Provide th one type of of S. Citizensh certificate Not applic not applic Provide YES (Y YES (Y r deceased. pfather = F Father-in <i>(including au w = Guardi</i> Suffix sted)	La e cohabitant locumentatiip certificat None (Prov Provide of able ames by licable date cohabit date cohabit datec	abitant. If you st E F place of birth on that he or s e □ U.S. Pass vide explanatio document num □	r cohab	Itant was itant was itant was sesses and rrrent or Other (P Numi to list m daged (Require to list m ther \Box S	s born of Y Middle State d the doo most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val sister □ Date (tizenship	Itside the
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother Sis Provide relativ Mother F Stepsister C Provide your f Branch If M Branch If Father, Mot Child, Stepchi Brother, Sister	convenid citizensh itly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Provide Drovide Drovide Drovide Do you 3 – Rei pe of rela heck all ter = Sta ve type. (<i>Cather</i> = her, idd, r,	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant e the cohabitant h If For yc numbe conter names un arriage, etc., ar Jsed e your cohabitar have an addition latives tive applicable that apply. Multiple Entre <i>Stepmother</i> Step Multiple Intre <i>Stepmother</i> Step Multiple Intre <i>Stepmother</i> Attended full name. place of birth Provide your I Relatives othe Has this relati	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 m registratio nation (Free it's U.S. Soc sed by your of d provide da tt's country(nnal cohabita to you, rega to you, rega to you, rega to s Allowed) <i>Stepfather</i> □ Fath <i>Stepfather</i> □ <i>Fath</i> <i>Last</i> City nother's ma r names user ve used any Provide o former m	tly have a of the second secon	cohabitant Estimated) tant, indicate o DS 1350 u U. Naturalization y Number. (such as maide ame was used) zenship t? ey are living o mother Step Half-sister rent Child (Middle Country (same as lister see? sused and the mer name, ali	Provide th one type of of S. Citizensh certificate S. Citizensh certificate Not applic not applic Provide YES (Y YES (Y r deceased. pfather = F Father-in <i>(including au Suffix</i> sted)	La e cohabitant locumentati ip certificat None (Prov Provide of able ames by licable date cohabit date	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanatio document num	r cohab	Itant was itant was itant was sesses and rrrent or Other (P Numi to list m daged (Require to list m ther \Box S	s born of Y Middle State d the doc most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val solutiple r oster) = Sister = Date (tizenship Sister and Sister	Itside the FES NO Suffix Country Country Country current ent) xplanation) e Text) Middle Present) idate) Fresent) idate) Stepbrother Estimated) o Suffix YES NO ame by a
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother = Sis Provide relativ Mother = F Stepsister = Provide your I Branch = If M Branch = If M Brother, Sister Half-Brother,	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Original Provide Dates U Provide Do you B - Rei pe of rela heck all ter State Provide Do you B - Rei Provide Do you B - Rei Provide Cather D Half- her, Ida, r, Half-	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant e the cohabitant e the cohabitant e the cohabitant numb gn	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 on registratio nation (Free it's U.S. Soc sed by your of d provide da it's country(onal cohabita to you, rega to you, rega to you, rega it's country(nal cohabita to you, rega it's country(bito you, rega it's country(nal cohabita to you, rega it's country(bito you, rega it's country(nal cohabita to you, rega it's country(to you, rega it's country(nal cohabita to you, rega it's country(on al cohabita to you, rega it's country(on al cohabita to you, rega it's country(nal cohabita to you, rega it's country(on al co	tly have a of tly have a of a Date (orn cohabin or 545 a 1 n a U.S. 1 Text) ial Security cohabitant tes each na ies) of Citiz nut to report rdless if the her a Step alf-brother Foster par- <i>ier-in-law</i> <i>First</i> State iden name. d other names arriage, for First	cohabitant Estimated) tant, indicate o DS 1350 u U. Naturalization y Number. (such as maide ame was used) zenship t? ey are living o mother Step Half-sister rent Child (Middle Country (same as list sused and the mer name, alia Middle	Provide th one type of of S. Citizensh certificate Not applic not applic Provide YES (Y YES (Y r deceased. pfather = F Father-in <i>(including au w = Guardi</i> Suffix sted)	La e cohabitant locumentati ip certificat None (Prov Provide of able ames by licable date cohabit date cohabit date cohabit es adds ano (An opportu oster parent -law □ Mot dopted/foste an Provide your ame). Maiden na	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanatio document num	r cohab	Itant was Itant was Ity S esses and rrrent or Other (P Numi taiden Ni Date (Esti- a (Required to list m dopted/fan ther S Sirth. es) of cii Middle uch as m	s born of Y Middle State d the doo most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val ed to val sister = Date (tizenship Sister na Sister na	testimated) Stepbrother Estimated) Suffix Country Country Country Country cument and and a Stepbrother Estimated) Suffix Present) Country Country And and a Country Country And and a Country Country And a Country Country And a Country And a Country Country And a Country And a Country And a And a Country Country And a And a Country And a And a
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother Sis Provide relativ Mother F Stepsister T Provide your T Branch - If M Branch If Father, Mot Child, Stepch Brother, Sister Half-Brother, Sister, Step-B	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Original Provide On you Dates U Provide Do you B – Rei Provide Do you Provide Do you Prov	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant e the cohabitant e the cohabitant e the cohabitant e the cohabitant e aver cohabitant e vour cohabitant e other names u arriage, etc., and Jsed e vour cohabitant have an addition latives thive applicable that applyM epbrother Ste Multiple Entrie <i>Stepmother</i> Au place of birth Provide your I Relatives other Has this relati Branch If Other Names (Multiple	nmate). If ap ant? it you curren full name. date of birth our foreign b er. □ FS 240 on registration nation (Free ot's U.S. Soc sed by your of d provide da it's country((onal cohabita to you, rega lother □ Fat psister □ Has s Allowed) Stepfather □ ster □ Fat Last City nother's ma r names usee ve used any Provide of former m Last From Dat	tly have a of tly have a of or 545 = 1 n = U.S. 1 Text) ial Security cohabitant ites each na ies) of Citiz int to report rdless if the her = Step alf-brother <i>Foster par</i> <i>First</i> iden name. d other names arriage, for <i>First</i> e	cohabitant Estimated) tant, indicate o DS 1350 u U. Naturalization y Number. u (such as maide ame was used) zenship t? ey are living o mother Step Half-sister rent Child (Middle Kountry (Game as lises) sused and the mer name, alia Middle To Date	Provide th one type of c S. Citizensh certificate S. Citizensh certificate Not applic en names, ni Provide YES (Y YES (Y r deceased. pfather = F Father-in <i>(including au w</i> = Guardi Suffix sted)	La e cohabitant locumentati ip certificat None (Prov Provide d able ames by licable ate (Estimar date cohabi es adds ano (An opportu oster parent -law □ Mot dopted/foste an Provide yo Last me that your ame). Maiden na Provide th	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanatio document num	r cohab	Itant was Itant was Ity S esses and rrrent or Other (P Numi taiden Ni Date (Esti- a (Required to list m dopted/fan ther S Sirth. es) of cii Middle uch as m	s born of Y Middle State d the doc most rec rovide e ber (Free ber (Free ber (Free ame timated/ ated) ed to val state) Sister = Date (tizenship Sister na 1	Itside the TES NO Suffix Country Country current idate) Present) idate) Present) idate) Country Present) Stepbrother Estimated) Suffix YES NO ame by a Stepson NO Reason
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother \square Sis Provide relativ \square Mother \square F \square Stepsister \square Provide relativ \square Mother \square F \square Stepsister \square Provide your \square Branch \square If M Branch If Father, Mot Child, Stepchi Brother, Sister, Half-Brother, Sister, Step-B Step-Sister, St	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Orovide Orovide Orovide Dates U Provide Do you B – Rei Provide Do you B – Rei Provide Do you B – Rei Provide Do you B – Rei Half-br relative's relative's relative's	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e the cohabitant e the cohabitant e the cohabitant e the cohabitant numb gn	nmate). If an ant? it you curren full name. date of birth our foreign b er. FS 240 on registration nation (Free at's U.S. Soc sed by your of d provide da it's country(onal cohabita to you, rega other Fat psister Has s Allowed) Stepfather ister Fath Last City nother's ma r names usee ve used any Provide of former m Last From Dat (Estimate	tly have a of tly have a of Date (orn cohabit or 545 = 1 n = U.S. 1 Text) ial Security cohabitant ttes each na ies) of Citiz int to repor rdless if the her = Step 1f-brother <i>Foster par</i> <i>Foster par</i> <i>Foster par</i> <i>forter names</i> iden name. d other names arriage, for <i>First</i> e d)	cohabitant Estimated) tant, indicate of DS 1350 u. Naturalization y Number. co (such as maide ame was used) zenship t? ey are living o mother loc Half-sister rent uchild (Middle loc S y used and the mer name, alia Middle loc To Date (Estimated/I	Provide th one type of c S. Citizensh certificate S. Citizensh certificate Not applic en names, ni From D Provide YES (Y r deceased. pfather Fr father -in father Father-in <i>(including au</i> w <i>Guardi</i> Suffix sted)	La e cohabitant locumentati ip certificat None (Prov Provide of able Provide of able ames by licable ate (Estimation date cohabition date cohabition	abitant. If you st F : place of birth on that he or s e U.S. Pass vide explanation document num 	r cohab	itant was itant was ity S esses and rrrent or Other (P Numi t laiden Ni Date (Esti a (Require to list m dopted/fa n ther S Sirth. es) of cir Middle uch as m ame	s born of Y Middle State d the doc most rec rovide e ber (Free ber (Free ber (Free ame timated/ ated) ed to val Sister = Date (tizenship Sister na Sister na	utside the $ $ ES NO Suffix Country Country Country current idate) Present) idate) Present) idate) Stepbrother Estimated) Suffix Present) Stepbrother Estimated) Suffix NO ame by a YES NO Reason (Free Text)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Secction 18 Select each ty each type.) C Brother Sis Provide relative Mother F Stepsister T Provide your T Branch - If M Branch If Father, Mot Child, Stepchi Brother, Sister Half-Brother, Sister, Step-B Step-Sister, Ste	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Original Provide Other m Dates U Provide Do you B – Rei Provide Do you B – Rei Provide Do you B – Rei Provide Do you B – Rei Half-br relative's relative's relative's Father	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e xplai e your cohabitant e other names us aarriage, etc., an Jsed e your cohabitant have an addition latives thive applicable that apply. Multiple Entrie Stepmother place of birth Provide your In Relatives othe Has this relati Branch If Other Names (Multiple Entries Allowed)	nmate). If an ant? it you curren full name. date of birth our foreign b er. FS 240 on registration nation (Free at's U.S. Soc sed by your of d provide da it's country(onal cohabita to you, rega other Fat psister Has s Allowed) Stepfather ister Fath Last City nother's ma r names usee ve used any Provide of former m Last From Dat (Estimate	tly have a of tly have a of Date (orn cohabit or 545 = 1 n = U.S. 1 Text) ial Security cohabitant ttes each na ies) of Citiz int to repor rdless if the her = Step 1f-brother <i>Foster par</i> <i>Foster par</i> <i>Foster par</i> <i>forter names</i> iden name. d other names arriage, for <i>First</i> e d)	cohabitant Estimated) tant, indicate o DS 1350 u U. Naturalization y Number. u (such as maide ame was used) zenship t? ey are living o mother Step Half-sister rent Child (Middle Kountry (Game as lises) sused and the mer name, alia Middle To Date	Provide th one type of c S. Citizensh certificate S. Citizensh certificate Not applic en names, ni From D Provide YES (Y r deceased. pfather Fr father -in father Father-in <i>(including au</i> w <i>Guardi</i> Suffix sted)	La e cohabitant locumentati ip certificat None (Prov Provide of able Provide of able ames by licable ate (Estimation date cohabition date cohabition	abitant. If you st F place of birth on that he or s e □ U.S. Pass vide explanatio document num	r cohab	itant was itant was ity S esses and rrrent or Other (P Numi t laiden Ni Date (Esti a (Require to list m dopted/fa n ther S Sirth. es) of cir Middle uch as m ame	s born of Y Middle State d the doc most rec rovide e ber (Free ber (Free ame timated/ ated) ed to val oster) = Sister = Date (tizenship saiden na (timaten na (tima	Itside the TES NO Suffix Country Cument ent) xplanation) e Text) Middle Present) idate) Present) idate) Stepbrother Estimated) o Suffix YES NO ame by a YES NO Reason (Free Text) to validate)
for reasons of U.S., provide Do you preser Branch If Yes to Residing With a Cohabitant (Multiple Entries Allowed) Select each ty each type.) C Brother \square Sis Provide relativ \square Mother \square F \square Stepsister \square Provide your \square Branch \square If M Branch If Father, Mot Child, Stepchi Brother, Sister Half-Brother, Sister, Step-B Step-Sister, St	convenid citizensh ttly resid You ha Provide Provide Branch Cohabi is Forei Born Provide Original Provide Other m Dates U Provide Do you B – Rei Provide Do you B – Rei Provide Do you B – Rei Provide Do you B – Rei Half-br relative's relative's relative's Father	ence (e.g. a roor ip information. e with a cohabit ve indicated that e the cohabitant e xplai e your cohabitant e other names us aarriage, etc., an Jsed e your cohabitant have an addition latives thive applicable that apply. Multiple Entrie Stepmother place of birth Provide your In Relatives othe Has this relati Branch If Other Names (Multiple Entries Allowed)	nmate). If ap	tly have a tly have a Date (orn cohabit or 545 = 1 n = U.S. 1 Text) ial Security cohabitant ites each na ies) of Citiz int to repor rdless if the her = Step 1f-brother <i>Foster par</i> <i>Foster par</i> <i>Foster par</i> <i>forter names</i> den name. d other names arriage, for First e d) elative use	cohabitant Estimated) tant, indicate of DS 1350 u. Naturalization y Number. u (such as maide ame was used) zenship t? ey are living o mother Step Half-sister rent Child (Middle Country (same as lister) same as lister same as lister	Provide th one type of c S. Citizensh certificate S. Citizensh certificate Not applic en names, ni From D Provide YES (Y r deceased. pfather Fr father -in father Father-in <i>(including au</i> w <i>Guardi</i> Suffix sted)	La e cohabitant locumentati ip certificat None (Provide of able ames by licable ate (Estimati date cohabiti date cohabit	abitant. If you st F : place of birth on that he or s e U.S. Pass vide explanation document num 	r cohab	Itant was Itant was Ity S esses and rrrent or O Other (P Numi taiden Ni Date (Estination (Required to list m dopted/fa n ther IS or S or th. es) of ciri Middle uch as m ame NO (R	s born of Y Middle State d the doc most rec rovide e ber (Free ame timated/ ated) ed to val ated) ed to val Sister = Date (tizenship Sister na Sister na Carlon na Car	utside the $ $ ES NO Suffix Country Country Country current idate) Present) idate) Present) idate) Stepbrother Estimated) Suffix Present) Stepbrother Estimated) Suffix NO ame by a YES NO Reason (Free Text)

Darah]	Branch If APO/FPO		ur relative's APO/FPO		Address	APC	D/FPO	APO/FI	PO State	Zip
Branch If Father Mother	r Child	, Stepchild, Brother,		itizenship Documenta e one type of citizensh		antation and 1	oour or t	number	halorry	Eval-	ination
		If-Sister, Step-Brother,		$240 \text{ or } 545 \square \text{DS } 1350$		S. Citizenship			below:	*	Text)
Step-Sister, Step-	-Mother	, Step-Father		Naturalization certific			•••••••••	•		(1100	10.110)
AND Relative is			🗆 Non	e (Provide explanation		her (Provide e		n)			
AND Relative PO AND Relative is		0		e the document number		mber (Free Te	/				
AND Relative is		DR		e the name of the cour	t that issu	ed the U.S. Ci	tizenship	/Natural	ization ce	rtificate.	
Relative Current	Addres	s is in U.S.		Name (Free Text) e the address of the co	unt that is	and the U.S.	Citizanah	in /Notar	alization	antificat	-
AND Relative PC		0		address and City		te and Zip Coc		-	anzation	centificati	e
AND Relative is		DR	Bucci	address and City	514			iiti y			
Relative has APC											
AND Relative PO											
AND Relative is		DR									
Relative POB is 1											
AND Relative is	U.S. Ci	tizen									
	1	Branch		pe of documentation h ence: \Box U.S. Alien R			port	Expla	anation (F	Free Text)	
		If Relative has U.S.		rovide explanation)	egistratio	$1 \sqcup 0.5.$ Visa					
	4	Address		e document number.				Docu	iment Nui	nber (Fre	e Text)
				proximate date of first				Date	(Estimate	ed)	,
D				proximate date of last		1- \ T			(Estimate	d/Present	t)
Branch		Branch		ethods of contact (cheo ne					anation Text)		
If Relative does r	not	If Relative has Foreign Address	1	itten correspondence		, 0,		Ì	<i>,</i>		
have U.S.	1	Toleigii Address		oproximate frequency			Weekly	Expla	anation (F	Free Text)	
Citizenship AND			Monthly explanation	\Box Quarterly \Box Annu	ally □ Ot	her (Provide					
Relative is Not		Provide name of curren			their mos	st recent emplo	over if	Emp	loyer Nan	ne (Free T	Text)
Deceased	1	not currently employed	(if known).	🗆 I don't know		-	-	г			
		Provide the address of c			dress of the	heir most recer	nt		t address		
		employer if not currentl Is this relative affiliated			m. coourit	w defense ind	notez		and Zip ('t know	Code or C YES	NO
		foreign movement, or in			ry, securi	ly, defense ind	ustry,	1 don	t know	1 5	NO
		Branch - If Relative ha	s Desc	ribe the relative's relat							ription
D 1		Foreign Affiliation	secur	ity, defense industry,				e service	».		Text)
,		al relative to enter?		Y	ES (Yes a	dds another er	itry)	NO (Required	to validat	te)
		eign Contacts									
		ined as any person who u had, close and/or con				the last serve	n (7) waa	ng with	wih om	YES	NO
		cohabitant are bound by								IES	NU
	not pre-	viously listed in Section	n 18.			-					
-		ndicated that you have,									
-		le the full name of the f nation if name is unkno		nal, if known 🗆 I don'		Last nation (Free To	First		Middle	Suf	fix
-		le approximate date of f		Date (Estimated)		le approximate		ast cont	act D	ate (Estin	nated)
ľ	Provid	le methods of contact (c	check all that	t apply) \Box In person \Box	Telephor	ne 🗆 Electroni				xplanation	
-		g, chat rooms, etc) \Box W								free Text)	
		le approximate frequent er (Provide explanation		\Box Daily \Box Weekly	□ Month	ly \Box Quarter	ly □ Ani	nually		xplanation Free Text)	
-		le the nature of relation		all that apply)						xplanation	
	□ Prof	fessional or Business 🛛	Personal (St	uch as family ties, frie		fection, comm	on intere	sts, etc)		Free Text)	
Branch		igation (Provide explan			-		+	14:		ffir	
If Yes to having contact		le other names and/or n le country(ies) of citizer		Country	Last Provid	Firs le date of birth		Mic on't know		ıffix ate (Estin	nated)
with a Foreign	Provid	le place of birth.	🗆 I de	on't know	City	or on un		Cou	intry		
National		le current address. 🗆 I d		Street address and	2		State a	nd Zip C	Code or C	ountry	
(Multiple		this person have an APC h APO/FPO Provide		ess? viss? viscoproperty Yes viscoproperty No national's APO/FPO	□ I don't l	know Address	APO/F	TO		PO State	7:
Entries		le the name of the forei	U							er Name	Zip
Allowed)	emplo	yer if not currently emp	oloyed. 🗆 I d	lon't know				11	(Free T		
	Provid	le the address of the for	eign nationa	l's current employer, o		the address			and City		
-		ir most recent employer				mitry J_L. '			Code or C		
		foreign national affiliat		reign government, mil	mary, secu	irity, defense i	naustry, (or intelli	gence ser	vice?	
				ct's relationship with the	he foreign	government,		Descri	ption (Fr	ee Text)	
	Foreig	n Military militar	y, security, d	lefense industry, or int	elligence	service.					
		u have, or have you had						YES	dda	NO	و الروسان
		al within the last seven by affection, influence						(Yes a anothe	dds er entry)	(Requ valida	ired to ate)
		tives, not previously lis			s meiu					, and	
								-			
Section 20a	- For	reign Activities									
		reign Activities cohabitant, or dependen	t children E	VER had any foreign	financial i	nterests (such	as stocks	, proper	tv.	YES	NO

		nip of corporate entities e financial interests in												
	(such as stocks, pr interests or busine diversified mutual	Yes' to you, your spous roperty, investments, b sses) in which you or t funds that are publicly l that apply)	ank accounts, ow hey have direct c / traded on a U.S.	nership ontrol or exchan	of corporate e direct owner ge).	ntities,	owners xclude	hip of corpo financial int	orate entitie	es, corpo	rate			
		f financial interest	Type (Free Tex		Provide the			-11	Date (Est	imated)				
Branch	Provide how the f	inancial interest was	How Acquired	·/	Provide the	cost (in	U.S. d		Cost (Fre	,				
		purchase, gift, etc.)	(Free Text)	1 .1	time of acqu	1								
If Yes to		t value (in U.S. dollars ld, lost or otherwise dis		the time stimated			Value	(free Text)						
Having Foreign		ontrol or ownership	Date		vide explanati	on of h	ow inte	rest control	or	Explar	ation			
Financial	was relinquished.	□ Not applicable:	(Estimated)	own	ership was so					(Free 7	Text)			
Interests	Are there any co-o	owners of this foreign f			' 1 .1		1.1	1.	1 1 /	YES	NO			
(Multiple	Branch	You responded 'Yes' co-owner(s).	to there being co	o-owners	; provide the	name, a	address	, citizensnip	, and relati	onsnip c	of the			
Entries	If Yes to	Having Co. Provide full name of co-owner. Last First Middle Suffix												
Allowed)	Owners Provide co-owner current address. Street address and city State and Zip Code of Country													
	(Multiple			1		Coun								
	Entries	Provide the nature of Are there any addition				Natur YES	re of rel	ationship (H	NO					
	Allowed)	financial interest?	inal co-owners of	1113 1010	Jign		adds ar	other entry)		red to va	lidate)			
		ise, cohabitant, or depe	endent children ha	ave any a	additional	YES			NO					
11	foreign financial i	nterests? or dependent children I						other entry)		red to va YES	llidate) NO			
behalf?	pouse, conabitant, c			reign in	lancial interes	ts that s	someon	e controlled	on your	IES	NO			
	You responded 'Y someone controlle	es' to you, your spous of on your behalf.	e, cohabitant, or c	lependei	nt children hav	ving E V	VER ha	d any foreig	gn financia	l interest	s that			
		l that apply) □ Yourse	lf □ Spouse □ C	ohabitar	nt 🗆 Depende	nt child	lren							
Description	¥ 1	f financial interest						Type (Free	/					
Branch		of the individual who of the individual who of the individual is relationship to y		icial inte	rest on your b	behalf.		Last Relationsh		irst				
If Yes to		ne financial interest wa						Date (Esti		ext)				
Having		in U.S. dollars) at time		Estima	ted			Cost (Free	,					
Foreign Financial		garding how it was acq						How acqu		Text)				
Interests		t value (in U.S. dollars	s) or value at the t	time inte	rest was sold,	lost or		Value (Fre	ee Text)					
Controlled on		d of. Estimated terest was sold, lost, o	r otherwise dispo	sed of.	□ Not applica	ble		Date (Esti	mated)					
Your Behalf	Provide explanation	on if interest was sold,	lost, or otherwise	dispose	d of.			Explanatio	/	ext)				
(Multiple		owners of the foreign f				alf?				YES	NO			
Entries	Branch If Yes to	You responded 'Yes' Provide full name of	U	iy co-ow Last	ners.	First		Middle		Suffix				
Allowed)	Having Co-	Provide the current a			Street add		nd city		nd Zip Cod		intry			
	Owners	Provide co-owner's c				Coun								
	(Multiple Entries	Provide the nature of					ionship	(Free Text)						
	Allowed)	Are there any addition financial interest con			0	YES	adds ar	other entry)	NO (Requi	red to va	lidate)			
	Do you, your spou	ise, cohabitant, or depe				YES	uuus ui	iouior enu y	NO		indute)			
		nterests controlled on				(Yes	adds ar	other entry)) (Requi	red to va	· · · · · ·			
Have you, your s in a foreign coun	*	or dependent children I	EVER owned, or	do you a	inticipate own	ning, or	plan to	purchase re	eal estate	YES	NO			
a torongin couli	You responded 'y	es' to you, your spouse		ependen	t children hav	ving eve	er owne	d, or anticip	ate owning	g, or plai	nning			
	to purchase real es	state in a foreign count	ry.	1 1 4	· D 1									
		l that apply) □ Yourse f real estate property (state type (F	ree Text)					
Branch		on/address of property.		treet			City	state type (I	ice iext)	Count	v			
	Provide the date to	be acquired					Date (I	Estimated)			5			
If Yes to Having		oreign real estate is to			<u> </u>	-		equired (Fre	e Text)					
Foreign Real		in U.S. dollars) expected owners of this foreign in		isition.	□ Estimated		Cost (I	Free Text)		YES	NO			
Estate	Branch	You responded 'Yes'		1V CO-OW	mers.					TES	NO			
Multiple	If Yes to	Provide full name of		Last		irst		Middle		Suffix				
(Multiple Entries	Having Co-	Provide co-owner cu			address and ci	ty		State and	Zip Code o	r Counti	y			
Allowed)	Owners (Multiple	Provide co-owner's c				Net	ra of1	ationshin (T	Tran Tout					
	Entries	Provide the nature of Are there any addition				YES	ie of rel	ationship (H	NO					
	Allowed)	estate?			C		adds ar	other entry)	· · ·	red to va	lidate)			
		ditional instance of yo n EVER having owned				YES	adde ar	other entry)	NO (Requi	red to va	lidate)			
		state in a foreign count		viiing, Ol	Planning	(105	auus al	ioner entry	, (Requi		inuale)			
	, have you, your spo	ouse, cohabitant, or dep l, medical, retirement,	endent children 1						ble to	YES	NO			
iccorve in the ful	,	es' that as a U.S. citize					<u>v</u>		ived in the	past se	ven			
		ligible to receive in the												

	Cara ifra (alter t	all that apply)	habitant — Danandantabildaan	
	Specify: (check a	all that apply)	habitant	t. Ou stime han afit
		Other such benefit (Provide explanation)	Future benefit, Continuing benefit,	
Branch	Explanation (Fre		Explanation (Free Text)	(<i>I</i>
C \$7 4		ved a onetime benefit from a		
Yes to laving				
oreign	Branch	Date (Estimated)		
enefit	If Onetime	Provide the name of the country providing th		Country
	Benefit	Provide the total value (in U.S. dollars) of the	e benefit received. Estimated	Value (Free Text)
Multiple		Provide the reason this benefit was received.		Reason (Free Text)
ntries llowed)		As a result of this benefit are you, your spous		YES NO
nowed)		children obligated in any way to this foreign You have indicated that you, your spouse, co	Explanation (Free Tex	
		a to receive a benefit from a		
		foreign country. Provide the date the benefit will begin		Date (Estimated)
		Provide the frequency the benefit will be rece	eived.	Explanation (Free Tex
	Branch	· ·	Weekly Other (Provide explanation	÷ .
	If Future Benefit	Provide the name of the country providing th	is benefit.	Country
	Denent	Provide the value (in U.S. dollars) of the ben		Value (Free Text)
		Provide the reason this benefit will be received		Reason (Free Text)
		As a result of this benefit are you, your spous		YES NO
		children obligated in any way to this foreign		Explanation (Free Tex
		You have indicated that you, your spouse, co	habitant, or dependent children receiv	ve a continuing or other
		benefit from a foreign country. Provide the date the benefit began.		Date (Estimated)
		Provide the date the benefit is expected to en-	d	Date (Estimated)
	Branch	Provide the frequency that this benefit is rece	Explanation (Free Tex	
	If Continuing	Annually Quarterly Monthly Weekly		Explanation (Free Tex
	Benefit	Provide the name of the country providing th		Country
		Provide the total value (in U.S. dollars) of the	e benefit to be received. Estimated	Value (Free Text)
		Provide the reason this benefit will be received	ed.	Reason (Free Text)
		As a result of this benefit are you, your spous		YES NO
		children obligated in any way to this foreign		Explanation (Free Tex
		ouse, cohabitant, or dependent children receive a		NO
TIX /F	benefits from a f		(Yes adds another er	
ave you EVE ranch		l support for any foreign national?	an national	YES NO
Yes to		Yes' to providing financial support for any forei e of the foreign national you support or have sup		st Middle Suffix
				st Mildule Sullix
oreign			Street address and city Stat	te and Zin Code or Country
U	Provide the addr	ess of the foreign national listed above.		
ational apport	Provide the addr Provide the natu		listed above. Nature of relat	ionship (Free Text)
ational apport <mark>Aultiple</mark>	Provide the addr Provide the natu Provide the amo Provide the frequ	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov lency of your support. Frequency (Free Text)	listed above. Nature of relat ided. DEstimated Amount (Free Provide this foreign national's of	ionship (Free Text) Text)
ational upport fultiple ntries	Provide the addr Provide the natu Provide the amo Provide the frequ	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's c national? YES	ionship (Free Text) Text) country(ies) of citizenship. NO
ational upport fultiple ntries	Provide the addr Provide the natu Provide the amo Provide the frequ	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov lency of your support. Frequency (Free Text)	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's c national? YES	ionship (Free Text) Text) country(ies) of citizenship. NO
ational pport fultiple ntries llowed)	Provide the addr Provide the natu Provide the amo Provide the frequ Have you additio	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov iency of your support. Frequency (Free Text) onally provided financial support for any foreign	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of national? YES (Yes adds another en	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to validation)
ational upport fultiple ntries llowed) ection 20	Provide the addr Provide the natu Provide the amo Provide the frequ Have you addition b – Foreign B	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov lency of your support. Frequency (Free Text)	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of national? YES (Yes adds another er YES nd Foreign Government (Free)	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts
ational apport fultiple attries llowed) ection 20 ave you in th reign organiz	Provide the addr Provide the natu Provide the amo Provide the frequ Have you addition b – Foreign B repast seven (7) yes exation that you have	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov tency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a rs provided advice or support to any individual not previously listed as a former employer? (An	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of national? YES (Yes adds another er YES nd Foreign Government (associated with a foreign business or	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other YES NO
ational apport fultiple ntries llowed) ection 20 ave you in th reign organiz	Provide the addr Provide the natu Provide the amo Provide the frequ Have you addition b – Foreign B te past seven (7) yes station that you have suant to official U.S.	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- iency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usiness and the second se	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of national? YES (Yes adds another er nd Foreign Government (associated with a foreign business or swer "No" if all your advice or support	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other rt was YES NO
ational apport fultiple htries llowed) ection 20 ave you in th reign organiz	Provide the addr Provide the natu Provide the amo Provide the frequ Have you addition b – Foreign B the past seven (7) yes station that you have suant to official U.S. You responded	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov iency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a rs provided advice or support to any individual not previously listed as a former employer? (An Government business.) Yes' to having in the past seven (7) years prov	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of YES (Yes adds another er YES mational? YES of the state of the	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other rt was YES NO
ational apport Aultiple atries llowed) ection 20 ave you in th reign organiz thorized purs	Provide the addr Provide the natu Provide the amo Provide the frequ Have you addition b – Foreign B the past seven (7) yea tation that you have suant to official U.S. You responded business or other	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- lency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usiness and the second se	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of Amount (Free national? YES (Yes adds another er nd Foreign Government (Gassociated with a foreign business or swer "No" if all your advice or support ided advice or support to any individually listed as a former employer	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other rt was YES NO
ational apport Aultiple atries llowed) ection 20 ave you in th reign organiz thorized purs	Provide the addr Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B The past seven (7) years attion that you have suant to official U.S. You responded business or other Provide a description	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- lency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities rs provided advice or support to any individual not previously listed as a former employer? (An: Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous but of advice/support provided.	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of reign national? YES (Yes adds another er national? YES (Yes adds another er nd Foreign Government (Gassociated with a foreign business or swer "No" if all your advice or support to any individually listed as a former employer ided advice or support to any individually listed as a former employer Description (Free Text)	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other YES NO rt was YES NO all associated with a foreign
ational apport fultiple atries lowed) ection 20 ave you in th reign organiz thorized purs ranch Yes to	Provide the addr Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B b past seven (7) yea ration that you have suant to official U.S. You responded ' business or other Provide a descrip Provide the nam	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- iency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usine advice or support to any individual not previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous provided. e of the individual to whom advice or support w	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of reign national's of (Yes adds another er YES (Yes adds another er national? YES (Yes adds another er nd Foreign Government (Gassociated with a foreign business or swer "No" if all your advice or support to any individually listed as a former employer ided advice or support to any individually listed as a former employer Description (Free Text) as provided.	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other YES NO rt was YES NO ual associated with a foreig
ational apport fultiple ntries llowed) ection 20 ave you in th reign organiz thorized purs ranch Yes to dvice or	Provide the addr Provide the natu Provide the natu Provide the amo Provide the frequ Have you addition b – Foreign B be past seven (7) yea ration that you have suant to official U.S. You responded ' business or other Provide a descrip Provide the nam Provide the nam	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- iency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities oto previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous but of davice/support provided. e of the individual to whom advice or support w e of the foreign organization or foreign business	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of YES (Yes adds another er (Yes adds another er national? YES (Yes adds another er Overnment (Gassociated with a foreign business or swer "No" if all your advice or support ided advice or support to any individually listed as a former employer Description (Free Text) as provided. Last First	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other YES NO rt was YES NO ual associated with a foreign Middle Suffix
ational apport fultiple atries lowed) ection 20 ave you in th reign organiz thorized purs canch Yes to dvice or	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B a past seven (7) yea ration that you have suant to official U.S. You responded business or other Provide the nam Provide the nam Provide the cour	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- lency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a urs provided advice or support to any individual not previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous point of advice/support provided. e of the individual to whom advice or support w e of the foreign organization or foreign business.	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of YES (Yes adds another er (Yes adds another er national? YES (Yes adds another er (Yes adds another er national? Support to any individual associated with a foreign business or swer "No" if all your advice or support to any individual ided advice or support to any individual support to any individual as provided. Last	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other YES NO rt was YES NO ual associated with a foreig
ational apport Aultiple htries llowed) ection 20 ave you in th reign organiz thorized purs ranch Yes to dvice or apport	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B a past seven (7) yea vation that you have suant to official U.S. You responded business or other Provide the nam Provide the nam Provide the cour Provide the date	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- iency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities oto previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous but of davice/support provided. e of the individual to whom advice or support w e of the foreign organization or foreign business	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of rational? YES (Yes adds another er national? YES (Yes adds another er nd Foreign Government (Gassociated with a foreign business or swer "No" if all your advice or support to any individually listed as a former employer Description (Free Text) as provided. Last First with whom the individual is associated From date (Estimated)	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other YES NO rt was YES NO ual associated with a foreign Middle Suffix ed.
ational upport Aultiple ttries llowed) ection 20 ave you in th reign organiz thorized purs ranch Yes to dvice or upport fultiple	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B c past seven (7) yea vation that you have suant to official U.S. You responded business or other Provide the nam Provide the nam Provide the cour Provide the date Describe what court Have you in the	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- lency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a urs provided advice or support to any individual not previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous business divide or support we not previous tion of advice/support provided. e of the individual to whom advice or support we e of the foreign organization or foreign business. (s) during which this advice or support was prov- business.	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of national? YES (Yes adds another er nd Foreign Government (associated with a foreign business or swer "No" if all your advice or suppor ided advice or support to any individu sly listed as a former employer Description (Free Text) as provided. Last First with whom the individual is associated ided. From date (Estimated) ce. Compensation (Free Text) t to any other individual YE	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other YES NO rt was YES NO ual associated with a foreign Middle Suffix ed. To date (Est./Present)
ational upport Aultiple trities llowed) ection 20 ave you in th reign organiz thorized purs ranch Yes to dvice or upport Aultiple ntries	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b - Foreign B re past seven (7) year reation that you have suant to official U.S. You responded business or other Provide a descrip Provide the nam Provide the nam Provide the cour Provide the cour Provide the date Describe what co Have you in the associated with a	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- iency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a rs provided advice or support to any individual not previously listed as a former employer? (An: Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous but of advice/support provided. e of the individual to whom advice or support w e of the foreign organization or foreign business. (s) during which this advice or support was prov- sompensation, if any, was provided divice or support foreign business or other foreign organization to foreign business or other foreign organization to the foreign organization the foreign organization to past seven (7) years provided advice or support foreign business or other foreign organization to the foreign business or other foreign organization to support foreign business or other foreign organization to the foreign business or other foreign organization to the foreign business or other foreign organization to foreign business or other foreign organization to the foreign business or other foreign organization to the foreign business or other foreign organization to the foreign business or the	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of (Yes adds another ered) YES national? YES (Yes adds another ered) Yes adds another ered) associated with a foreign business or swer "No" if all your advice or support to any individual sy listed as a former employer Description (Free Text) as provided. Last First ided. From date (Estimated) ce. ce. Compensation (Free Text) Yes ided. From date (Perecent) Yes ided. Yes Yes ided. Yes Yes	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to validar Contacts other YES NC ial associated with a foreign Middle Suffix ed. To date (Est./Present) S NO (Required to validar NO (Required to validar)
ational apport fultiple ttries lowed) ection 20 ave you in th reign organiz thorized purs canch Yes to dvice or apport fultiple atries	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b - Foreign B re past seven (7) year ration that you have suant to official U.S. You responded business or other Provide a descrip Provide the nam Provide the nam Provide the cour Provide the date Describe what co Have you in the associated with a listed as a forme	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- tency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a ars provided advice or support to any individual not previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous but of divice/support provided. e of the individual to whom advice or support w e of the foreign organization or foreign business. (s) during which this advice or support was prov- mpensation, if any, was provided for your servi- past seven (7) years provided advice or support foreign business or other foreign organization tr r employer? (Answer "No" if all your advice or	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of (Yes adds another ered) YES national? YES (Yes adds another ered) Yes adds another ered) associated with a foreign business or swer "No" if all your advice or support to any individual sy listed as a former employer Description (Free Text) as provided. Last First ided. From date (Estimated) ce. ce. Compensation (Free Text) Yes ided. From date (Perecent) Yes ided. Yes Yes ided. Yes Yes	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other YES NO rt was YES NO Jal associated with a foreign Middle Suffix ed. To date (Est./Present) S NO
ational apport fultiple trities lowed) ection 20 ave you in the reign organiz thorized purs canch Yes to dvice or apport fultiple trities lowed)	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B the past seven (7) yes tation that you have suant to official U.S. You responded business or other Provide a descrip Provide the nam Provide the nam Provide the cour Provide the dated Describe what cod Have you in the associated with a listed as a forme pursuant to offic	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- tency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a ars provided advice or support to any individual not previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous builtion of advice/support provided. e of the individual to whom advice or support w. e of the foreign organization or foreign business. (s) during which this advice or support was prov- past seven (7) years provided advice or support foreign business or other foreign organization to r employer? (Answer "No" if all your advice or ial U.S. Government business.)	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of YES (Yes adds another er national? YES (Yes adds another er (Yes adds another er associated with a foreign business or swer "No" if all your advice or support to any individually listed as a former employer Description (Free Text) as provided. Last First with whom the individual is associated Kit oany other individual ided. From date (Estimated) ce. Compensation (Free Text) hat you have not previously YE support was authorized ano	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to validar Contacts other YES NO rt was YES NO ala associated with a foreign Middle Suffix ed. To date (Est./Present) S sadds (Required to validate)
ational apport fultiple trities lowed) ection 20 ave you in the reign organiz thorized purs ranch Yes to dvice or apport fultiple trities lowed) or this questic	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B te past seven (7) yes tation that you have suant to official U.S. You responded business or other Provide the nam Provide the nam Provide the nam Provide the dated Describe what cat Have you in the associated with a listed as a forme pursuant to offic	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support provi- tion of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities usiness, Constant and State Provided usiness of the foreign organization or foreign business (s) during which this advice or support was provided for your service past seven (7) years provided advice or support foreign business or other foreign organization tor is of orgin business or other foreign organization tor is of success or the foreign organization tor is all your advice or ial U.S. Government business.) i Wir means your spouse, parents, step-parents, si	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of YES (Yes adds another er national? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? Doescription business or ided advice or support to any individual (Yes adds another er ided advice or support to any individual (Yes adds another er as provided. Last First with whom the individual is associate (Yes adds) ided. From date (Estimated) ce. Compensation (Free Text) hat you have not previously (Yes another er support was authorized another bulpgs, half and step-siblings, children	ionship (Free Text) Text) country(ies) of citizenship. NO (Required to valida Contacts other rt was YES NO all associated with a foreign Middle Suffix ed. To date (Est./Present) S s adds ther entry) Astep- YES NO
utional pport fultiple ttries lowed) ection 20 ave you in th reign organiz thorized purs anch Yes to lvice or pport fultiple ttries lowed) r this questic ildren, and co	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B te past seven (7) yes tation that you have suant to official U.S. You responded business or other Provide a descrip Provide the nam Provide the nam Provide the cour Provide the cour Provide the date Describe what co Have you in the associated with a listed as a forme pursuant to offic on, "Immediate Fam	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- lency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities , a usiness, Professional Activities , a usiness , of the previous of the previous otion of advice/support provided. e of the foreign organization or foreign business (b) during which this advice or support was prov- business, other foreign organization tr foreign business or other foreign organization tr is or employer? (Answer "No" if all your advice or ial U.S. Government business.) ily" means your spouse, parents, step-parents, sti- , your spouse, cohabitant, or any member of you	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of reign national? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? Overnment (Gassociated with a foreign business or swer "No" if all your advice or support to any individual sly listed as a former employer Description (Free Text) Description (Free Text) as provided. Last First with whom the individual is associate (Ye another individual) ided. From date (Estimated) (Ye another er ce. Compensation (Free Text) another er hat you have not previously support was authorized YE blings, half and step-siblings, children ar another er blings, half and step-siblings, children ar another er	ionship (Free Text) Text) Text) Country(ies) of citizenship. NO (Required to valida Contacts other rt was VES NO valia associated with a foreign Middle Suffix ed. To date (Est./Present) S NO (Required to validate) NO (Required to validate) (Required to (Required t
ational apport fultiple ttries lowed) ection 20 ave you in th reign organiz thorized purs canch Yes to dvice or apport fultiple ttries lowed) or this questic ildren, and co en asked to p	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B te past seven (7) yes tation that you have suant to official U.S. You responded business or other Provide a descrip Provide the nam Provide the nam Provide the nam Provide the cour Provide the date Describe what cour Have you in the associated with a listed as a forme pursuant to offic on, "Immediate Fam ohabitant. Have you	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support provi- tion of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities usiness, Constant and State Provided usiness of the foreign organization or foreign business (s) during which this advice or support was provided for your service past seven (7) years provided advice or support foreign business or other foreign organization tor is of orgin business or other foreign organization tor is of success or the foreign organization tor is all your advice or ial U.S. Government business.) i Wir means your spouse, parents, step-parents, si	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of reign national? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? Overnment (Gassociated with a foreign business or swer "No" if all your advice or support to any individual sly listed as a former employer Description (Free Text) (Yes adsociated) as provided. Last First with whom the individual is associate (Yes adsociated) ided. From date (Estimated) (Yes adsociated) ce. Compensation (Free Text) (Yes adsociated) that you have not previously support was authorized YE hat you have not previously support was authorized ano blings, half and step-siblings, children ar immediate family in the past sever gn government official or agency? (A	ionship (Free Text) Text) Text) Country(ies) of citizenship. NO (Required to valida Contacts other rt was VES NO valia associated with a foreign Middle Suffix ed. To date (Est./Present) S NO (Required to validate) NO (Required to validate) (Required to (Required t
ational pport fultiple ttries lowed) ection 20 ave you in th reign organiz thorized purs ranch Yes to lvice or pport fultiple ttries lowed) r this questic ildren, and co en asked to p	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B te past seven (7) yea ation that you have suant to official U.S. You responded business or other Provide a descrip Provide the nam Provide the nam Provide the cour Provide the cour Provide the date Describe what co Have you in the associated with a listed as a forme pursuant to offic on, "Immediate Fam ohabitant. Have you provide advice or ser	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- lency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities, a usiness, Professional Activities usiness, or foreign organization usiness, or foreign business, (s) usiness or other foreign organization tr usiness, other foreign organization tr usines	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of reign national? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? YES (Yes adds another er (Yes adds another er mational? Overnment (Gassociated with a foreign business or swer "No" if all your advice or support to any individual syl listed as a former employer Description (Free Text) as provided. Last First with whom the individual is associated Kided. From date (Estimated) (Ye another ere) ided. From date (Estimated) (Ye another ere) (Ye another ere) support was authorized another ere) another ere) (Ye another ere) blings, half and step-siblings, children tr immediate family in the past sever another ere) (Asiness.)	ionship (Free Text) Text) Sountry(ies) of citizenship. NO (Required to valida Contacts other YES NO rt was YES NO all associated with a foreign Middle Suffix ed. To date (Est./Present) S adds (Required to validate) h, step- n (7) years NO YES NO
ational apport fultiple ttries lowed) ection 20 ave you in th reign organiz thorized purs canch Yes to dvice or apport fultiple ttries lowed) or this questic ildren, and co en asked to p all the advice	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B the past seven (7) yea tation that you have suant to official U.S. You responded ' business or other Provide a descrip Provide the nam Provide the nam Provide the cour Provide the cour Provide the date Describe what co Have you in the associated with a listed as a forme pursuant to offic on, "Immediate Fam ohabitant. Have you provide advice or ser e or support was autt You responded ' been asked to pr	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- lency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a urs provided advice or support to any individual not previously listed as a former employer? (An Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous botion of advice/support provided. e of the individual to whom advice or support was e of the foreign organization or foreign business. (s) during which this advice or support was prov- ompensation, if any, was provided for your servi- past seven (7) years provided advice or support t oreign business or other foreign organization to r employer? (Answer "No" if all your advice or ial U.S. Government business.) ily' means your spouse, parents, step-parents, sit, your spouse, cohabitant, or any member of you Yes' to you, your spouse, cohabitant, or any me	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of (Yes adds another er YES national? YES (Yes adds another er Yes adds another er associated with a foreign business or swer "No" if all your advice or support to any individually listed as a former employer Description (Free Text) as provided. Last First with whom the individual is associated First ided. From date (Estimated) (Ye another er ided. From date (Estimated) (Ye another ere) ided. From date (Estimated) (Ye another ere) blings, half and step-siblings, children tr immediate family in the past seven gn government official or agency? (Asiness.) metrical or agency? (Asiness.)	ionship (Free Text) Text) Sountry(ies) of citizenship. NO (Required to valida Contacts other YES NO al associated with a foreign Middle Suffix ed. To date (Est./Present) S adds (Required to validate) h, step- n (7) years Inswer "No" g in the past seven (7) yea icial or agency
ational pport fultiple ttries lowed) ection 20 ave you in th reign organiz thorized purs canch Yes to dvice or upport fultiple ttries lowed) r this questic ildren, and cc en asked to p all the advice canch Yes to	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B re past seven (7) yea reation that you have suant to official U.S. You responded 'business or other Provide a descrip Provide the nam Provide the nam Provide the nam Provide the cour Provide the date Describe what co Have you in the associated with a listed as a forme pursuant to offic on, "Immediate Fam ohabitant. Have you orrovide advice or ser e or support was auti You responded 'been asked to pr	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- tency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a ars provided advice or support to any individual not previously listed as a former employer? (An: Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous botion of advice/support provided. e of the individual to whom advice or support we e of the foreign organization or foreign business. (s) during which this advice or support was prov- ments and the seven (7) years provided for your servi- past seven (7) years provided advice or support foreign business or other foreign organization tr r employer? (Answer "No" if all your advice or ial U.S. Government business.) ily'' means your spouse, parents, step-parents, si u, your spouse, cohabitant, or any member of you ve as a consultant, even informally, by any forei- ionized pursuant to official U.S. Government bu- Yes' to you, your spouse, cohabitant, or any me- povide advice or serve as a consultant, even infor- e of the government official.	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of YES (Yes adds another er (Yes adds another er national? YES (Yes adds another er (Yes adds another er national? YES (Yes adds another er (Yes adds another er national? YES (Yes adds another er (Yes adds another er associated with a foreign business or swer "No" if all your advice or support to any individual syl listed as a former employer (Yes adds another er ided advice or support to any individual syl listed as a former employer Description (Free Text) as provided. Last First with whom the individual is associate (Yes another er ided. From date (Estimated) (Yes another er ce. Compensation (Free Text) (Yes another yes another er hat you have not previously support was authorized (Yes another er blings, half and step-siblings, children another er (Yes another er urimmediate family in the past severe gn government official or agency? (A siness.) (Asiness.) mber of your immediate family havin maily, by any foreign government offi	ionship (Free Text) Text) Sountry(ies) of citizenship. NO (Required to validar Contacts other YES NO all associated with a foreign Middle Suffix ed. To date (Est./Present) S adds (Required to validate) h, step- n (7) years Inswer "No" g in the past seven (7) yea icial or agency Middle Suffix
ational apport fultiple tries lowed) ection 20 ave you in the reign organiz thorized purse canch Yes to dvice or apport fultiple tries lowed) or this questic ildren, and co en asked to p all the advice canch Yes to oreign	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B the past seven (7) year tation that you have suant to official U.S. You responded 'b business or other Provide a descrip Provide the nam Provide the nam Provide the cour Provide the cour Provide the date Describe what co Have you in the associated with a listed as a forme pursuant to offic on, "Immediate Fam ohabitant. Have you provide the nam Provide advice or ser e or support was auti You responded 'b been asked to pr Provide the nam Provide the nam	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- tency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a rs provided advice or support to any individual not previously listed as a former employer? (An: Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous but of advice/support provided. e of the individual to whom advice or support w e of the foreign organization or foreign business. (s) during which this advice or support was prov- past seven (7) years provided advice or support r employer? (Answer "No" if all your advice or ial U.S. Government business.) ily" means your spouse, parents, step-parents, si t, your spouse, cohabitant, or any member of you ve as a consultant, even informally, by any forei- norized pursuant to official U.S. Government bu- yes' to you, your spouse, cohabitant, or any me- boyide advice or serve as a consultant, even infor- e of the government official. e of the agency.	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of reign national? YES (Yes adds another er YES associated with a foreign business or swer "No" if all your advice or support to any individually listed as a former employer Description (Free Text) as provided. Last First with whom the individual is associated First ided. From date (Estimated) (Yes and) ce. Compensation (Free Text) ano blings, half and step-siblings, children rr immediate family in the past seven gn government official or agency? (A siness.) YE med of your immediate family havin mally, by any foreign government official or agency? (A siness.) First	ionship (Free Text) Text) Sountry(ies) of citizenship. NO (Required to valida Contacts other YES NO al associated with a foreign Middle Suffix ed. To date (Est./Present) S adds (Required to validate) h, step- n (7) years Inswer "No" g in the past seven (7) yea icial or agency
ational apport fultiple trities lowed) ection 20 ave you in the reign organiz thorized purss canch Yes to dvice or apport fultiple trities lowed) or this questic ildren, and co en asked to p all the advice canch Yes to preign onsulting	Provide the addr Provide the natu Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B re past seven (7) yea reation that you have suant to official U.S. You responded 'business or other Provide a descrip Provide the nam Provide the nam Provide the cour Provide the cour Provide the date Describe what cc Have you in the associated with a listed as a forme pursuant to offic or, "Immediate Fam ohabitant. Have you provide the nam Provide the nam Provide advice or ser e or support was auti You responded 'been asked to pr Provide the nam Provide the nam	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- tency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a ars provided advice or support to any individual not previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous but of divice/support provided. e of the individual to whom advice or support w e of the foreign organization or foreign business. (s) during which this advice or support was prov- past seven (7) years provided advice or support r employer? (Answer "No" if all your advice or ial U.S. Government business.) ily" means your spouse, parents, step-parents, si t, your spouse, cohabitant, or any member of you ve as a consultant, even informally, by any forei- norized pursuant to official U.S. Government bu- business collabilitant, or any member of you ve as a consultant, even informally, by any forei- norized pursuant to official U.S. Government bu- yes' to you, your spouse, cohabitant, or any me- boyide advice or serve as a consultant, even infor- e of the government official. e of the agency. try with which the government official or agence	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of reign national? YES (Yes adds another er YES associated with a foreign business or swer "No" if all your advice or support to any individual sy listed as a former employer Description (Free Text) as provided. Last First with whom the individual is associated First ided. From date (Estimated) (Yes and) ce. Compensation (Free Text) ano blings, half and step-siblings, children rumediate family in the past severe gn government official or agency? (A siness.) Yes mber of your immediate family havin mally, by any foreign government official or agency? (A siness.) Yis affiliated.	ionship (Free Text) Text) Text) Country(ies) of citizenship. NO (Required to validar Contacts other YES NC rt was YES NC rt was YES NC ala associated with a foreign Middle Suffix ed. To date (Est./Present) S NO (Required to validate) h, step- n (7) years nswer "No' g in the past seven (7) yea icial or agency Middle Suffix Agency name (Free Text)
ave you in th reign organiz ithorized purs ranch Yes to dvice or ipport Aultiple ntries llowed) or this questic iildren, and cc een asked to p all the advice ranch Yes to oreign onsulting Aultiple	Provide the addr Provide the natu Provide the natu Provide the natu Provide the natu Provide the frequ Have you addition b – Foreign B the past seven (7) years tation that you have suant to official U.S. You responded 'b business or other Provide the natur Provide the natur Provide the date Describe what co Have you in the associated with a listed as a forme pursuant to offic on, "Immediate Fam ohabitant. Have you provide the natur Provide the cour Provide the date	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- tency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a ars provided advice or support to any individual not previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous but of divice/support provided. e of the individual to whom advice or support we e of the foreign organization or foreign business. (s) during which this advice or support was prov- mpast seven (7) years provided advice or support to remployer? (Answer "No" if all your advice or ial U.S. Government business.) ily" means your spouse, parents, step-parents, si t, your spouse, cohabitant, or any member of you ve as a consultant, even informally, by any forei- norized pursuant to official U.S. Government bu- yes' to you, your spouse, cohabitant, or any me- bovide advice or serve as a consultant, even infor- e of the government official. e of the agency. try with which the government official or agence of the request. Date (Estimated) Provide	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of version and the set of the	Text) Country(ies) of citizenship. NO (Required to validat Contacts other rt was VES NC alal associated with a foreigr Middle Suffix ed. Middle Suffix ed. NO (Required t validate) NO (Required t v
ational apport Aultiple ntries llowed) ection 20 ave you in th reign organiz thorized purs ranch Yes to dvice or apport Aultiple ntries llowed) or this questic nildren, and co een asked to p all the advice ranch Yes to oreign onsulting	Provide the addr Provide the natu Provide the natu Provide the natu Provide the frequ Have you additid b – Foreign B e past seven (7) yes tation that you have suant to official U.S. You responded business or other Provide a descrip Provide the nam Provide the nam Provide the nam Provide the dated Describe what co Have you in the associated with a listed as a forme pursuant to offic on, "Immediate Fam ohabitant. Have you provide the nam Provide the nam Provide the dated Describe what co Have you in the associated with a listed as a forme pursuant to offic on, "Immediate Fam ohabitant. Have you provide the nam Provide the nam Provide the nam Provide the nam Provide the nam	ess of the foreign national listed above. re of your relationship with the foreign national unt (in U.S. dollars) of all financial support prov- tency of your support. Frequency (Free Text) onally provided financial support for any foreign usiness, Professional Activities, a rs provided advice or support to any individual not previously listed as a former employer? (An- Government business.) Yes' to having in the past seven (7) years prov- foreign organization that you have not previous but of advice/support provided. e of the individual to whom advice or support w e of the foreign organization or foreign business. (s) during which this advice or support was prov- past seven (7) years provided advice or support r employer? (Answer "No" if all your advice or ial U.S. Government business.) ily" means your spouse, parents, step-parents, si t, your spouse, cohabitant, or any member of you ve as a consultant, even informally, by any forei- norized pursuant to official U.S. Government bu- business or other foreign loganization a consultant, even informally, by any forei- norized pursuant to official U.S. Government bu- yes' to you, your spouse, cohabitant, or any me- boyide advice or serve as a consultant, even infor- e of the government official. e of the agency. try with which the government official or agence	listed above. Nature of relat ided. □ Estimated Amount (Free Provide this foreign national's of YES (Yes adds another er YES mational? YES (Yes adds another er YES associated with a foreign business or swer "No" if all your advice or support associated with a foreign business or swer "No" if all your advice or support ided advice or support to any individually listed as a former employer Description (Free Text) as provided. Last First with whom the individual is associate First ided. From date (Estimated) (Ye ano ce. Compensation (Free Text) ano blings, half and step-siblings, children ano blings, half and step-siblings, children (Ye ano mally, by any foreign government official or agency? (Asiness.) mally mally, by any foreign government official or agency? (Asiness.) y is affiliated. de the circumstances of request. Qediate family in the past	ionship (Free Text) Text) Text) Country(ies) of citizenship. NO (Required to validat Contacts other YES NC rt was YES NC rt was YES NC ala associated with a foreigr Middle Suffix ed. To date (Est./Present) S NO (Required to validate) NO (Required to validate) (Required to validate) (Requ

		official U.S. Government				entry)			
Has any foreign	national in the past sever			to work as a c	onsultant, or cons	sider employ	ment	YES	NO
with them?									
		any foreign national have	ving in the pas	t seven (7) yea	rs offered you a	job, asked y	ou to wor	k as a	
D	consultant, or consider of								
Branch	Provide the name of the	foreign national who ma	ade the offer.	Last	First	Middle		First	
If Yes to Offered Job	Provide a description of	the position offered.		Description (Free Text)				
	Provide the date when t	his offer was extended		Date (Estima	ted)				
(Multiple	Provide the location wh	ere this occurred.		City	State and Zip	Code or Co	untry		
Entries Allowed)	Did you accept the offer	?			Explanation (Free Text)	-	YES	NO
Allowed)	Has any additional forei	gn national, in the past	seven (7) year	s, offered you	YES		NO		
	a job, asked you to worl	as a consultant, or cons	ider employme	nt with them?	(Yes adds and	other entry)	(Requi	red to va	lidate)
Have you in the	past seven (7) years been	n involved in any other ty	ype of business	venture with a	foreign national	not describe	ed	YES	NO
above (own, co-o	own, serve as business con								
	You responded 'Yes' to	having in the past seve	n (7) years bee	n involved in	any other type of	business ver	nture with	a foreig	n
	national not described a	bove.							
	Provide the full name of	f this foreign national	Last	First	Mide	ile	Suf	fix	
Branch	Provide the full current	address of this foreign na	ational.	Street add	ress and city	State and	l Zip Cod	e or Cou	intry
If Vee to Other	Provide the citizenship(s) of this foreign nationa	l. Provid	e a description	of the business v	enture.	Descripti	on (Free	Text)
If Yes to Other	Provide your relationship	p to this foreign national	1.	Relationsh	nip (Free Text)				
Foreign Business	Provide the length of tir	ne you have been involv	ed in the	From Date	e (Estimated)	To Date	(Estimate	ed/Preser	nt)
Ventures	business venture.								
ventures	Provide the nature of as	sociation with this busin	ess venture.	Nature of	association (Free	Text)			
(Multiple	Provide the position you	ı held.		Position (1	Free Text)				
Entries	Provide the service you	provided. Service (Free Text)	Provide th	e financial suppo	rt involved.	Supp	ort (Free	Text)
Allowed)	Provide a description of	what compensation was	provided for y	our service.	Description of	compensatio	n (Free T	'ext)	
/ mowed)	Have you, in the past s	even (7) years, been inv	olved in any ot	her type of bus	iness venture	YES		NO	
	with a foreign national i	not described above (own	n, co-own, serv	e as business c	onsultant,	(Yes add	ls	(Requi	red to
	provide financial support					another of		validat	e)
Have you in the	past seven (7) years atter	nded or participated in ar	ny conferences.	trade shows, s	seminars, or meet	ings outside	the	YES	NO
U.S.? (Do not inc	clude those you attended								
	You responded 'Yes' to	in the past seven (7) ye	ears having att	ended or partic	ripated in any con	ferences, tra	de shows	, semina	rs, or
	meetings outside the U.	S.							
	Provide the name and d	escription of event.		Name and	description (Free	e Text)			
D	Provide the name of spo	onsoring organization.			ion name (Free T				
Branch If Vac to	Provide the city where t	he event was held.	City (Free Text) Provide th	e country where	the event wa	s held.	Countr	у
If Yes to	Provide the dates for the	e event.	From Date (Est			ate (Estimat	ed/Preser	ıt)	
Attending Foreign	Provide the purpose of t	he event.		Purpose (I	Free Text)				
Conferences	Was there any subseque	ent contact with any forei						YES	NO
Conferences	Branch	You responded 'Yes' to	o there having	been subseque	nt contact with ar	y foreign na	tionals as	a result	of the
(Multiple	If Yes to Subsequent	event.							
Entries	Contact	Provide explanation			Explanation (Free	ee Text)			
Allowed)	(Multiple Entries	Do you have another su	ubsequent cont	act to report	YES		NO		
	Allowed)	for this event?			(Yes adds anoth	er entry)	(Required	l to valid	ate)
		even (7) years, attended				YES		NO	
		r meetings outside the U.		lude those you	attended or	(Yes add		(Requi	
	participated in on officia	al business for the U.S. g	government).			another of		validat	
	"Immediate Family" mea							YES	NO
	abitant. Have you or any								
foreign governm	ent, its establishment (suc	h as embassy, consulate,	, agency, milita	ry service, inte	elligence or secur	ity service, e	etc.) or		
	s, whether inside or outside or outside or outside to aither official U.S. Co				ne visa applicatio	ns and borde	er		
crossings related	to either official U.S. Go	you or any member of y			in the next serve	n (7) voora 1	and only a	ontoot wi	th a
		establishment (such as e							
		hether inside or outside t		ate, agency, II	antary service, III	tempence of	security	service,	cic.)
		individual involved in th		Last	First	Middle		Suffix	
	Provide the location of			City	11100	State and Z	in Code c		v
	Provide the date of cont		nated)		e foreign governi			n Counti	y
		blishment (such as emba				Establishm		Free Tev	t)
Dronah	intelligence or security		ssy, consulate,	agency, mina	ry service,	Establishin	ent type (.()
Branch		e foreign representatives	involved in co	ntact		Foreign rep	recentativ	Jes (Eree	Text)
If Yes to	Provide the purpose/cire		involved in co	intact.		Purpose/cir			
Foreign	Was there any subseque	ent contact initiated by yo	NU VOUR immed	iate family me	omber or a repres	entative of t	he	YES	NO
Government	foreign organization?	in contact initiated by ye	Ju, your miniet	nate failing file	inder, or a repres		ne	115	NO
Contact	Branch	You responded 'Yes' to	o there having	seen subseque	nt contact initiate	d by you yo	ur imme	liate fam	ilv
contact	Dranch	member, or a represent				a by you, yo	ui iiiiiiee	nate fam	11y
(Multiple	If Yes to Subsequent	Provide the purpose of					Purpose (Free Tev	t)
Entries	Contact	Provide the date of most					Date (Est		
Allowed)	Contact	Provide plans for future		·			Plans (Fr		
· · · · · · · · · · · · · · · · · · ·	(Multiple Entries	Do you have another su		act to report	YES		NO	<i>x</i> rext)	
	Allowed)	for this event?	absequent cont	ar to report	(Yes adds anoth		(Required	to valid	ate)
		er of your immediate fan	nily in the nee	seven (7) vea				NO)
	contact with a foreign g	overnment, its establishr	nent (such as e	mbassy consu	late, agency mili	tary (Y	es adds	(Requi	red to
		security service, etc.) or i					other	validat	
		he contact was for routin					ry)		1
		ernment travel or foreign					• ·		
Have you in the	past seven (7) years spor				udent, for work, o	or for perman	nent	YES	NO

	work, or for permanent residence.		-				G . (C	
	Provide the name of the sponsored foreign nation Provide the date of birth for the sponsored foreig		Last n't know	First	Middle Date (Es	(Suffix	
	Provide the date of birth for the sponsored foreig		City			l Zip Code	or Count	rv
	Provide the prace of birth for the sponsored foreit Provide the current street address of the sponsore			ddress and		l Zip Code		
ranch	national.		city		State and	Lip coue	or count	-)
Yes to ponsorship o	Provide the country(ies) of citizenship for the spo							
Foreign	Provide the name of the organization through wh	nich sponsorship wa	as arrange	d, if	Name (F	ree Text)		
ational	applicable. Not Applicable	-1			NI-4 Am	1:1-1		
	Provide the address of the organization through v Street address and city	which sponsorship	was arran	ged, 11 applicable		\Box Zip Code		
Aultiple	Provide the dates of stay in the U.S. for the spons	sored foreign nation	nal.	From date (E			ate (Est./F	rese
ntries llowed)	Provide the address of the sponsored foreign nati				,			
no wea)	Street address and city					l Zip Code		
	Provide the purpose of stay in the U.S. for the sp					of stay (Fr		T
	Provide the purpose of your sponsorship for the s Have you in the past seven (7) years sponsored			al to come to	YES	of sponsor	NO	e Tex
	the U.S. as a student, for work, or for permanent		ign natio	lai to come to	(Yes add	s	(Require	d to
	· · · · · ·				another e		validate)	
ave you EV	ER held political office in a foreign country?						YES	N
ranch	You responded 'Yes' to having EVER held polit			ry.				
Yes to Held olitical	Provide the position held. Provide the dates you held political office.	Position (Fr From Date	,	d)	Te	Date (Esti	mated/D-	icon+
ffice	Provide the dates you held pointcal office. Provide the name of the country involved.		(for these activiti		asons (Free		sent
Aultiple	Provide your current eligibility to hold political of			Current eligibil			e rent)	
ntries	Have you EVER held any additional political of	fice in a foreign co	untry?	YES	•	NO		
llowed)				(Yes adds anoth	ner entry)	(Requir	ed to valid	· · · ·
	ER voted in the election of a foreign country?						YES	N
r <mark>anch</mark> Yes to	You responded 'Yes' to having EVER voted in t Provide the date you voted in the foreign election		eign cour	itry.	Da	te (Estimat	ted)	
oting in	Provide the name of the country involved.	Provide the reaso	n(s) for th	nese activities.		asons (Free		
oreign	Provide your current eligibility to vote in a foreig					rrent eligit		e Te
lection	Do you have other instances of voting in the elec	tion of a foreign co	ountry to r	eport?	YE		NO	
Multiple ntries					· · · · · · · · · · · · · · · · · · ·	es adds	(Requ	
llowed)					ent	other	valida	te)
ection 20)c – Foreign Countries You have Vis	ited						
	eled outside the U.S. in the last seven (7) years?	licu					YES	N
as your trave	el in the last seven (7) years been solely for U.S. Gov	vernment business	(i.e., no p	ersonal trips in co	onjunction	with the	YES	Ν
ficial U.S. C	overnment business)? You responded to having traveled outside the U.S. i		£	-4141	U.C.			
	information about all such trips made outside the Us Government business.							1011
		of your travel to the	is country	. From Date (I	Estimated)	To D	ate (Estin	nated
	Provide the total number of days involved in the vis				than 20 -		ort trips	
		neck all that apply)		siness/profession				
	Provide the purpose of the travel to this country (Ch			· · · · · · · · · · · ·	al □V		ctivities	
ranch	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer	ences, and seminar	s □ Vis	it family or frien	al □V ds □O	ther	_	N
ranch	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you ques	ences, and seminar stioned, searched, c	s 🗆 Vis or otherwi	it family or frien se detained (othe	al □V ds □O r Exj	ther planation	vertivities YES	N
Yes to	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local	ences, and seminar stioned, searched, c customs or security	s 🗆 Vis or otherwi	it family or frien se detained (othe	al □V ds □O r Exj	ther	_	N
Yes to aving	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide exp While traveling to or in this country, were you invo	ences, and seminar stioned, searched, c customs or security planation.	s □ Vis or otherwi y service o	it family or frien se detained (othe officials when	al □ V ds □ O r Exj (Fr Exj	ther planation ee Text)	_	
Yes to aving raveled	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide exp While traveling to or in this country, were you invo provide explanation.	ences, and seminar stioned, searched, o customs or security planation. lved in any encoun	s \Box Visor otherwity service of the the service of the service o	it family or frien se detained (othe officials when ne police? If yes	al □ V ds □ O r Exj (Fr Exj (Fr	ther planation ee Text) planation ee Text)	YES YES	N
Yes to aving raveled utside the .S. on	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide exp While traveling to or in this country, were you invo provide explanation. While traveling to or in this country, were you contained while traveling to or in this country, were you contained while traveling to or in this country, were you contained While traveling to or in this country, were you contained while traveling to or in this country.	ences, and seminar stioned, searched, c customs or security planation. Ived in any encoun acted by, or in cont	s □ Vis or otherwi y service of ter with the act with a	it family or frien se detained (othe officials when ne police? If yes ny person known	al □ V ds □ O r Exp (Fr Exp (Fr or Exp	ther planation ee Text) planation ee Text)	YES	N
ranch Yes to aving raveled utside the .S. on ther than	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide exp While traveling to or in this country, were you invo provide explanation. While traveling to or in this country, were you conta suspected of being involved or associated with foreit	ences, and seminar stioned, searched, c customs or security planation. Ived in any encoun acted by, or in cont	s □ Vis or otherwi y service of ter with the act with a	it family or frien se detained (othe officials when ne police? If yes ny person known	al □ V ds □ O r Exp (Fr Exp (Fr or Exp	ther planation ee Text) planation ee Text)	YES YES	N
Yes to aving raveled utside the .S. on ther than fficial	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide exp While traveling to or in this country, were you invo provide explanation. While traveling to or in this country, were you conta suspected of being involved or associated with forei- organizations? If yes provide explanation.	ences, and seminar stioned, searched, o customs or security planation. lved in any encoun acted by, or in cont ign intelligence, ter	s □ Vis or otherwi y service of ter with the act with a rorist, sec	it family or frien se detained (othe officials when he police? If yes ny person known urity, or military	al □ V ds □ O r Exp (Fr Exp (Fr n or Exp (Fr	ther blanation ee Text) blanation ee Text) blanation ee Text)	YES YES	N
Yes to aving caveled utside the .S. on ther than fficial	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide exp While traveling to or in this country, were you invo provide explanation. While traveling to or in this country, were you conta suspected of being involved or associated with foreit	ences, and seminar stioned, searched, o customs or security planation. lved in any encoun acted by, or in cont ign intelligence, ter	s □ Vis or otherwi y service of ter with the act with a rorist, sec	it family or frien se detained (othe officials when he police? If yes ny person known urity, or military	al □ V ds □ O r Exy (Fr Exy (Fr a or Exy (Fr Exy (Fr Exy (Fr	ther planation ee Text) planation ee Text)	YES YES YES	N
Yes to aving aveled utside the S. on ther than fficial usiness fultiple	Provide the purpose of the travel to this country (Ct □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide expl While traveling to or in this country, were you invo provide explanation. While traveling to or in this country, were you conta suspected of being involved or associated with forei organizations? If yes provide explanation. While traveling to, or in this country, were you invo issues not reported? If yes provide explanation. While traveling to or in this country, were you conta issues not reported? If yes provide explanation.	ences, and seminar stioned, searched, o customs or security planation. lved in any encoun acted by, or in cont ign intelligence, ter blved in any counte acted by, or in cont	s □ Vis pr otherwi y service of ter with the act with a rrorist, sec rintelligen act with a	it family or frien se detained (othe officials when he police? If yes ny person known urity, or military he or security nyone exhibiting	al IV ds IV r Exp (Fr Exp (Fr Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr (Fr (Fr (Fr (Fr (Fr (Fr (Fr	ther planation ee Text) planation ee Text) planation ee Text) planation ee Text) planation	YES YES YES	N N N
Yes to aving aveled utside the .S. on ther than fficial usiness Aultiple ntries	 Provide the purpose of the travel to this country (Ch Education Tourism Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide explanation. While traveling to or in this country, were you invoprovide explanation. While traveling to or in this country, were you contasuspected of being involved or associated with forei organizations? If yes provide explanation. While traveling to, or in this country, were you invoisues not reported? If yes provide explanation. While traveling to or in this country, were you contasuspected of or in this country, were you invoisues not reported? If yes provide explanation. While traveling to or in this country, were you contasuspected for or in this country, were you contasuses not reported? If yes provide explanation. 	ences, and seminar stioned, searched, c customs or security planation. lved in any encoun acted by, or in cont ign intelligence, ter plved in any counte acted by, or in cont your job? If yes pr	s □ Vis pr otherwi y service of ter with the act with a rorist, sec rintelligen act with a ovide exp	it family or frien se detained (othe officials when ne police? If yes ny person known urity, or military nee or security nyone exhibiting lanation.	al IV ds IV r Exp (Fr Exp (Fr Fr Exp (Fr Exp (Fr Exp (Fr Exp (Fr (Fr Exp (Fr (Fr (Fr (Fr (Fr (Fr (Fr (Fr	ther planation ee Text) planation ee Text) planation ee Text) planation ee Text) planation ee Text)	YES YES YES YES YES	N N N
Yes to aving raveled utside the .S. on	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide expla- while traveling to or in this country, were you invo provide explanation. While traveling to or in this country, were you conta suspected of being involved or associated with forei organizations? If yes provide explanation. While traveling to, or in this country, were you invo issues not reported? If yes provide explanation. While traveling to or in this country, were you conta excessive knowledge of or undue interest in you or While traveling to or in this country, were you conta excessive knowledge of or undue interest in you or	ences, and seminar stioned, searched, c customs or security planation. Ived in any encoun acted by, or in cont ign intelligence, ter plved in any counte acted by, or in cont your job? If yes pr acted by, or in cont	s □ Vis protherwi y service of ter with the act with a rorist, sec rintelligen act with a ovide exp act with a	it family or frien se detained (othe officials when he police? If yes ny person known urity, or military nee or security nyone exhibiting lanation. nyone attempting	al □ V ds □ O r Exy (Fr e or Exy (Fr e or Exy (Fr (Fr (Fr (Fr (Fr (Fr (Fr (Fr	ther planation ee Text) planation ee Text) planation ee Text) planation ee Text) planation ee Text) planation	YES YES YES YES	NO NO NO
Yes to aving aveled utside the .S. on ther than fficial usiness fultiple ntries	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide explanation. While traveling to or in this country, were you invo provide explanation. While traveling to or in this country, were you contrisus suspected of being involved or associated with foreitor organizations? If yes provide explanation. While traveling to or in this country, were you invo issues not reported? If yes provide explanation. While traveling to or in this country, were you contrisus while traveling to or in this country, were you contributed excessive knowledge of or undue interest in you or While traveling to or in this country, were you contributed excessive knowledge of or undue interest in you or While traveling to or in this country, were you contributed explanation or unclassified, sensiti	ences, and seminar stioned, searched, c customs or security planation. lved in any encoun acted by, or in cont ign intelligence, ter plved in any counte acted by, or in cont your job? If yes pr acted by, or in cont ve information? If	s □ Vis protherwi y service of ter with the act with a rorist, sec rintelligen act with a ovide exp act with a yes provide	it family or frien se detained (othe officials when ne police? If yes ny person known urity, or military nce or security nyone exhibiting lanation. nyone attempting de explanation.	al UV ds O r Exj (Fr e or Exj (Fr Exj (Fr Exj (Fr Exj (Fr Exj (Fr Exj (Fr	ther planation ee Text) planation ee Text) planation ee Text) planation ee Text) planation ee Text) planation ee Text)	YES YES YES YES YES YES	NO NO NO
Yes to aving aveled utside the .S. on ther than fficial usiness fultiple ntries	Provide the purpose of the travel to this country (Ct □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide expla- While traveling to or in this country, were you invo provide explanation. While traveling to or in this country, were you conta suspected of being involved or associated with forei- organizations? If yes provide explanation. While traveling to, or in this country, were you invo issues not reported? If yes provide explanation. While traveling to or in this country, were you conta excessive knowledge of or undue interest in you or While traveling to or in this country, were you conta excessive knowledge of or undue interest in you or While traveling to or in this country, were you conta obtain classified information or unclassified, sensiti While traveling to, or in this country, were you thre	ences, and seminar stioned, searched, c customs or security planation. Ived in any encoun acted by, or in cont ign intelligence, ter plved in any counte acted by, or in cont your job? If yes pr acted by, or in cont ve information? If atened, coerced, or	s □ Vis protherwi y service of ter with th act with a rorist, sec rintelligen act with a ovide exp act with a yes provid	it family or frien se detained (othe officials when ne police? If yes ny person known urity, or military nce or security nyone exhibiting lanation. nyone attempting de explanation. l in any way to	al UV ds O r Exj (Fr Exi (Fr Fr Exj (Fr Exj (Fr Exj (Fr Exj (Fr Exj (Fr Exj (Fr Exj (Fr Exj (Fr Exj (Fr	ther planation ee Text) planation ee Text) planation ee Text) planation ee Text) planation ee Text) planation	YES YES YES YES YES	NO NO NO
Yes to aving aveled utside the .S. on ther than fficial usiness fultiple ntries	Provide the purpose of the travel to this country (Ch □ Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide expla- While traveling to or in this country, were you invo- provide explanation. While traveling to or in this country, were you conta suspected of being involved or associated with foreir organizations? If yes provide explanation. While traveling to, or in this country, were you invo- issues not reported? If yes provide explanation. While traveling to or in this country, were you conta excessive knowledge of or undue interest in you or While traveling to, or in this country, were you conta- excessive knowledge of or unclassified, sensiti While traveling to, or in this country, were you three cooperate with a foreign government official or fore provide explanation.	ences, and seminar stioned, searched, c customs or security lanation. Ived in any encoun acted by, or in cont ign intelligence, ter olved in any counte acted by, or in cont your job? If yes pr acted by, or in cont ve information? If atened, coerced, or eign intelligence or	s □ Vis protherwi y service of ter with the act with a rorist, sec rintelligen act with a ovide exp act with a yes provi pressureo security s	it family or frien se detained (othe officials when ne police? If yes ny person known urity, or military nce or security nyone exhibiting lanation. nyone attempting de explanation. l in any way to service? If yes	al UV ds O r Exj (Fr Exj (Fr Exj (Fr Exj (Fr Exj (Fr g to Exj (Fr Exj (Fr	ther blanation ee Text) blanation ee Text) blanation ee Text) blanation ee Text) blanation ee Text) blanation ee Text) blanation ee Text)	YES YES YES YES YES YES YES	NO NO NO NO
Yes to aving raveled utside the .S. on ther than fficial usiness Aultiple ntries	 Provide the purpose of the travel to this country (Ch Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide explored the explanation. While traveling to or in this country, were you invorprovide explanation. While traveling to or in this country, were you contassuspected of being involved or associated with foreior organizations? If yes provide explanation. While traveling to, or in this country, were you involved or associated with foreior organizations? If yes provide explanation. While traveling to, or in this country, were you involved or associated with foreion or generate the provide of or undue interest in you or while traveling to or in this country, were you contastified information or unclassified, sensiti While traveling to, or in this country, were you thre cooperate with a foreign government official or fore provide explanation. Respond for the time frame of the last seven (7) ye 	ences, and seminar stioned, searched, c customs or security lanation. Ived in any encoun acted by, or in cont ign intelligence, ter olved in any counte acted by, or in cont your job? If yes pr acted by, or in cont vye information? If atened, coerced, or eign intelligence or ars , beginning with	s □ Vis protherwi y service of ter with the act with a rorist, sec rintelligen act with a yes provi pressure security s h the most	it family or frien se detained (othe officials when ne police? If yes ny person known urity, or military nce or security nyone exhibiting lanation. nyone attempting de explanation. l in any way to ervice? If yes recent and work	al UV ds O r Exj (Fr Exj (Fr exj (Fr Exj (Fr Exj (Fr g to Exj (Fr Exj (Fr Exj (Fr Exj (Fr	ther planation ee Text) planation ee Text)	YES YES YES YES YES YES YES	Nu Nu Nu Nu Nu
Yes to aving aveled utside the .S. on ther than fficial usiness fultiple ntries	 Provide the purpose of the travel to this country (Ch Education I Tourism Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide explanation. While traveling to or in this country, were you invoprovide explanation. While traveling to or in this country, were you contasspected of being involved or associated with foreir organizations? If yes provide explanation. While traveling to, or in this country, were you invoir issues not reported? If yes provide explanation. While traveling to or in this country, were you contassistive knowledge of or undue interest in you or While traveling to, or in this country, were you contastified information or unclassified, sensiti While traveling to, or in this country, were you three cooperate with a foreign government official or fore provide explanation. Respond for the time frame of the last seven (7) yee 	ences, and seminar stioned, searched, c customs or security lanation. Ived in any encoun acted by, or in cont ign intelligence, ter olved in any counte acted by, or in cont your job? If yes pr acted by, or in cont vye information? If atened, coerced, or eign intelligence or ars , beginning with	s □ Vis protherwi y service of ter with the act with a rorist, sec rintelligen act with a yes provi pressure security s h the most	it family or frien se detained (othe officials when ne police? If yes ny person known urity, or military nce or security nyone exhibiting lanation. nyone attempting de explanation. l in any way to ervice? If yes recent and work	al UV ds O r Exj (Fr Exj (Fr exj (Fr Exj (Fr Exj (Fr g to Exj (Fr Exj (Fr Exj (Fr Exj (Fr	ther planation ee Text) planation ee Text)	YES YES YES YES YES YES YES	Nu Nu Nu Nu Nu
Yes to aving raveled utside the .S. on ther than fficial usiness Aultiple ntries	 Provide the purpose of the travel to this country (Ch Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide explanation. While traveling to or in this country, were you invoprovide explanation. While traveling to or in this country, were you contasspected of being involved or associated with foreir organizations? If yes provide explanation. While traveling to, or in this country, were you invoir issues not reported? If yes provide explanation. While traveling to or in this country, were you contassified information or unclassified, sensiti While traveling to, or in this country, were you contassified information or unclassified, sensiti While traveling to, or in this country, were you three cooperate with a foreign government official or foreign provide explanation. Respond for the time frame of the last seven (7) yee ONLY involved travel on official U.S. Government travel). 	ences, and seminar stioned, searched, c customs or security lanation. Ived in any encoun acted by, or in cont ign intelligence, ter olved in any counte acted by, or in cont your job? If yes pr acted by, or in cont we information? If atened, coerced, or eign intelligence or ars , beginning with t business, but your	s Vis protherwi y service of ter with the act with a rorist, sec rintelligen act with a ovide exp act with a yes provi pressured security s h the most	it family or frien se detained (othe officials when ne police? If yes ny person known urity, or military nce or security nyone exhibiting lanation. nyone attempting de explanation. l in any way to ervice? If yes recent and work	al V ds O r Exj (Fr Exj (Fr exj (Fr Exj (Fr Exj (Fr g to Exj (Fr Exj (Fr Exj (Fr	ther planation ee Text) planation ee Text) planation	YES YES YES YES YES YES YES	N(N(N(N(
Yes to aving aveled utside the .S. on ther than fficial usiness fultiple ntries	 Provide the purpose of the travel to this country (Ch Education I Tourism Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide explanation. While traveling to or in this country, were you invoprovide explanation. While traveling to or in this country, were you contassipated of being involved or associated with foreir organizations? If yes provide explanation. While traveling to, or in this country, were you contassipated of being involved or associated with foreir organizations? If yes provide explanation. While traveling to, or in this country, were you invoirsues not reported? If yes provide explanation. While traveling to or in this country, were you contassified information or unclassified, sensiti While traveling to, or in this country, were you three cooperate with a foreign government official or fore provide explanation. Respond for the time frame of the last seven (7) ye ONLY involved travel on official U.S. Government travel). Do you have additional travel outside the U.S. in the 	ences, and seminar stioned, searched, c customs or security lanation. Ived in any encoun acted by, or in cont ign intelligence, ter olved in any counte acted by, or in cont your job? If yes pr acted by, or in cont we information? If atened, coerced, or eign intelligence or ars , beginning with t business, but your a last seven (7)	s Vis protherwid y service of ter with the act with a rorist, sec rintelliger act with a ovide exp act with a yes provid pressured security s the most must inclu	it family or frien se detained (othe officials when ne police? If yes ny person known urity, or military nee or security nyone exhibiting lanation. nyone attempting de explanation. I in any way to ervice? If yes recent and work ide any personal	al UV ds O r Exj (Fr Exj (Fr a or Exj (Fr (Fr (Fr Exj (Fr (Fr (Fr (Fr (Fr (Fr)))) (Fr (Fr (Fr)))) (Fr (Fr))) (Fr (Fr))) (Fr (Fr))) (Fr (Fr))) (Fr (Fr))) (Fr (Fr))) (Fr)) (Fr (Fr))) (Fr	ther planation ee Text) planation ee Text)	YES YES YES YES YES YES YES	Nu Nu Nu Nu Nu
Yes to aving aveled utside the S. on ther than fficial usiness fultiple ntries llowed)	 Provide the purpose of the travel to this country (Ch Education □ Tourism □ Trade shows, confer While traveling to, or in this country, were you quest than for normal customs requirements) by the local entering or leaving this country? If yes provide explanation. While traveling to or in this country, were you invoprovide explanation. While traveling to or in this country, were you contasspected of being involved or associated with foreir organizations? If yes provide explanation. While traveling to, or in this country, were you invoir issues not reported? If yes provide explanation. While traveling to or in this country, were you contassified information or unclassified, sensiti While traveling to, or in this country, were you contassified information or unclassified, sensiti While traveling to, or in this country, were you three cooperate with a foreign government official or foreign provide explanation. Respond for the time frame of the last seven (7) yee ONLY involved travel on official U.S. Government travel). 	ences, and seminar stioned, searched, c customs or security lanation. Ived in any encoun acted by, or in cont ign intelligence, ter olved in any counte acted by, or in cont your job? If yes pr acted by, or in cont ve information? If atened, coerced, or eign intelligence or ars , beginning with t business, but you te last seven (7) ess?	s Vis protherwid y service of ter with the act with a rorist, sec rintelliger act with a ovide exp act with a yes provid pressured security s the most must inclu	it family or frien se detained (othe officials when ne police? If yes ny person known urity, or military nce or security nyone exhibiting lanation. nyone attempting de explanation. l in any way to ervice? If yes recent and work	al UV ds O r Exj (Fr Exj (Fr a or Exj (Fr (Fr (Fr Exj (Fr (Fr (Fr (Fr (Fr (Fr)))) (Fr (Fr (Fr)))) (Fr (Fr))) (Fr (Fr))) (Fr (Fr))) (Fr (Fr))) (Fr (Fr))) (Fr (Fr))) (Fr)) (Fr (Fr))) (Fr	ther planation ee Text) planation ee Text) planation	YES YES YES YES YES YES YES	N(N(N(N(

In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court ordered:

strictly marital, family, grief not related to violence by you; or

- str	ictly related to ac	ljustments from se	ervice in	a military com	bat environn	nent				YES	NO
	-	-		d with a health c	care professi	onal regard	ing a mental or em	otional hea	lth condi	- =	
		r such a condition					(T) (1)		(F - 1	1/2	
		tes of counseling					te (Estimated)	To Date	(Estimat	ed/Preser	nt)
		me of the health c				Name (Fr	,	G	17' 0	1 0	
		dress of the health ephone number of			onal	Street add Number/I	dress and city	State an	d Zip Coo	le or Cou	intry
							as provided \square Sam	a as above	Nat	me (Free	Text)
		dress of the agenc						le as above	INdi	ne (me	TEAL)
	Street address	U	y/organi	zation/idenity p		1	Zip Code or Coun	trv			
		2	inpatier	nt to the agency/	organization		inseling/treatment	2	ed?	YES	NO
							o the agency/organ			eling/trea	tment
		If Admitted was provided, was the admission voluntary or involuntary?								-	
Branch		If Admitted Voluntary (Provide explanation) Involuntary (Provide explanation)						Explanat	· `	e Text)	
branch	In the last seven (7) years, have you consulted with another health care professional regarding YES								NO		
If Yes to		r mental health co f the counseling w						(Yes add another		(Requi validat	
Receiving		al, family, grief no				and was not	court-ordered.	anoulei	entry)	vanuai	
Counseling		d to adjustments f				vironment.					
Multiple		administrative age					t?		YES	-	NO
(Multiple Entries							y EVER declare y	ou mentally	y incomp	etent.	
Allowed)		Provide the date								te (Estima	,
			ne of the	court or admini	istrative age	ncy that dec	clared you mentally	у	Nai	me (Free	Text)
		incompetent.	<u> </u>	1 / 1	, ,.						
	Branch If Yes to		he court or adm	inistrative a	gency.	State and Zip Co	da or Cour	++++ 1			
	Being		treet address and city Vas this matter appealed to a higher court?				State and Zip Co		luy	YES	NO
	Declared		Appeal Detail							TES	110
	Incompetent	Branch	Provide the name of the court		Name (Free Text) Provide the			dress of c	court		
	-	If Yes to Appea	uling	ng Street address and city		State and Zip Co	de or Coun	ıtry			
		Provide the final disp					Disposition (Free	e Text)			
		Do you have any other instances where this matter was YES						s another entry) (Required to validate)			
	D 1	appealed to a hi			••	1	(Yes adds anothe	er entry)	· ·	d to valid	late)
		ny other instances 1 you mentally inc			istrative age	ency has	YES (Yes adds anothe	ar antru)	NO	d to valid	lata)
<u>a</u> a			compete	IIC:			(Tes adds anothe	er entry)	(Require		iate)
	2 – Police R										
							l, expunged, or oth				
							led Substances Ac all incidents wheth				
							ise that pertains to				
below.)	8 1	r		r in the second s			I				
							ourt in a criminal p		against y	ou? (Do r	not
							ot include alcohol	0 /	007	. 10	
							ny other type of la				
• In the past a	ny Federal state	, local, military, o	r non-U	S court even if	f previously	listed on the	court? (Include all is form)	quantying	charges,	convictio	JIS OF
		ave you been or a					13 10111).				
		awaiting a trial on			1						
										YES	NO
	D 1 1	data af co	D · · ·		D 11	dan 1.1		Dec	E T		
	Provide the	date of offense.	Date (I	Estimated)		description ature of the		Description	n (Free 16	ext)	
	Did this off	ense involve any o	of the fo	llowing? (Check			01101150.				
							st your child, depe	ndent, coha	bitant. sp	ouse, for	mer
		omeone with who		· ·	2		,,,	,	,P	,	
D	🗆 Involve fi	rearms or explosiv	•								
Branch	□ Involve al	cohol or drugs?									
If Yes to the	D 11 1	1 1 .	66			1 1 1		<u> </u>		YES	NO
Above		location where the				dress and ci		State and Z		1	ŕ
Happening		iff, marshal or any					a result of this offe	ense by any	ponce	YES	NO
	Branch			ummoning agen		01011				L	
(Multiple	If Yes to Be	ing Provide th	ne name	of the law enfor	cement agei	ncy that arre	ested/cited/summor	ned you.	Name	(Free Te	ext)
Entries Allowed)	Arrested/Ci			on of the law		dress and ci		State and Z			,
Allowed)	Summoned	enforceme							1		-
					d, currently	awaiting tri	ial, and/or ordered	to appear in	n court	YES	NO
		1 proceeding again									
	Branch - If						you charged, convi	cted, curren	ntly await	ing trial,	and/or
	to Charged	or ordered to	appear	in court in a crit	minal procee	ding agains	SE VOIL?"				

Explanation (Free Text)

ordered to appear in court in a criminal proceeding against you?"

Provide Explanation

Court information

to Charged or

Convicted

Branch

		Provide the na	ame of the court.		١	Name of court (Free	Text)	
	If Yes to			address and city		State and Zip Code		*
	Charged or		e charges brought against you fo					
	Convicted		found not-guilty, charge droppe ser offense, list separately both				or pleade	ed
		Felony/Misde			arge	Charge (Free Tex	t)
		Outcome	Outcome (Free Text		te (Month/Yea	<i>U</i> (
		Were you sen	tenced as a result of this offense	??			YES	NO
			Conviction detail					
		Description	Provide a description of the Were you sentenced to impr		m avcaading 1	voor?	YES	NO
		Branch If Yes to	Were you incarcerated as a r				YES	NO
		Being	If the conviction resulted in					
		Sentenced	that you actually were incard	· · ·	· · · · · · · · · · · · · · · · · · ·	To Date (Estin		esent)
			If conviction resulted in prol			From Date (Es		
		Branch	dates of probation or parole. Trial detail	(Not Applicable	□)	To Date (Estin	nated/Pre	esent)
		If No to	Are you currently on trial, av	vaiting a trial, or	awaiting sente	ncing on criminal	YES	NO
		Being	charges for this offense?	<i>8 </i> , <i>.</i>	6	0		
		Sentenced	Provide Explanation			on (Free Text)		
			where any of the following has h			YES	NO	. 1 4 .
			e you been issued a summons, c ainst you? (Do not include citati			(Yes adds another entry)	(Require validate	
			s than \$300 and did not include			another entry)	vandate	,
			e you been arrested by any poli-	ce officer, sheriff	, marshal or			
	any other type of l							
			e you been charged, convicted, g charges, convictions, or senter					
	military, or non-U	S. court even in	f previously listed on this form.)	state, 10 e ai,			
			e you been or are you currently		parole?			
Other than those			aiting a trial on criminal charge. VER had the following happen					
			e United States of a crime, sent		nment for a ter	m exceeding 1 year	for that	crime,
			ess than 1 year? (Include all qua					
if previously liste		1 6 1 6			ълчи, т.,	1		C 1
• Have you EVE offenses.)	R been charged wit	h any felony off	fense? (Include those under the	Uniform Code of	Military Justi	ce and non-military	/civilian	felony
 Have you EVE 	R been convicted of	f an offense inv	olving domestic violence or a ca	time of violence ((such as batter	y or assault) against	your chi	ild,
dependent, cohal	oitant, spouse, forme	er spouse, or som	meone with whom you share a c			y or assault) against	your chi	ild,
dependent, cohatHave you EVE	bitant, spouse, forme R been charged wit	er spouse, or son h an offense inv	meone with whom you share a covolving firearms or explosives?			y or assault) against	t your chi	ild,
dependent, cohatHave you EVE	bitant, spouse, forme R been charged wit	er spouse, or son h an offense inv	meone with whom you share a c			y or assault) against	your chi	ild, NO
dependent, cohatHave you EVE	bitant, spouse, forme R been charged wit	er spouse, or son h an offense inv	meone with whom you share a covolving firearms or explosives?			y or assault) against		
dependent, cohatHave you EVE	bitant, spouse, former R been charged wit R been charged wit Provide the date of	er spouse, or son h an offense inv h an offense inv f the offense.	meone with whom you share a c volving firearms or explosives? volving alcohol or drugs?		Date (Estim	ated)	YES	NO
dependent, cohatHave you EVE	bitant, spouse, former R been charged wit R been charged wit Provide the date o Provide a descript	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci	meone with whom you share a c volving firearms or explosives? volving alcohol or drugs? fic nature of the offense.	hild in common?	Date (Estim		YES	NO
dependent, cohatHave you EVE	bitant, spouse, former R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci nvolve any of th	meone with whom you share a c volving firearms or explosives? volving alcohol or drugs? fic nature of the offense. the following? (Check all that app	bild in common?	Date (Estim Description	ated) of nature of offense	YES	NO ext)
dependent, cohatHave you EVE	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir □ Domestic violer	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci involve any of th nee or a crime o	meone with whom you share a c volving firearms or explosives? volving alcohol or drugs? fic nature of the offense.	bild in common?	Date (Estim Description	ated) of nature of offense	YES	NO ext)
dependent, cohatHave you EVE	bitant, spouse, former R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir □ Domestic violer spouse, or someor □ Involve firearma	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci involve any of th nee or a crime o ne with whom y s or explosives?	meone with whom you share a colving firearms or explosives? volving alcohol or drugs? fic nature of the offense. the following? (Check all that app f violence (such as battery or as ou share a child in common?	bild in common?	Date (Estim Description	ated) of nature of offense	YES	NO ext)
dependent, cohatHave you EVE	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir □ Domestic violer spouse, or someor	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci involve any of th nee or a crime o ne with whom y s or explosives?	meone with whom you share a colving firearms or explosives? volving alcohol or drugs? fic nature of the offense. the following? (Check all that app f violence (such as battery or as ou share a child in common?	bild in common?	Date (Estim Description	ated) of nature of offense	YES e (Free To ouse, for	NO ext) mer
dependent, cohatHave you EVE	 bitant, spouse, forma R been charged wit R been charged wit Provide the date on Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm: Involve alcohol 	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci hvolve any of the ce or a crime o he with whom y s or explosives? or drugs?	meone with whom you share a colving firearms or explosives? volving alcohol or drugs? fic nature of the offense. the following? (Check all that app f violence (such as battery or as ou share a child in common?	bild in common?	Date (Estim Description ar child, depen	ated) of nature of offense dent, cohabitant, sp	YES	NO ext)
dependent, cohatHave you EVE	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm: Involve alcohol Provide the name Provide the locate 	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of th nee or a crime o he with whom y s or explosives? or drugs? of the court.	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. e following? (Check all that app f violence (such as battery or as ou share a child in common?	bild in common?	Date (Estim Description ar child, depen Name of cou State and Zi	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country	YES	NO ext) mer NO
dependent, cohatHave you EVE	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm: Involve alcohol Provide the name Provide the locatie Provide the locatie Provide all the charge 	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of th nee or a crime o he with whom y s or explosives? or drugs? of the court. on of the court. arges brought ag	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. The following? (Check all that appendent of the offense) ou share a child in common? Street address and common of the offense, and the offense.	bly) sault) against you ity he outcome of ea	Date (Estim Description ar child, depen Name of con State and Zi ach charged off	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country fense (such as found	YES e (Free To ouse, for YES d guilty, f	NO ext) mer NO
dependent, cohał • Have you EVE • Have you EVE	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearms Involve firearms Provide the name Provide the location Provide the location Provide all the charanot-guilty, or charanot 	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of th nee or a crime o ne with whom y s or explosives? or drugs? of the court. on of the court. arges brought ag ge dropped or "	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. The following? (Check all that appendent of the offense) ou share a child in common? Street address and common of the offense, and the offense, where the offense, and the offense, and the offense, where the offense, where the offense of the offense. The offense of the offense offense of the offense offense of the offense offe	bly) sault) against you ity he outcome of ea	Date (Estim Description ar child, depen Name of con State and Zi ach charged off	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country fense (such as found	YES e (Free To ouse, for YES d guilty, f	NO ext) mer NO
dependent, cohatHave you EVE	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearms Involve firearms Provide the name Provide the locatie Provide all the charot-guilty, or charoriginal charge and 	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of th nee or a crime o ne with whom y s or explosives? or drugs? of the court. arges brought ag ge dropped or " d the lesser offe	meone with whom you share a d volving firearms or explosives? volving alcohol or drugs? <u>fic nature of the offense.</u> e following? (Check all that ap f violence (such as battery or as ou share a child in common? <u>Street address and c</u> gainst you for this offense, and t nolle pros,", etc). If you were for ense separately.	bild in common? bly) sault) against you ity he outcome of ea bund guilty of or	Date (Estim Description ar child, depen Name of con State and Zi ach charged off	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country ense (such as found to a lesser offense,	YES e (Free To ouse, for YES d guilty, 1 list both	NO ext) mer NO
dependent, cohał • Have you EVE • Have you EVE	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearms Involve firearms Involve data the location Provide the location Provide the location Provide the location Provide all the charanot consignal charge and Felony/Misdemean Outcome 	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of th nee or a crime o ne with whom y s or explosives? or drugs? of the court. on of the court. arges brought ag ge dropped or " d the lesser offen nor	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. e following? (Check all that apply for the state of the offense) for the offense of the offense of the state of the offense offense of the offense	bly) sault) against you ity he outcome of ea	Date (Estim Description ar child, depen Name of cou State and Zi ch charged off pleaded guilty	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country fense (such as found	YES e (Free To ouse, for YES d guilty, 1 list both	NO ext) mer NO
dependent, cohal • Have you EVE • Have you EVE Branch If Yes to the Above	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearms Involve alcohol Provide the name Provide the locatie Provide the locatie Provide all the charot-guilty, or charoriginal charge an Felony/Misdemea 	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of th nee or a crime o ne with whom y s or explosives? or drugs? of the court. on of the court. arges brought ag ge dropped or " d the lesser offen nor ed as a result of	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. e following? (Check all that apply for the state of the offense) ou share a child in common? Street address and common? Street address and common? Street address and common? Felony, Misdemeanor, Other Outcome (Free Text) These charges?	bild in common? bly) sault) against you ity he outcome of ea bund guilty of or Charge	Date (Estim Description ar child, depen Name of cou State and Zi ch charged off pleaded guilty	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country fense (such as found to a lesser offense, Charge (Free Tex	YES e (Free To ouse, for YES d guilty, 1 list both	NO ext) mer NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearms Involve firearms Involve data the location Provide the location Provide the location Provide the location Provide all the charanot consignal charge and Felony/Misdemean Outcome 	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of th nee or a crime o ne with whom y s or explosives? or drugs? of the court. arges brought ag ge dropped or " d the lesser offen nor ed as a result of Conviction Do	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. e following? (Check all that apply for the source (such as battery or as ou share a child in common?) Street address and common? Street address and common? Street address and common? Street address and common? Felony, Misdemeanor, Other Outcome (Free Text) These charges? etail	bild in common? bly) sault) against you ity he outcome of ea bund guilty of or Charge	Date (Estim Description ar child, depen Name of cou State and Zi ch charged off pleaded guilty	ated) of nature of offense dent, cohabitant, sp irt (Free Text) p Code or Country ense (such as found to a lesser offense, Charge (Free Tex Date	YES (Free To ouse, for YES d guilty, 1 list both t) YES	NO ext) mer NO found the NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm Involve alcohol Provide the name Provide the locatio Provide the locatio Provide the location Provide all the charge and Felony/Misdemean Outcome Were you sentence 	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of th ce or a crime o he with whom y s or explosives? or drugs? of the court. arges brought ag ge dropped or " d the lesser offen nor ed as a result of Conviction Do Provide a deso	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. e following? (Check all that apply for the source (such as battery or as ou share a child in common?) Street address and common? Street address	bild in common? bly) sault) against you ity he outcome of ea bund guilty of or Charge Date Month/Y	Date (Estim Description ar child, depen Name of con State and Zi the charged off pleaded guilty ear	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country fense (such as found to a lesser offense, Charge (Free Tex	YES (Free To ouse, for YES d guilty, 4 list both t) YES ion (Free	NO ext) mer NO found the NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm: Involve firearm: Provide the name Provide the locatio Provide the locatio Provide the locatio Provide the location Provide the location Provide the location Provide all the char not-guilty, or char original charge an Felony/Misdemean Outcome Were you sentenc Branch	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci ivolve any of th ivolve any of th ce or a crime o ne with whom y s or explosives? or drugs? of the court. on of the court. arges brought ag 'ge dropped or '' d the lesser offe nor ed as a result of Conviction Do Provide a deso Were you sen	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. e following? (Check all that apply for the source (such as battery or as ou share a child in common?) Street address and common? Street address and common? Street address and common? Street address and common? Felony, Misdemeanor, Other Outcome (Free Text) These charges? etail	bild in common? bly) sault) against you ity he outcome of ea ound guilty of or Charge Date Month/Y rm exceeding 1 y	Date (Estim Description ar child, depen Name of cor State and Zi ch charged off pleaded guilty ear ear?	ated) of nature of offense dent, cohabitant, sp irt (Free Text) p Code or Country ense (such as found to a lesser offense, Charge (Free Tex Date	YES (Free To ouse, for YES d guilty, 1 list both t) YES	NO ext) mer NO found the NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm: Involve firearm: Provide the name Provide the locatio Provide the locatio Provide the locatio Provide the location Provide all the char not-guilty, or char original charge an Felony/Misdemean Outcome Were you sentenc Branch If Yes to Being	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci ion of the speci ion of the speci ion of the speci ion of the court. on or drugs? of the court. on of the court. arges brought aş ge dropped or " d the lesser offe nor ed as a result of Conviction De Provide a dess Were you sen Were you inca If the convicti	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. the following? (Check all that apperties on the states of the offense). The following? (Check all that apperties on the states of the sta	thild in common? bly) sault) against you ity he outcome of ea bund guilty of or Charge Date Month/Y m exceeding 1 y ence for not less to ovide the dates th	Date (Estim Description Ir child, depen Name of con State and Zi Ich charged off pleaded guilty ear ear? than 1 year?	ated) of nature of offense dent, cohabitant, sp int (Free Text) p Code or Country ense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estin	YES e (Free To ouse, for YES d guilty, 1 list both t) YES ion (Free YES YES nated)	NO ext) mer NO found the NO Text) NO NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm: Involve firearm: Provide the name Provide the locatio Provide the locatio Provide the locatio Provide the location Provide the location Provide the location Provide all the char not-guilty, or char original charge an Felony/Misdemean Outcome Were you sentenc Branch	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of the ce or a crime o ne with whom y s or explosives? or drugs? of the court. on of the court. arges brought ag ge dropped or " d the lesser offe nor ed as a result of Conviction De Provide a dess Were you sen Were you incc If the convicti actually were	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. The following? (Check all that apperties on the origon of the offense). The following? (Check all that apperties on the origon of the sentence. The origon of the sentence origon of the sentence. The origon of the sentence origon of the sentence. The origon of the sentence origon of the sentence origon of the sentence. The origon of the sentence origon or the sentence origon	bild in common?	Date (Estim Description Ir child, depen State and Zi Ich charged off pleaded guilty ear ear? than 1 year? hat you	ated) of nature of offense dent, cohabitant, sp int (Free Text) p Code or Country ense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estim To Date (Estimat	YES c (Free To ouse, for YES d guilty, t list both t) YES ion (Free YES YES nated) ed/Presen	NO ext) mer NO found the NO Text) NO NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm: Involve firearm: Provide the name Provide the locatio Provide the locatio Provide the locatio Provide the location Provide all the char not-guilty, or char original charge an Felony/Misdemean Outcome Were you sentenc Branch If Yes to Being	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of the e with whom y s or explosives? or drugs? of the court. on of the court. on of the court. arges brought ag ge dropped or " d the lesser offe nor ed as a result of <u>Conviction D</u> <u>Provide a dese</u> Were you sen Were you incc If the convicti actually were If the convicti	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. The following? (Check all that apperties of the offense) of the offense. The following? (Check all that apperties of the offense) of the offense offense of the offense of the offense offense of the offense of the offense offense of the offense offense offense of the offense of the offense offense of the offense offense offense of the offense offe	bild in common?	Date (Estim Description Ir child, depen State and Zi Ich charged off pleaded guilty ear ear? than 1 year? hat you	ated) of nature of offense dent, cohabitant, sp int (Free Text) p Code or Country ense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estimat From Date (Estimat From Date (Estimat	YES c (Free To ouse, for YES d guilty, 1 list both t) YES ion (Free YES YES nated) ed/Presen nated)	NO ext) mer NO found the NO Text) NO NO NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearms Involve firearms Involve data the location Provide th	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of the e with whom y s or explosives? or drugs? of the court. on of the court. on of the court. arges brought ag ge dropped or " d the lesser offe nor ed as a result of <u>Conviction D</u> <u>Provide a dese</u> Were you sen Were you incc If the convicti actually were If the convicti	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. The following? (Check all that apperties on the origon of the offense). The following? (Check all that apperties on the origon of the sentence. The origon of the sentence origon of the sentence. The origon of the sentence origon of the sentence. The origon of the sentence origon of the sentence origon of the sentence. The origon of the sentence origon or the sentence origon	bild in common?	Date (Estim Description Ir child, depen State and Zi Ich charged off pleaded guilty ear ear? than 1 year? hat you	ated) of nature of offense dent, cohabitant, sp int (Free Text) p Code or Country ense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estim To Date (Estimat	YES c (Free To ouse, for YES d guilty, 1 list both t) YES ion (Free YES YES nated) ed/Presen nated)	NO ext) mer NO found the NO Text) NO NO NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearms Involve firearms Provide the name Provide the locatic Provide the locatic Provide the locatic Provide the locatic Provide the locatic Provide the locatic Provide all the cha not-guilty, or char original charge an Felony/Misdemea Outcome Were you sentence Branch If Yes to Being Sentenced Branch	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci ion of the court. on of the court. on of the court. on of the court. arges brought ag ge dropped or " d the lesser offe nor ed as a result of Conviction Do Provide a dese Were you since Were you since If the convicti actually were If the convicti probation or p Trial detail Are you curre	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. The following? (Check all that apperties of the offense) of the offense. The following? (Check all that apperties of the offense) of the offense offense of the offense of the offense offense of the offense of the offense offense of the offense offense offense of the offense of the offense offense of the offense offense offense of the offense offe	bild in common? bly) sault) against you ity he outcome of ea bund guilty of or Charge Date Month/Y mexceeding 1 y ence for not less to ovide the dates the 1) le, provide the dates the black of the dates the control of the dates the contr	Date (Estim Description ar child, depen It child, depen State and Zi ach charged off pleaded guilty ear ear? than 1 year? hat you ates of	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country fense (such as found to a lesser offense, <u>Charge (Free Tex</u> Date Sentence descript From Date (Estimat From Date (Estimat To Date (Estimat	YES c (Free To ouse, for YES d guilty, 1 list both t) YES ion (Free YES YES nated) ed/Presen nated)	NO ext) mer NO found the NO Text) NO NO NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	 bitant, spouse, forma R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearms Involve firearms Involve data the location Provide th	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci ion of the court. on of the court. arges brought ag ge dropped or " d the lesser offe nor ed as a result of Conviction Do Provide a desc Were you sen Were you incit actually were If the convicti probation or p Trial detail Are you curre offense?	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. e following? (Check all that app f violence (such as battery or as ou share a child in common? Street address and common? Street add	bild in common? bly) sault) against you ity he outcome of ea bund guilty of or Charge Date Month/Y Charge Date Month/Y rm exceeding 1 ye rence for not less the point of the dates the le, provide the dates the awaiting sentence	Date (Estim Description ar child, depen Name of con State and Zi ach charged off pleaded guilty ear ear? than 1 year? than 1 year? than 1 year? that you ates of	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country ense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estimat From Date (Estimat From Date (Estimat I charges for this	YES c (Free Tri ouse, for YES d guilty, 1 list both t) YES ion (Free YES YES nated) ed/Presen ated)	NO ext) mer NO found the NO NO NO nt) nt)
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearma Involve firearma Provide the name Provide the locatio Provide the locatio Provide the locatio Provide the locatio Provide the locatio Provide the location Provide the location Provide the location Provide the location Provide the location Provide all the char not-guilty, or char original charge an Felony/Misdemean Outcome Were you sentence Branch If Yes to Being Sentenced Branch	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci twolve any of th nee or a crime o ne with whom y s or explosives? or drugs? of the court. on of the court. on of the court. on of the court. on of the court. arges brought ag ge dropped or " d the lesser offe nor ed as a result of Conviction Do Provide a dess Were you sen Were you inca i actually were If the convicti probation or p Trial detail Are you curre offense? Provide Expla	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. The following? (Check all that apperties of the following? (Check all that apperties of the offense). The following? (Check all that apperties of the following? (Check all that apperties of the offense). Street address and comparison of the source of the offense of the offense, and the offense of the offense of the offense. Street address and comparison of the offense offense offense of the offense of	bild in common? bly) sault) against you ity he outcome of ea bund guilty of or Charge Date Month/Y cm exceeding 1 y ence for not less to ovide the dates th 1) le, provide the dates awaiting sentence	Date (Estim Description ar child, depen Name of cou State and Zi ch charged off pleaded guilty ear ear? than 1 year? hat you ates of ing on crimina anation (Free	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country fense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estimat From Date (Estimat From Date (Estimat I charges for this Fext)	YES e (Free Tr ouse, for YES d guilty, f list both t) YES ion (Free YES ves ves ves ves ves ves ves ves ves ves	NO ext) mer NO found the NO NO NO nt) nt)
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm: Involve firearm: Provide the name Provide the locatio Provide the locatio Provide the locatio Provide the location Provide t	er spouse, or son h an offense inv h an offense inv f the offense. ion of the speci ion of the speci volve any of th nee or a crime o ne with whom y s or explosives? or drugs? of the court. on of the court. on of the court. on of the court. on of the court. arges brought ag ge dropped or " d the lesser offe nor ed as a result of Conviction Do Provide a dess Were you sen Were you incat i actually were If the convicti probation or p Trial detail Are you curre offense? Provide Expla	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. e following? (Check all that app f violence (such as battery or as ou share a child in common? Street address and common? Street add	bild in common?	Date (Estim Description ar child, depen r child, depen State and Zi ach charged off pleaded guilty ear ear? than 1 year? than 1 year? than 1 year? that you ates of ing on crimina anation (Free 7 o you?	ated) of nature of offense dent, cohabitant, sp urt (Free Text) p Code or Country ense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estimat From Date (Estimat From Date (Estimat I charges for this	YES c (Free Tri ouse, for YES d guilty, 1 list both t) YES ion (Free YES YES nated) ed/Presen ated)	NO ext) mer NO found the NO NO NO nt) nt) NO
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm Provide the name Provide the name Provide the locatic Provide the locatic Provide the locatic Provide the locatic Provide all the cha not-guilty, or char original charge an Felony/Misdemea Outcome Were you sentence Branch If Yes to Being Sentenced Do you have any o • Have you EVEF imprisonment for	er spouse, or son h an offense inv h an offense inv h an offense inv f the offense. ion of the speci ivolve any of th ce or a crime o ee with whom y s or explosives? or drugs? of the court. on of the court. arges brought ag 'ge dropped or '' d the lesser offe nor ed as a result of Conviction Do Provide a dess Were you sen Were you inca If the convicti actually were If the convicti probation or p Trial detail Are you curre offense? Provide Expla other offenses to B been convicted	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. the following? (Check all that apply f violence (such as battery or as our share a child in common? Street address and common? Street	bild in common?	Date (Estim Description ar child, depen State and Zi ach charged off pleaded guilty ear ear? than 1 year? than 1 year? than 1 year? than 1 year? than 1 year? that you ates of ing on crimina anation (Free 7 o you? thenced to ult of that	ated) of nature of offense dent, cohabitant, sp art (Free Text) p Code or Country fense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estimat From Date (Estimat From Date (Estimat I charges for this Fext) YES	YES c (Free Tr ouse, for YES d guilty, f list both t) YES ion (Free YES YES nated) ed/Presen ated) YES NO	NO ext) mer NO found the NO Text) NO NO nt) nt) nt) red to
dependent, cohał • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	 bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearms Involve firearms Involve alcohol Provide the name Provide the locatie Provide all the charot-guilty, or charoriginal charge an Felony/Misdemea Outcome Were you sentence Branch If Yes to Being Sentenced Do you have any of energy on the sentence of on the sentence of on the sentence of on the sentence of the sentenc	er spouse, or son h an offense inv h an offense inv h an offense inv f the offense. ion of the speci ion of the speci ion of the speci ion of the court. on of the court. on of the court. on of the court. arges brought aş ge dropped or " d the lesser offer nor ed as a result of Conviction Do Provide a dess Were you sen Were you inca If the convicti actually were If the convicti probation or p Trial detail Are you curre offense? Provide Expla other offenses to B been convicted a term exceedin	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. the following? (Check all that apply f violence (such as battery or as our share a child in common? Street address and common? Street	bild in common?	Date (Estim Description ar child, depen State and Zi ach charged off pleaded guilty ear ear? than 1 year? than 1 year? than 1 year? than 1 year? than 1 year? that you ates of ing on crimina anation (Free 7 o you? thenced to ult of that	ated) of nature of offense dent, cohabitant, sp art (Free Text) p Code or Country rense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estimat From Date (Estimat From Date (Estimat I charges for this Text) YES (Yes adds	YES c (Free Tr ouse, for YES d guilty, f list both t) YES ion (Free YES YES nated) ed/Presen ated) YES NO (Requi	NO ext) mer NO found the NO Text) NO NO nt) nt) nt) red to
dependent, cohal • Have you EVE • Have you EVE Branch If Yes to the Above Happening (Multiple Entries	bitant, spouse, forma R been charged wit R been charged wit Provide the date o Provide a descript Did this offense ir Domestic violer spouse, or someor Involve firearm Involve firearm Provide the name Provide the locatio Provide the locatio Provide the locatio Provide the locatio Provide the location Provide the	er spouse, or son h an offense inv h an offense inv h an offense inv of the offense. ion of the speci twolve any of the ce or a crime o ne with whom y s or explosives? or drugs? of the court. on of the court. arges brought ag ge dropped or " d the lesser offe nor ed as a result of <u>Conviction of Provide a dese</u> Were you sen Were you sen Were you incc If the convicti actually were If the convicti probation or p <u>Trial detail</u> Are you curre offense? Provide Expla other offenses ta a term exceedin ses than 1 year?	meone with whom you share a coloring firearms or explosives? volving alcohol or drugs? fic nature of the offense. the following? (Check all that apply f violence (such as battery or as our share a child in common? Street address and common? Street	bild in common?	Date (Estim Description Description Ir child, depen State and Zi Ich charged off pleaded guilty ear ear? than 1 year? hat you ates of ing on crimina anation (Free 7 o you? ntenced to ult of that ate, local, or	ated) of nature of offense dent, cohabitant, sp art (Free Text) p Code or Country rense (such as found to a lesser offense, Charge (Free Tex Date Sentence descript From Date (Estimat From Date (Estimat From Date (Estimat I charges for this Text) YES (Yes adds	YES c (Free Tr ouse, for YES d guilty, f list both t) YES ion (Free YES YES nated) ed/Presen ated) YES NO (Requi	NO ext) mer NO found the NO Text) NO NO nt) nt) nt) red to

	Code of Military Justice and non-military/civilian offenses).					
	• Have you EVER been convicted of an offense involving dom					
	violence (such as battery or assault) against your child, depende	ent, cohabitai	nt, spouse, former			
	spouse, or someone with whom you share a child in common?					
	• Have you EVER been charged with an offense involving fires					
	• Have you EVER been charged with an offense involving alco		?			
Is there currently	a domestic violence protective order or restraining order issued				YES	NO
Branch	You responded 'Yes' to currently having a domestic violence p	rotective ord	er or restraining order	r issued against y	ou.	
If Yes to						
	Provide explanation:	Expla	nation (Free Text)			
Domestic	Provide the date the order was issued.	Date ((Estimated)			
Violence	Provide the name of the court or agency that issued the order.	Name	of court (Free Text)			
(Multiple	Provide the location of the court or agency that issued the order	. Street	address and city	State and Zip Co	de or Co	ountry
Entries	Do you have another domestic violence protective order or	YES		NO		
Allowed)	restraining order currently issued against you to report?	(Yes a	adds another entry)	(Requir	ed to vali	idate)
G (1 00						
Section 23 -	- Illegal Use of Drugs and Drug Activity					
	ference to this section, that neither your truthful responses nor inf					
	nst you in a subsequent criminal proceeding. As to this particular					
	rnment. The following questions pertain to the illegal use of drug					
	(7) years, have you illegally used any drugs or controlled substa				YES	NO
includes injectin	g, snorting, inhaling, swallowing, experimenting with or otherwis					
	You answered 'Yes' to in the last seven (7) years having illeg		°			
	Provide the type of drug or controlled substance.		ion if other (Free Tex			
			ch as amphetamines,			
Branch			Such as barbiturates,			rs, etc.)
branch			ch as opium, morphin		, etc.)	
If Yes to			as the clear, juice, e	tc.)		
Illegally Using		Other (Provi	de explanation):			
Drugs or	Provide an estimate of the Date (Estimated)		in estimate of the mor	nth Date (Estin	nated)	
Controlled	month and year of first use.		of most recent use.			
Substances	Provide nature of use, frequency, and number of times used.		f use (Free Text)			
Substances	Was your use while you were employed as a law enforcement of	fficer, prose	cutor, or courtroom of	fficial, or while	YES	NO
(Multiple	in a position directly and immediately affecting the public					
Entries	Was your use while possessing a security clearance?				YES	NO
Allowed)	Do you intend to use this drug or controlled substance in the fu				YES	NO
	Provide explanation of why you intend or do not intend to use t	his drug or c	ontrolled substance in	the future.		ination
					(Free	Text)
	Lo you have an additional instance(s) of illegal use of a drug of					
	Do you have an additional instance(s) of illegal use of a drug or	controlled	YES	NO		1:>
To the last server	substance to enter?		(Yes adds another	entry) (Req	lired to y	· · · · · · · · · · · · · · · · · · ·
	substance to enter? (7) years, have you been involved in the illegal purchase, manual	acture, cultiv	(Yes adds another	entry) (Req	ired to y YES	validate) NO
	substance to enter? (7) years, have you been involved in the illegal purchase, manuag, receiving, handling or sale of any drug or controlled substance.	acture, cultiv	(Yes adds another vation, trafficking, pro	entry) (Req oduction,	YES	· · · · · · · · · · · · · · · · · · ·
	substance to enter? (7) years, have you been involved in the illegal purchase, manuag, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been	acture, cultiv	(Yes adds another vation, trafficking, pro	entry) (Req oduction, nanufacture, culti	YES	· · · · · · · · · · · · · · · · · · ·
	substance to enter? (7) years, have you been involved in the illegal purchase, manuag, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling of the substance of the subst	facture, cultiv involved in t r sale of a dr	(Yes adds another vation, trafficking, pro- the illegal purchase, r ug or controlled subs	entry) (Req oduction, nanufacture, culti	YES	· · · · · · · · · · · · · · · · · · ·
	substance to enter? (7) years, have you been involved in the illegal purchase, manuage, receiving, handling or sale of any drug or controlled substance. You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance.	acture, cultiv involved in t r sale of a dr other explana	(Yes adds another wation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text)	entry) (Req oduction, nanufacture, culti tance.	YES vation,	NO
	substance to enter? (7) years, have you been involved in the illegal purchase, manuage, receiving, handling or sale of any drug or controlled substance. You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) Substance of the substance of the substance of the substance of the substance.	facture, cultiv involved in t or sale of a dr other explana <i>imulants (Su</i>	(Yes adds another wation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines,	entry) (Req oduction, nanufacture, culti tance. speed, crystal me	YES vation,	NO sy, etc.)
	substance to enter? (7) years, have you been involved in the illegal purchase, manually receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If <i>Cocaine or crack cocaine (Such as rock, freebase, etc.) Super The Cocaine and the super </i>	facture, cultiv involved in t or sale of a dr other explana imulants (Su epressants (Su	(Yes adds another wation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates,	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tro	YES vation, th, ecstas	NO sy, etc.)
	substance to enter? a (7) years, have you been involved in the illegal purchase, manually receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) State of the seven (7) or t	facture, cultiv involved in to or sale of a dr other explana imulants (Su epressants (Su arcotics (Suc	(Yes adds another wation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, i ch as opium, morphim	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tra e, codeine, heroir	YES vation, th, ecstas	NO sy, etc.)
	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) State of the trafficking, production, transfer, shipping, receiving, handling of Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) State of the trafficking, production, transfer, shipping, receiving, handling of the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) State of the type of the typ	acture, cultiv involved in 1 or sale of a dr other explana imulants (Su epressants (Su arcotics (Such	(Yes adds another wation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphim a sthe clear, juice, e	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tra e, codeine, heroir	YES vation, th, ecstas	NO sy, etc.)
transfer, shipping	substance to enter? (7) years, have you been involved in the illegal purchase, manually receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) St Inhalants (Such as toluene, amyl nitrate, etc.) D	involved in 1 involved in 1 r sale of a dr other explana imulants (Su epressants (Su arcotics (Suc teroids (Such Other (Provi	(Yes adds another wation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, i ch as opium, morphim	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tr e, codeine, heroin tc.)	YES vation, th, ecstas unquilize y, etc.)	NO sy, etc.)
transfer, shipping	substance to enter? a (7) years, have you been involved in the illegal purchase, manually receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Inhalants (Such as toluene, amyl nitrate, etc.) St Provide an estimate of the month Date (Estimated)	involved in 1 involved in 1 r sale of a dr other explana imulants (Su epressants (S arcotics (Such Other (Provi ovide an estin	(Yes adds another wation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphin a sthe clear, juice, e de explanation): mate of the month and	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, trr e, codeine, heroir tc.)	YES vation, th, ecstas unquilize y, etc.)	NO sy, etc.)
transfer, shipping Branch If Yes to	substance to enter? a (7) years, have you been involved in the illegal purchase, manually receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) D If THC (Such as marijuana, weed, pot, hashish, etc.) D If Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) S Inhalants (Such as toluene, amyl nitrate, etc.) P Provide an estimate of the month and year of first involvement. Date (Estimated)	involved in 1 involved in 1 other explana imulants (Su epressants (Su teroids (Suck Other (Provi ovide an estin ar of most re-	(Yes adds another vation, trafficking, pro- the illegal purchase, r- ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, - ch as opium, morphim as the clear, juice, e- de explanation): mate of the month and cent involvement.	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tr e, codeine, heroin tc.)	YES vation, th, ecstas unquilize c, etc.)	NO sy, etc.)
Branch If Yes to Illegal Drug Activity	substance to enter? a (7) years, have you been involved in the illegal purchase, manually receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling of Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) St Provide an estimate of the month and year of first involvement. ye Provide nature of and frequency of activity. Na	involved in 1 involved in 1 other explana imulants (Su epressants (Su teroids (Suck Other (Provi ovide an estin ar of most re-	(Yes adds another vation, trafficking, pro- the illegal purchase, r- ug or controlled subs- ation (Free Text) ch as amphetamines, Such as barbiturates, - ch as opium, morphim as the clear, juice, e- de explanation): mate of the month and cent involvement. ity (Free Text)	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tr e, codeine, heroin tc.)	YES vation, th, ecstas unquilize c, etc.)	NO sy, etc.)
Branch If Yes to Illegal Drug Activity (Multiple	substance to enter? a (7) years, have you been involved in the illegal purchase, manually receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) If THC (Such as marijuana, weed, pot, hashish, etc.) Image: Katamine (Such as special K, jet, etc.) Image: Katamine (Such as toluene, amyl nitrate, etc.) Provide an estimate of the month and year of first involvement. Provide nature of and frequency of activity.	facture, cultiv involved in t r sale of a dr other explana imulants (Su epressants (Su epressants (Su etroids (Such Other (Provi ovide an estin ar of most re- ture of activ ason(s) (Free	(Yes adds another vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphim, a as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text)	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tr e, codeine, heroir tc.) d Date (Estin	YES vation, th, ecstas unquilize c, etc.)	NO sy, etc.)
Branch If Yes to Illegal Drug Activity (Multiple Entries	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling of Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) Stien THC (Such as marijuana, weed, pot, hashish, etc.) Die Ketamine (Such as special K, jet, etc.) No B Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Inhalants (Such as toluene, amyl nitrate, etc.) Stien The (Estimated) Previde an estimate of the month and year of first involvement. Provide the reason(s) why you engaged in the activity. Na	facture, cultiv involved in t r sale of a dr other explana imulants (Su epressants (Su epressants (Su etroids (Such Other (Provi ovide an estin ar of most re- ture of activ ason(s) (Free cement offic	(Yes adds another vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphim, a as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text)	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tr e, codeine, heroir tc.) d Date (Estin	YES vation, th, ecstas inquilize , etc.)	NO sy, etc.) rs, etc.)
Branch If Yes to Illegal Drug Activity (Multiple	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling of Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) Still THC (Such as marijuana, weed, pot, hashish, etc.) Distribution No Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Still No Provide an estimate of the month Date (Estimated) Previde nature of and frequency of activity. Na Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you were employed as a law enformer. Reference	facture, cultiv involved in t r sale of a dr other explana imulants (Su epressants (Su epressants (Su etroids (Such Other (Provi ovide an estin ar of most re- ture of activ ason(s) (Free cement offic	(Yes adds another vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphim, a as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text)	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tr e, codeine, heroir tc.) d Date (Estin	YES vation, th, ecstas inquilize , etc.)	NO sy, etc.) rs, etc.)
Branch If Yes to Illegal Drug Activity (Multiple Entries	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling of Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) St Inhalants (Such as toluene, amyl nitrate, etc.) D Provide an estimate of the month Date (Estimated) Provide nature of and frequency of activity. Na Provide the reason(s) why you engaged in the activity. Na Was your involvement while you were employed as a law enform or while in a position directly and immediately affecting the put	facture, cultiv involved in t r sale of a dr other explana imulants (Su epressants (Su epressants (Su etroids (Such Other (Provi ovide an estin ar of most re- ture of activ ason(s) (Free cement offic	(Yes adds another vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphim, a as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text)	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tr e, codeine, heroir tc.) d Date (Estin	YES vation, th, ecstas inquilize , etc.) nated) YES	NO sy, etc.) rs, etc.) NO
Branch If Yes to Illegal Drug Activity (Multiple Entries	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling of Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) SU THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) N Inhalants (Such as toluene, amyl nitrate, etc.) N Provide na estimate of the month and year of first involvement. Date (Estimated) Pr Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? Branch You have indicated that you plan to engage	facture, cultiv involved in tr sale of a dr other explana imulants (Su pressants (Su pressants (Such Other (Provi ovide an estin ar of most re- ture of activ, ason(s) (Free cement offic blic safety?	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, sh as opium, morphin a as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) e Text) reer, prosecutor, or cour purchase, manufactur	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tr e, codeine, heroir tc.) d Date (Estin rtroom official, re, Explanat	YES vation, th, ecstas inquilize , etc.) hated) YES YES YES	NO sy, etc.) rs, etc.) NO NO NO
Branch If Yes to Illegal Drug Activity (Multiple Entries	substance to enter? a (7) years, have you been involved in the illegal purchase, manually receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) SI ITHC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) N Inhalants (Such as toluene, amyl nitrate, etc.) N Provide na estimate of the month and year of first involvement. Date (Estimated) Pr Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? You have indicated that you plan to engage? If Yes to You have indicated that you plan to engage?	facture, cultiv involved in training and the explana- imulants (Su- pressants (Su- pressants (Such Other (Provi- ovide an estri- ar of most re- ture of activ- ason(s) (Free cement office blic safety?	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, th as opium, morphin a st he clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) e Text) reer, prosecutor, or cou- purchase, manufactur ceiving, handling or sa	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tr e, codeine, heroir tc.) d Date (Estin rtroom official, re, Explanat	YES vation, th, ecstas inquilize , etc.) hated) YES YES YES	NO sy, etc.) rs, etc.) NO NO NO
Branch If Yes to Illegal Drug Activity (Multiple Entries	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) S Inhalants (Such as toluene, amyl nitrate, etc.) S Provide an estimate of the month and year of first involvement. Date (Estimated) Pr Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? You have indicated that you plan to engage cultivation, transfer, of a drug or controlled substance in the future?	acture, cultiv involved in 1 r sale of a dr other explana imulants (Su epressants (Such Other (Provi ovide an estin ar of most re- ture of activ- ason(s) (Free cement offic obic safety? n the illegal shipping, rec e. Provide est	(Yes adds another vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, . ch as opium, morphin a sthe clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) e Text) purchase, manufactur ceiving, handling or si cplanation.	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tra- e, codeine, heroir tc.) d Date (Estin rtroom official, re, Explanat	YES vation, th, ecstas inquilize , etc.) nated) YES YES ion (Free	NO sy, etc.) rs, etc.) NO NO NO
Branch If Yes to Illegal Drug Activity (Multiple Entries	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If a cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) St Inhalants (Such as toluene, amyl nitrate, etc.) N Provide an estimate of the month and year of first involvement. Date (Estimated) Pr Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? You have indicated that you plan to engage? If Yes to You have indicated that you plan to engage? Or you have an additional instance(s) of having been involved You have indicated that you plan to engage?	involved in 1 r sale of a dr other explana <i>imulants</i> (Su <i>epressants</i> (Su <i>eteroids</i> (Such Other (Provi ovide an estin ar of most re- ture of activ- ason(s) (Free cement offic blic safety? n the illegal shipping, rec e. Provide estin the illegal	(Yes adds another vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, . ch as opium, morphim e as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) er, prosecutor, or cou- purchase, manufactur seiving, handling or sa splanation. purchase,	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tra- e, codeine, heroin tc.) d Date (Estin rtroom official, e, Explanat ale	YES vation, th, ecstas anquilize , etc.) nated) YES YES ion (Free NO	NO NO NO NO NO NO P Text)
Branch If Yes to Illegal Drug Activity (Multiple Entries	substance to enter?a (7) years, have you been involved in the illegal purchase, manually receiving, handling or sale of any drug or controlled substance?You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance.If a Cocaine or crack cocaine (Such as rock, freebase, etc.)B THC (Such as marijuana, weed, pot, hashish, etc.)B Ketamine (Such as special K, jet, etc.)B Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)B Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)B rovide an estimate of the month and year of first involvement.Provide the reason(s) why you engaged in the activity.Re Was your involvement while you were employed as a law enfor or while in a position directly and immediately affecting the puWas your involvement while possessing a security clearance?Do you intend to engage in this activity in the future?Branch If Yes to Future ActivityYou have indicated that you plan to engage?If yes to Future ActivityOu have an additional instance(s) of having been involved manufacture, cultivation, trafficking, production, transfer, shipp	involved in 1 r sale of a dr other explana <i>imulants</i> (Su <i>epressants</i> (Su <i>eteroids</i> (Such Other (Provi ovide an estin ar of most re- ture of activ- ason(s) (Free cement offic blic safety? n the illegal shipping, rec e. Provide estin the illegal	(Yes adds another vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, Such as barbiturates, . ch as opium, morphim e as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) er, prosecutor, or cou- purchase, manufactur seiving, handling or sa splanation. purchase,	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tra- e, codeine, heroin tc.) d Date (Estin rtroom official, e, Explanat ale YES (Yes adds	YES vation, th, ecstas anquilize , etc.) nated) YES YES ion (Free NO (Requ	NO NO NO NO NO NO Pertext)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed)	substance to enter?a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance?You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance.If a cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If the Burley (Such as marijuana, weed, pot, hashish, etc.)Inhalants (Such as special K, jet, etc.)Inhalants (Such as toluene, amyl nitrate, etc.)Provide an estimate of the month and year of first involvement.Provide nature of and frequency of activity.Provide the reason(s) why you engaged in the activity.Was your involvement while you were employed as a law enford or while in a position directly and immediately affecting the putWas your involvement while possessing a security clearance?Do you intend to engage in this activity in the future?Branch If Yes to or vou intend to engage in this activity in the future?Or you have an additional instance(s) of having been involved manufacture, cultivation, trafficking, production, transfer, of a drug or controlled substance in the futureDo you have an additional instance (s) of having been involved manufacture, cultivation, trafficking, production, transfer, shipp of a drug or c	involved in 1 involved in 1 r sale of a dr other explana imulants (Su epressants (Suc teroids (Such Other (Provi ovide an estin ar of most re- ture of activ, ason(s) (Free cement offic oblic safety? n the illegal shipping, rec e. Provide ex- in the illegal ing, receivin	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, such as barbiturates, ch as opium, morphim as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) er, prosecutor, or cou- purchase, manufactur ceiving, handling or sale g, handling or sale	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tra- e, codeine, heroir tc.) d Date (Estin rtroom official, rtroom official, yES (Yes adds another entry)	YES vation, th, ecstas anquilize , etc.) nated) YES YES ion (Free NO (Requ valida	NO sy, etc.) rs, etc.) NO NO NO P Text) stired to ate)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER	substance to enter?a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance?You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance.If a cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as rock, freebase, etc.)If a Cocaine or crack cocaine (Such as LSD, PCP, mushrooms, etc.)If halants (Such as toluene, anyl nitrate, etc.)Provide an estimate of the monthand year of first involvement.YeProvide nature of and frequency of activity.Provide the reason(s) why you engaged in the activity.Was your involvement while you were employed as a law enfort or while in a position directly and immediately affecting the putWas your involvement while possessing a security clearance?Do you intend to engage in this activity in the future?Branch If Yes to Future ActivityYou have indicated that you plan to engage?If Yes to rest or controlled substance (s) of having been involved manufacture, cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter?a drug or controlled substance to enter?	involved in 1 involved in 1 r sale of a dr other explana imulants (Su epressants (Suc teroids (Such Other (Provi ovide an estin ar of most re- ture of activ, ason(s) (Free cement offic oblic safety? n the illegal shipping, rec e. Provide ex- in the illegal ing, receivin	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs ation (Free Text) ch as amphetamines, such as barbiturates, ch as opium, morphim as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) er, prosecutor, or cou- purchase, manufactur ceiving, handling or sale g, handling or sale	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tra- e, codeine, heroir tc.) d Date (Estin rtroom official, rtroom official, yES (Yes adds another entry)	YES vation, th, ecstas anquilize , etc.) nated) YES YES ion (Free NO (Requ	NO NO NO NO NO NO Pertext)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER other than previo	substance to enter?a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance?You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance.If a Cocaine or crack cocaine (Such as rock, freebase, etc.)B THC (Such as marijuana, weed, pot, hashish, etc.)B Ketamine (Such as special K, jet, etc.)B Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)B Inhalants (Such as toluene, amyl nitrate, etc.)Provide an estimate of the month and year of first involvement.yeProvide the reason(s) why you engaged in the activity.Raw your involvement while you were employed as a law enfort or while in a position directly and immediately affecting the put was your involvement while possessing a security clearance?Do you intend to engage in this activity in the future?Branch If Yes to Future ActivityYou have indicated that you plan to engage in this activity in the future?Do you have an additional instance(s) of having been involved manufacture, cultivation, trafficking, production, transfer, ship of a drug or controlled substance to enter?a tilegally used or otherwise been involved with a drug or controlled substance or otherwise been involved with a drug or controlled substance in the future	facture, cultiv involved in t r sale of a dr other explana imulants (Su epressants (Su etroids (Such Other (Provi ovide an estin ar of most re ture of activ ason(s) (Free cement offic oblic safety? n the illegal shipping, rec e. Provide est in the illegal ing, receivin ed substance	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs- ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphim- as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) er, prosecutor, or cou- purchase, manufactur ceiving, handling or sa cplanation. purchase, ig, handling or sale	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tre e, codeine, heroir tc.) d Date (Estin rtroom official, rtroom official, yES (Yes adds another entry) ecurity clearance	YES vation, <i>th, ecstas</i> <i>inquilize</i> <i>, etc.)</i> nated) YES YES YES ion (Free NO (Requ valida YES	NO sy, etc.) rs, etc.) NO NO NO P Text) stired to ate)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER other than previo Branch	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) Still THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) S Inhalants (Such as toluene, amyl nitrate, etc.) N Provide an estimate of the month and year of first involvement. yee Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you engaged in the activity. Ra Was your involvement while you were employed as a law enfort or while in a position directly and immediately affecting the putwas your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? Branch If Yes to You have indicated that you plan to engage i cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? tillegally used or otherwise been involved with a drug or controllously listed? You responded 'Yes' to having EVER illegally used or otherwise been involved with a drug or controllously list	facture, cultiv involved in t r sale of a dr other explana imulants (Su epressants (Su etroids (Such Other (Provi ovide an estin ar of most re ture of activ ason(s) (Free cement offic oblic safety? n the illegal shipping, rec e. Provide est in the illegal ing, receivin ed substance	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs- ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphim- as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) er, prosecutor, or cou- purchase, manufactur ceiving, handling or sa cplanation. purchase, ig, handling or sale	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tre e, codeine, heroir tc.) d Date (Estin rtroom official, rtroom official, yES (Yes adds another entry) ecurity clearance	YES vation, <i>th, ecstas</i> <i>inquilize</i> <i>, etc.)</i> nated) YES YES YES ion (Free NO (Requ valida YES	NO sy, etc.) rs, etc.) NO NO NO P Text) tired to ate)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER other than previo Branch If Yes to Use	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) Still THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Still Provide an estimate of the month Date (Estimated) Provide an estimate of and frequency of activity. Na Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enford or while in a position directly and immediately affecting the put Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? Branch You have indicated that you plan to engage in through usbance in the future Do you have an additional instance(s) of having been involved manufacture, cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? Cillegally used or otherwise been involved with a drug or controllusly listed?	facture, cultiv involved in t r sale of a dr other explana imulants (Su epressants (Su etroids (Such Other (Provi ovide an estin ar of most re ture of activ ason(s) (Free cement offic oblic safety? n the illegal shipping, rec e. Provide est in the illegal ing, receivin ed substance	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs- ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphine de explanation): mate of the month and cent involvement. ity (Free Text) e Text) er, prosecutor, or cou- purchase, manufactur seiving, handling or sa cylanation. purchase, use g, handling or sale while possessing a sa- olved with a drug or cou-	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tre e, codeine, heroir tc.) d Date (Estin rtroom official, rtroom official, ee, Explanat ale YES (Yes adds another entry) ecurity clearance	YES vation, <i>th, ecstas</i> <i>inquilize</i> <i>, etc.)</i> nated) YES YES YES ion (Free NO (Requ valida YES	NO sy, etc.) rs, etc.) NO NO NO P Text) stired to ate)
Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed)	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) Still THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) Still Provide an estimate of the month and year of first involvement. Date (Estimated) Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfort or while in a position directly and immediately affecting the putwas your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? Branch You have indicated that you plan to engage in cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? a drug or controlled substance to enter? tilegally used or otherwise been involved with a drug or controllously listed? You responded 'Yes' to having EVER illegally used or other	facture, cultiv involved in t r sale of a dr other explana imulants (Su epressants (Su ercotics (Such Other (Provi ovide an estin ar of most re ture of activ ason(s) (Free ccement offic oblic safety? n the illegal shipping, rec e. Provide ex in the illegal ing, receivin ed substance	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs- ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphin- a as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) erer, prosecutor, or cou- purchase, manufactur seiving, handling or sale s while possessing a sa- olved with a drug or co- poscription (Free	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tre e, codeine, heroir tc.) d Date (Estin rtroom official, rtroom official, yES (Yes adds another entry) ecurity clearance ontrolled substan-	YES vation, <i>th, ecstas</i> <i>inquilize</i> <i>, etc.)</i> nated) YES YES YES ion (Free NO (Requ valida YES	NO sy, etc.) rs, etc.) NO NO NO P Text) stired to ate)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER other than previo Branch If Yes to Use While Possessing a	substance to enter? (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinggenic (Such as LSD, PCP, mushrooms, etc.) S Inhalants (Such as toluene, amyl nitrate, etc.) N Provide an estimate of the month and year of first involvement. Date (Estimated) Provide nature of and frequency of activity. Na Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfoor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? So a drug or controlled substance in the future? Branch You have indicated that you plan to engage i cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? Bilegally used or otherwise been involved with a drug or controllously listed? You responded 'Yes' to ha	acture, cultiv involved in 1 r sale of a dr other explana <i>imulants</i> (Su <i>epressants</i> (Suc <i>teroids</i> (Suck <i>Other (Provi</i> ovide an estin ar of most re- ture of activ ason(s) (Free cement offic oblic safety?) n the illegal shipping, rece e. Provide ex- in the illegal ing, receivin ed substance (se been invo	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs- ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphin a as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) erer, prosecutor, or cou- purchase, manufactur seiving, handling or sale s while possessing a sa- olved with a drug or co- Description (Free To Date (Estima	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tre e, codeine, heroir tc.) d Date (Estin rtroom official, rtroom official, yES (Yes adds another entry) ecurity clearance ontrolled substance ee Text) ated/Present)	YES vation, <i>th, ecstas</i> <i>inquilize</i> <i>, etc.)</i> nated) YES YES YES ion (Free NO (Requ valida YES	NO sy, etc.) rs, etc.) NO NO NO P Text) stired to ate)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER other than previo Branch If Yes to Use While Possessing a Clearance	substance to enter? (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinggenic (Such as LSD, PCP, mushrooms, etc.) S Inhalants (Such as toluene, amyl nitrate, etc.) N Provide an estimate of the month and year of first involvement. Date (Estimated) Provide nature of and frequency of activity. Na Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfoor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? So a drug or controlled substance in the future? Branch You have indicated that you plan to engage i cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? Bilegally used or otherwise been involved with a drug or controllously listed? You responded 'Yes' to ha	acture, cultiv involved in 1 r sale of a dr other explana <i>imulants</i> (Su <i>epressants</i> (Suc <i>teroids</i> (Suck <i>Other (Provi</i> ovide an estin ar of most re- ture of activ ason(s) (Free cement offic oblic safety?) n the illegal shipping, rece e. Provide ex- in the illegal ing, receivin ed substance (se been involved	(Yes adds another vation, trafficking, pro- vation, trafficking, pro- the illegal purchase, r ug or controlled subs- ation (Free Text) ch as amphetamines, Such as barbiturates, ch as opium, morphin a as the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) rer, prosecutor, or cou- purchase, manufactur scylanation. purchase, and g, handling or sale while possessing a sa- olved with a drug or co- Description (Free To Date (Estima Estimate (Free Text)	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tre e, codeine, heroir tc.) d Date (Estin rtroom official, rtroom official, yES (Yes adds another entry) ecurity clearance ontrolled substance ee Text) ated/Present)	YES vation, <i>th, ecstas</i> <i>inquilize</i> <i>, etc.)</i> nated) YES YES YES ion (Free NO (Requ valida YES	NO sy, etc.) rs, etc.) NO NO NO P Text) stired to ate)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER other than previo Branch If Yes to Use While Possessing a Clearance (Multiple	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) S Inhalants (Such as toluene, amyl nitrate, etc.) N Provide an estimate of the month and year of first involvement. Date (Estimated) Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you were employed as a law enfor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? Future Activity You have indicated that you plan to engage? If Yes to Future Activity of a drug or controlled substance in the future? Do you have an additional instance(s) of having been involved manufacture, cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? To uresponded 'Yes' to having EVER illegally used or otherwise been involved with	acture, cultiv involved in 1 r sale of a dr other explana <i>imulants</i> (Su <i>epressants</i> (Such Other (Provi ovide an estin ar of most re- ture of activ ason(s) (Free cement offic blic safety? n the illegal shipping, receivin ed substance ise been invo	(Yes adds another vation, trafficking, pro- the illegal purchase, r ug or controlled subs- ation (Free Text) ch as amphetamines, such as barbiturates, . ch as opium, morphim es the clear, juice, e de explanation): mate of the month and cent involvement. ity (Free Text) e Text) e Text) er, prosecutor, or cou- purchase, manufactur seiving, handling or sa- g, handling or sale while possessing a sa- olved with a drug or co- Description (Free To Date (Estimat Estimate (Free T	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, trr e, codeine, heroir tc.) d Date (Estin rtroom official, rtroom official, ee, Explanat ale YES (Yes adds another entry) ecurity clearance ontrolled substance te Text) ated/Present) Fext)	YES vation, <i>th, ecstas</i> <i>inquilize</i> <i>, etc.)</i> nated) YES YES YES ion (Free NO (Requ valida YES	NO sy, etc.) rs, etc.) NO NO NO P Text) stired to ate)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER other than previo Branch If Yes to Use While Possessing a Clearance	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) S Inhalants (Such as toluene, amyl nitrate, etc.) N Provide an estimate of the month and year of first involvement. Date (Estimated) Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? So a drug or controlled substance in the futur Do you have an additional instance(s) of having been involved manufacture, cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? Cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? Cillegal	acture, cultiv involved in 1 r sale of a dr other explana <i>imulants (Su</i> <i>epressants (Su</i> <i>teroids (Such</i> <i>Other (Provi</i> ovide an estin ar of most re- ture of activ ason(s) (Free cement offic oblic safety? n the illegal shipping, receivin ed substance in the illegal ing, receivin ed substance ise been invo	(Yes adds another vation, trafficking, provation, trafficking, provation, trafficking, provation, trafficking, provation, trafficking, provation, the illegal purchase, respectively the samphetamines, such as appletamines, such as appletamines, such as appletamines, such as appletamines, such as barbiturates, is the clear, juice, enderst, provide the month and cent involvement. ity (Free Text) e explanation): mate of the month and cent involvement. ity (Free Text) e Text) ere, prosecutor, or courd purchase, manufacture reving, handling or sale while possessing a second with a drug or courd Description (Free To Date (Estimate (Free To Date YES) a YES	entry) (Req oduction, nanufacture, culti tance. speed, crystal me methaqualone, tra- e, codeine, heroir tc.) d Date (Estin rtroom official, ee, Explanat ale YES (Yes adds another entry) ecurity clearance ontrolled substance ve Text) ated/Present) Text)	YES vation, inquilize , etc.) atted) YES YES ion (Free NO (Required) YES YES ion (Free	NO NO NO NO NO Text) NO
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER other than previo Branch If Yes to Use While Possessing a Clearance (Multiple Entries Allowed)	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) S Inhalants (Such as toluene, amyl nitrate, etc.) N Provide an estimate of the month and year of first involvement. Date (Estimated) Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? You have indicated that you plan to engage? If Yes to You have indicated that you plan to engage? If yes to r and ditional instance(s) of having been involved manufacture, cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? Rillega	acture, cultiview of a constraint of a constra	(Yes adds another vation, trafficking, provation, trafficking, provation, trafficking, provation, trafficking, provation, trafficking, provation, provati, provati, provation, provati, provati, provati, provati,	entry) (Req oduction,	YES vation, th, ecstas anquilize , etc.) ated) YES YES ion (Free NO (Requ valida YES ce while the second se	NO NO NO NO NO NO Text) stired to ate) NO NO validate)
transfer, shipping Branch If Yes to Illegal Drug Activity (Multiple Entries Allowed) Have you EVER other than previo Branch If Yes to Use While Possessing a Clearance (Multiple Entries Allowed) Have you EVER	substance to enter? a (7) years, have you been involved in the illegal purchase, manually, receiving, handling or sale of any drug or controlled substance? You answered 'Yes' to in the last seven (7) years having been trafficking, production, transfer, shipping, receiving, handling or Provide the type of drug or controlled substance. If Cocaine or crack cocaine (Such as rock, freebase, etc.) St THC (Such as marijuana, weed, pot, hashish, etc.) D Ketamine (Such as special K, jet, etc.) N Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) S Inhalants (Such as toluene, amyl nitrate, etc.) N Provide an estimate of the month and year of first involvement. Date (Estimated) Provide the reason(s) why you engaged in the activity. Na Provide the reason(s) why you engaged in the activity. Re Was your involvement while you were employed as a law enfor or while in a position directly and immediately affecting the pu Was your involvement while possessing a security clearance? Do you intend to engage in this activity in the future? So a drug or controlled substance in the futur Do you have an additional instance(s) of having been involved manufacture, cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? Cultivation, trafficking, production, transfer, shipp of a drug or controlled substance to enter? Cillegal	acture, cultiv involved in 1 r sale of a dr other explana <i>imulants (Su</i> <i>epressants (Su</i> <i>teroids (Such</i> <i>Other (Provi</i> ovide an estin ar of most re- ture of activ- ason(s) (Free cement offic obic safety? n the illegal shipping, rece <i>e</i> . Provide es- in the illegal shipping, receivin ed substance ise been invo re involved ty clearance. vement with the to enter? ed substance	(Yes adds another vation, trafficking, provation, trafficking, provation, trafficking, provation, trafficking, provation, trafficking, provation, provati, provati, provation, provati, provati, provati, provati,	entry) (Req oduction,	YES vation, inquilize , etc.) atted) YES YES ion (Free NO (Required) YES YES ion (Free	NO NO NO NO NO Text) NO

	You responded 'Y	es' to having EVE	R illegally use	ed or otherwise be	en involve	ed with a dru	o or cont	rolled substan	ce while	
Dronah		v enforcement offic								ecting
Branch If Yes to Use		other than previous		or courtroom only	cial, of wi	ine in a posi	lon unec	try and minec	inatery arr	eeting
While in Law		ion of the drugs or		stances used and w	our involu	ament	Descript	ion (Free Text	•)	
				From Date (Esti		vement.		(Estimated/Pr	/	
Enforcement		of involvement/use te the number of tin							esent)	
(Multiple					ea tills art	ig or	Estimate	e (Free Text)		
Entries		ce while employed dditional instance(s			ith a dama	on controllor	1 YE	C.	NO	
Allowed)								es adds	(Require	ad to
Allowed)		mployed as a law e						other entry)	· · ·	
In the last series	(7) years have you	directly and imme	and in the miss	ing the public safet	y to enter				validate YES	NO
	ribed for you or son		geu in me misi	use of prescription	ulugs, leg	garuless of w	nether of	not the	1125	NO
ulugs were prese		es' to in the last se	von (7) voorg	having intentional	1	t in the minu	an of mean	amintian days	recordia	as of
Branch		were prescribed for			ly engaged	i in the misu	se or pres	scription drugs	, regardie	88 01
If Yes to		of the prescription					Dava	mag (Enag Tan	<i>t</i>)	
Misuse of								mes (Free Tex		
Prescription		of involvement in t		From Date (Esti				(Estimated/Pr (Free Text)	esent)	
Drugs		n(s) for and circum				0			VEC	NO
	was your involver	ment while you we ion directly and im	re employed as	s a law enforcement	fotu?	prosecutor, c	or courtro	om official,	YES	NO
(Multiple					iety?				VEC	NO
Entries		ment while possess				VEC		NO	YES	NO
Allowed)		ditional instance(s			misuse	YES		NO (Dece		1:1-4->
		igs in the last seve			1, 0	(Yes adds			ired to va	
•	been ordered, advi	sed, or asked to see	ek counseling o	or treatment as a re	sult of you	ur illegal use	of drugs	or	YES	NO
controlled substa				1 1 ' 1 1	1, 1	1'		. 1.	C '11	1
		es' to having EVE		u, advised, or aske	to seek	counseling o	i treatme	in as a result o	1 your 11le	egai
		ntrolled substances ollowing ordered, a		d vou to so-1	ncoline -	trootmost	0. #000-14	f vor :111	use of 1	100.07
		ices? (Check all that		ed you to seek cour	nseling or	treatment as	a result of	of your illegal	use of art	igs or
				agiston og program	•	modical mea	factional			
	\Box A mental health	nilitary commander	, or employee	assistance program		medical pro				
		ordered, advised, o	r asked to seel	counseling or tre			50			
	Provide explanation		on (Free Text)					reatment?	YES	NO
	Branch If No			I not receive treatm				Explanation		
Davasah	to Action Taken	1 ou nave mulcat	eu mai you uic	not receive treatin	ient. FIO	nue explaitat	1011.	Explanation	I (I'lee I e	xt)
Branch	to Action Taken	Provide the type	of drug or cont	trolled substance for	or which y	iou were trea	ted			
If Yes to				ch as rock, freeba		ou were nea	iteu.			
Being Ordered				nines, speed, cryst		estasy etc)				
Treatment for				ed, pot, hashish, et		csiusy, eic.j				
the Misuse of				rates, methaqualo		ulizers etc.)				
Drugs		□ Ketamine (Such			ne, irunqu	<i>uu2ers, eic.)</i>				
Diugs				orphine, codeine, h	eroin etc)				
(Multiple				, PCP, mushrooms		.,				
Entries	Branch	\Box Steroids (Such	N		, e.e.,					
Allowed)	Drunen	□ Inhalants (Such								
r mowed)	If Yes to Action	□ Other (Provide								
	Taken	Explanation (Free		Provide the name	e of the tr	eatment	Na	me (Free Text	:)	
		I TO THE CONTRACT		provider. (Last n					/	
		Provide the addre	ess for this trea	tment provider.	a 1	dress and city	y Sta	te and Zip Co	de or Cou	intry
				treatment provide		•		mber/Ext.		,
		Provide the dates	of treatment.	*	Date From	m (Estimated	l) Da	te To (Estima	ted/Preser	nt)
		Did you successf	ully complete	the treatment?					YES	NO
		Branch If No	You have inc	licated that you did	d not succ	essfully	Ex	planation (Fre	e Text)	
		to Successful		treatment. Provide				· ·		
		Treatment	-		-					
	Do you have anoth	her instance of hav	ing been order	ed, advised, or ask	ed to	YES		NO		
	seek drug or contr	olled substance cou	unseling or trea	atment to enter?		(Yes adds		ntry) (Requ	ired to va	ulidate)
Have you EVER	voluntarily sought		ment as a resul	lt of your use of a	drug or co	ntrolled subs	stance?		YES	NO
	Voluntary treatme									
		of drug or controlled								
D	□ Cocaine or crac	ck cocaine (Such as	rock, freebase	e, etc.) 🛛 🗆 Stimular	nts (Such d	as amphetam	ines, spee	ed, crystal met	th, ecstasy	, etc.)
Branch		iarijuana, weed, po						haqualone, tra		s, etc.)
If Yes to Voluntarily		as special K, jet, e						odeine, heroin	, etc.)	
Seeking		(Such as LSD, PCI				the clear, ju				
Treatment for		as toluene, amyl n			(Provide e	explanation):				
the Misuse of		of the treatment pr						me (Free Text		
Drugs		ss for this treatmen		Street address an	nd city			te and Zip Co	de or Cou	intry
Drugs		umber for the treat	ment provider.					mber/Ext.		
(Multiple	Provide the dates			Date From (Esti	mated)		Da	te To (Estima		
Entries		illy complete the tr							YES	NO
Allowed)	Branch If No to			ou did not you suc	cessfully o	complete the	Ex	planation (Fre	e Text)	
	Successful Treatm		Provide explanation							
		her instance of EV						NO		
	or treatment as a r	result of your use of	t a drug or con	trolled substance?	(Ye	s adds anoth	er entry)	(Require	d to valid	late)
Section 24 -	- Use of Alcoh	0								
	(7) years has your		a negative im-	act on your work	nerformer	Ce VOUR PRO	fessional	or perconal	YES	NO
	ur finances, or result						i costonal	or personal	113	110
			-, 0110100	puone surety	rensonine				1	I

	You responded 'Yes relationships, your fi									profession	al or pers	onal
Branch If negative	Provide the month/y					Date (E			el.			
impact	Provide an explanati							umstances (Free Te	xt)		
								ative impact				
(Multiple Entries	Provide dates of inve				1 0			Estimated)		Date (Estir	1	sent)
Allowed)	Has the use of alcohor professional or person							λ/	YES (Yes a	dds	NO (Requi	ired to
	enforcement/public s			nunces, or re	counce in mo	er vention (0 y 1av	, v	No. 1	r entry)	validat	
Have you EVER	been ordered, advised	d, or asked to se	ek counse								YES	NO
-	You responded 'Yes											
	Have any of the follo all that apply)	owing ordered,	advised, of	r asked you	to seek coun	iseting or t	treatm	ient as a res	uit of ye	our use of a	alconol?	Спеск
	□ An employer, mili		r, or emple	oyee assista	nce program					edical prof		
Branch	\Box A mental health pr									urt officia	50	
branch	□ I have not been or Other explanation (F								□ Othe	r (Provide	Explanat YES	tion) NO
If Yes to		You responded							Exp	lanation (I		
Ordered to Seek	Action Taken E	Explain the reas	ons for not	t taking acti	on to seek co	ounseling	or trea	atment.	1	`		
Counseling		You responded									(1/D	0
U		Provide the date Provide the nam								Date (Estir nselor nar		
(Multiple		Provide the full				1		rovide teler			Number/	
Entries Allowed)	If Yes to S	Street address ar	nd city	State and	Zip Code or	Country		1				
		Did you success		plete the trea	atment progra	am?		C 11	1 (1	F 1	YES	NO
		Branch If No to Successful Com			onded "No" t ent program				pieted	Explanat	10n (Free	(iext)
-	Do you have addition						ES (ES			NO		
	to seek counseling o						Yes ad	dds another	entry)	(Require	d to valid	· · · ·
Have you EVER Branch	voluntarily sought co You responded 'Yes	U		*		onol?					YES	NO
Dranch	Provide the dates of			ounsening of		From Date	e (Est	imated)	To Dat	e (Estimat	ed/Prese	nt)
If Yes to	Provide the name of									elor name		,
to Seeking Counseling	Provide the full addr Provide telephone nu		seling/trea ber/Ext		der. you successf	Street add		2		nd Zip Co	de or Cou YES	untry NO
Counsening		You answered 'I								ation (Fre		NO
(Multiple	If Unsuccessful p	orogram. Provid	le explana	tion:							,	
Entries Allowed)	Do you have addition counseling or treatm					YES	dde an	other entry		IO Required t	o validate	a)
	received counseling of	or treatment as a	a result of	your use of	alcohol in ac						YES	NO
this form?	-			-					-			
-	You responded 'Yes Provide the name of					nt as a res	sult of	your use of		elor name	(Free Tex	vt)
Branch	Provide the full addr				Street addre	ess and cit	ty	County		nd Zip Co		,
If Yes to	provider.											
to Receiving	Provide the name of Provide the address							· □ Same a		y name (Fi	ree Text)	
Counseling	Street address and ci	0,0	inzation wi	nere counse.	0	1		Code or Cou				
(Multiple	Provide the date cou		Date (I	Estimated)		Provide th	he dat	e counseling		Date (Estin	nated/Pres	sent)
Entries	treatment began.	1.4	1.			or treatme			(F T	~	VEC	NO
Allowed)	Did you successfully Did you receive alco							Yes or No another ent		IO (Requi	YES red to val	NO idate)
	time?		0						<i></i>	··· (··1·		
	Investigations											
	ernment (or a foreign	government) E	VER inve	estigated you	ur backgroun	d and/or g	grante	d you a secu	urity clea	arance	YES	NO
eligibility/access?	You responded 'Y	Ves' to the U.S.	Governme	ent (or a for	eign governn	nent) havi	ng ing	vestigated v	our bacl	around ar	d/or havi	ing
	granted you a sec				eigii goveriii	nent) navi	ing inv	vestigated y	our oacr	tground ar	a/or navi	ng
	Provide the invest	tigating		epartment of						ent of Sta		
	agency:			ffice of Pers epartment of	onnel Manag	gement				au of Inves ient of Hor		ocurity
Branch If Yes to Having	Explanation or na	ame of			nt, (Provide r	name of go	overni		don't k		licialiu S	ecuity
Ever Been	government (Free			Provide exp		U		,				
Investigated	Date the investigation				□ I don't					Date (Estin		
(Multiple Entries	Provide the name investigating ager		issued the	clearance el	ligibility/acc	ess if diffe	erent f	from the	N	lame (Free	e Text)	
Allowed)	Provide the date of		lity/access	s was grante	ed. □Idon'i	t know			Γ	Date (Estin	nated)	
	Provide the level	of clearance	□ None	🗆 Confi	dential	□ Secret		□ Top Sec	ret		, i	
	eligibility/access				mented Infor	mation (S	CI)	□ Q □ Other (T			I don't	know
	Explanation (Free Do you have anot			by foreign c		es adds an	other	□ Other (P		explanation NO (Require	/	idate)
Have you EVER	had a security clearar							* /		· · ·	YES	NO
	ninistrative termination	on of a security	clearance	is not a revo	ocation.)							
Branch	You responded 'Y											
If Yes to Denied	Provide the date s Provide the name				MIONZATION V	vas ueniec	u, susj	penueu or re		Jame (Free	Estimate Text)	u)

(Multiple Entries	Provide an explanation of the circumstances of the denial, suspension or revoca	ation action.	Explanation (Free Text)
Allowed)	Do you have another denied, revoked or suspended security YES		NO
		adds another entry	
<i>.</i>	been debarred from government employment? You responded 'Yes' to having EVER been debarred from government employ	umont	YES NO
<mark>Branch</mark> If Yes to	Provide the name of the government agency taking debarment action.	yment.	Agency name
Debarment	Provide the date the debarment occurred.		Date (Estimated)
Multiple Entries	Provide an explanation of the circumstances of the debarment		Circumstances (Free text)
Allowed)		s another entry)	NO (Required to validate)
Section 26 –	Financial Record		
	(7) years have you filed a petition under any chapter of the bankruptcy code?		YES NO
	You responded 'Yes' to having filed a petition under any chapter of the bankrupte		
_	Select the applicable bankruptcy petition type: Chapter 7		Chapter 13
-	Provide the bankruptcy court docket/account number.		Account Number (Free Text)
Branch	Provide the date bankruptcy was filed. Provide date of bankruptcy discharge. □ Not Applicable		Date (Estimated) Date (Estimated)
If Yes to	Provide the total amount (in U.S. dollars) involved in the bankruptcy. Estimate		Amount (Free Text)
Having Filed	Provide the name debt is recorded under.		Aiddle Suffix
Bankruptcy	Provide the name of the court involved.	C	Court Name (Free Text)
(Multiple	Provide the address of the court involved. Street address	and City S	tate and Zip Code or Country
Entries	Branch Provide the name of the trustee for this bankruptcy.	N	Jame (Free Text)
Allowed)	If Chapter 13 Provide the address of the trustee for this bankruptcy.	~	
-	Street address and City		tate and Zip Code or Country
-	Were you discharged of all debts claimed in the bankruptcy? Provide Explanation In the last seven (7) years, have you filed any additional petitions under any	1 Explanation YES	(Free Text) YES NO NO
		Yes adds another	
Have you EVER	experienced financial problems due to gambling?	(YES NO
Branch	You responded 'Yes' to having EVER experienced financial problems due to gan	nbling.	· · ·
If Yes to		e (Estimated)	To Date (Estimated/Present)
Financial Problems Due	Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.		Amount (Free Text)
to Gambling	Provide a description of your financial problems due to gambling.	• 1	Description (Free Text)
(Multiple	If you have taken any action(s) to rectify your financial problems due to gambling description of your actions. If you have not taken any action(s) provide explanatio		Description (Free Text)
Entries		s another entry)	NO (Required to validate)
Allowed)	due to gambling?	s another energy	(required to valuate)
In the past seven	(7) years have you failed to file or pay Federal, state, or other taxes when required	d by law or ordina	nce? YES NO
_	You responded 'Yes' to having failed to file or pay Federal, state, or other taxes w	when required by la	aw or ordinance.
Branch	Did you fail to file, pay as required, or both?		
branch	Provide the year you failed to file or pay your Federal, state or other taxes.		Reasons (Free Text)
If Yes to	Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state or other agency to which you failed to file or pay taxes.		Agency (Free Text)
Failing to	Provide the redefait, state of other agency to which you raised to file of pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales,	etc.)	Tax Type (Free Text)
File/Pay Taxes	Provide the amount (in U.S. dollars) of the taxes. \Box Estimated	,).	Amount (Free Text)
(Multiple	Provide date satisfied. Not applicable		Date (Estimated)
Entries	Provide a description of any action(s) you have taken to satisfy this debt (such as		Description (Free Text)
Allowed)	frequency and amount of payments, etc.). If you have not taken any action(s) prov		
	······································	YES Yes adds another	entry) (Required to validate)
In the past sever	(7) years have you been counseled, warned, or disciplined for violating the terms		
	ed by your employer?	of ugreenient for t	
Duonah	You responded 'Yes' to having been counseled, warned, or disciplined for violatin	ng the terms of ag	reement for a travel or credit
Branch	card provided by your employer.	· ·	(T. T.)
If Yes to	Provide the name of the agency or company.		Agency (Free Text)
Violation of	Provide the address of the agency or company. Street address a Provide the reason(s) for the counseling, warning or disciplinary action. Street address a		tate and Zip Code or Country teasons (Free Text)
Credit/Travel	Provide the reason(s) for the counsening, warning of disciplinary action.		amount (Free Text)
Card Terms	Provide a description of any action(s) you have taken to rectify this situation. If you		Description (Free Text)
(Multiple	taken any action(s) provide explanation.		,
Entries	Are there any other instances in the past seven (7) years where you have been co		YES NO
Allowed)	warned, or disciplined for violating the terms of agreement for a travel or credit ca		Yes adds (Required to
Are you currently	by your employer? utilizing, or seeking assistance from, a credit counseling service or other similar re-		nother entry) validate) your financial YES NO
difficulties?	utilizing, of seeking assistance from, a credit counsering service of other similar re	esource to resorve	your manetal TES NO
Branch	You responded 'Yes' to currently utilizing, or seeking assistance from, a credit co	unseling service o	r other similar resource to
	resolve your financial difficulties.	0	
If Yes to	Provide explanation (Free Text) Provide the name of the credit counseling of		
Seeking Credit	Provide the phone number of the credit counseling organization.		nber / Ext
Counseling	Provide the location of the credit counseling organization.	City	
(Multiple	As a result of this counseling provide a description of any action(s) you have taken		cription (Free Text)
(Multiple	resolve your financial difficulties. If you have not taken any action(s) provide exp Are you currently utilizing, or seeking assistance from any other credit counseling		(Yes adds NO (Required
Entries		Service IES	(100 auto 110 (Required
Entries Allowed)		anot	her entry) to validate)
Allowed)	or other similar resource to resolve your financial difficulties?		her entry) to validate) each financial obligation that
Allowed) Other than previo pertains to the ite	or other similar resource to resolve your financial difficulties? usly listed, have any of the following happened to you? (You will be asked to prov ms identified below).		
llowed) Other than previo	or other similar resource to resolve your financial difficulties? usly listed, have any of the following happened to you? (You will be asked to prov		

• In the past 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 past 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).

are a cosigner o	r guarantor).	YES NO				
	You answered 'Yes' to having experienced one or more of the previously stated financial iss	ues.				
	Provide the name of agency/organization/individual to which debt is/was owed Did/does this financial issue include any of the following: (Check all that apply)	Name (Free Text)				
	□ In the past seven (7) years, you have been delinquent on alimony or child support payme	ents				
	□ In the past seven (7) years, you had a judgment entered against you. (Include financial ob					
	debtor, as well as those for which you were a cosigner or guarantor).					
	□ In the past seven (7) years, you had a lien placed against your property for failing to pay	taxes or other debts. (Include financial				
Branch	obligations for which you were the sole debtor, as well as those for which you were a cosign					
	□ You are currently delinquent on any Federal debt. (Include financial obligations for which	you are the sole debtor, as well as				
If Yes to	those for which you are a cosigner or guarantor).					
Having Financial		YES NO				
Issues	Provide the associated loan / account number(s) involved	Loan / account number (Free Text)				
Involving	Identify/describe the type of property involved (if any).	Property type (Free Text)				
Enforcement	Provide the amount (in U.S. dollars) of the financial issue. Estimated	Amount (Free Text)				
	Provide the reason(s) for the financial issue.	Reasons (Free Text)				
(Multiple	Provide the current status of the financial issue.	Status (Free Text)				
Entries	Provide the date the financial issue began. Provide date the financial issue was resolved. □ Not resolved	Date (Estimated) Date (Estimated)				
Allowed)	Provide the name of the court involved.	Court name (Free Text)				
	Provide the address of the court involved. Street address and City	State and Zip Code or Country				
	Provide a description of any action(s) you have taken to satisfy this debt (such as withholding					
	frequency and amount of payments, etc.). If you have not taken any provide explanation.	gs, Description (Free Foxt)				
	Other than previously listed, are there any other instances of the following occurrences?					
	• In the past seven (7) years, you have been delinquent on alimony or child support payment	its.				
	• In the past seven (7) years, you had a judgment entered against you. (Include financial ob	ligations for which you were the sole				
	debtor, as well as those for which you were a cosigner or guarantor).					
	• In the past seven (7) years, you had a lien placed against your property for failing to pay t					
	obligations for which you were the sole debtor, as well as those for which you were a cosign					
	• You are currently delinquent on any Federal debt. (Include financial obligations for which y	you are the sole debtor, as well as				
	those for which you are a cosigner or guarantor). YES (Yes adds another entry)	NO (Required to validate)				
Other then prov	iously listed, have any of the following happened?	NO (Required to validate)				
for which you w • In the past se debtor, as well a	which you were the sole debtor, as well as those for which you were a cosigner or guarantor) even (7) years , you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those were a cosigner or guarantor) even (7) years , you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole as those for which you were a cosigner or guarantor)					
obligations for v • In the past se	ven (7) years , you had any account or credit card suspended, charged off, or cancelled for failin which you were the sole debtor, as well as those for which you were a cosigner or guarantor) ven (7) years , you were evicted for non-payment?	ig to pay as agreed? (include infancial				
• In the past se you were the so	even (7) years, you had your wages, benefits, or assets garnished or attached for any reason? even (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which bele debtor, as well as those for which you were a cosigner or guarantor) ntly over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which					
	her or guarantor)					
	You answered 'Yes' to having experienced one or more of the previously stated financial iss	YES NO				
	Provide the name of agency/organization/individual to which debt is/was owed.	ucs.				
	Did/does this financial issue include any of the following: (Check all that apply)					
	□ In the past seven (7) years you had your possessions or property voluntarily or involuntar	rily repossessed or foreclosed. (Include				
	financial obligations for which you were the sole debtor, as well as those for which you were In the past seven (7) years you defaulted on any type of loan. (Include financial obligatio	a cosigner or guarantor).				
	as well as those for which you were a cosigner or guarantor).					
Branch	□ In the past seven (7) years you had bills or debts turned over to a collection agency. (Incl you were the sole debtor, as well as those for which you were a cosigner or guarantor).	-				
If Yes to	□ In the past seven (7) years you had an account or credit card suspended, charged off, or c					
Having	(Include financial obligations for which you were the sole debtor, as well as those for which	you were a cosigner or guarantor).				
Financial	□ In the past seven (7) years you were evicted for non-payment.					
Issues	□ In the past seven (7) years you had wages, benefits, or assets garnished or attached for an					
Involving	□ In the past seven (7) years you were over 120 days delinquent on any debt not previously for which you were the sole debtor, as well as those for which you were a cosigner or gueron					
Routine	for which you were the sole debtor, as well as those for which you were a cosigner or guaran \[\] You are currently over 120 days delinquent on any debt. (Include financial obligations for					
Accounts	as those for which you are a cosigner or guarantor).	-				
(Multiple	Durvide the accepted loop / coccut number(-) :11	YES NO				
Entries	Provide the associated loan / account number(s) involved.	Loan / account number (Free Text)				
Allowed)	Identify/describe the type of property involved (if any).	Property type (Free Text)				
	Provide the amount (in U.S. dollars) of the financial issue. Estimated Provide the reason(s) for the financial issue.	Amount (Free Text) Reasons (Free Text)				
	Provide the reason(s) for the financial issue. Provide the current status of the financial issue.	Status (Free Text)				
	riovide die current status of die filialicial issue.	Status (Free Text)				

	Provide date the financial issue was resolved. □ Not resolved		Date (Estimated)		
	Provide the date the financial issue began.		Date (Estimated)		
	Provide a description of any action(s) you have taken to satisfy			n (Free Te	ext)
	frequency and amount of payments, etc.). If you have not taken		ation.		
	Other than previously listed, are there any other instances of th \Box Yes \Box No	e following occurrences?			
	• In the past seven (7) years, you had any possessions or prop	erty voluntarily or involuntaril	y repossessed or fore	closed. (ii	nclude
	financial obligations for which you were the sole debtor, as we				
	• In the past seven (7) years, you defaulted on any type of loa	n, (Include financial obligation	ns for which you were	e the sole of	debtor,
	as well as those for which you were a cosigner or guarantor). • In the past seven (7) years, you had bills or debts turned over	r to a collection agonay (Inclu	de financial obligatio	no for wh	viah
	you were the sole debtor, as well as those for which you were a			JIIS IOI WI	licii
	• In the past seven (7) years, you had any account or credit ca		cancelled for failing t	o pay as a	greed.
	(Include financial obligations for which you were the sole debt		you were a cosigner o	r guaranto	or).
	 In the past seven (7) years, you have been evicted for non-pa In the past seven (7) years, you had your wages, benefits, or 	·	or any rangon		
	• In the past seven (7) years, you have been over 120 days del			e financia	d
	obligations for which you were the sole debtor, as well as those				
	• You are currently over 120 days delinquent on any debt. (Incl	ude financial obligations for w	which you are the sole	debtor, a	s well
	as those for which you are a cosigner or guarantor).	YES (Yes adds another en	ntry) NO (Require	d to valid	ata)
			iuy) NO (Require		ile)
Section 27 -	- Use of Information Technology Systems	e			
	ference to this section, that neither your truthful responses nor in nst you in a subsequent criminal proceeding. As to this particular				
	rnment. The following questions ask about your use of informat				
related computer	hardware, software, firmware, and data used for the communica				
of information.		-			
In the last sever technology syste	(7) years have you illegally or without proper authorization acc	essed or attempted to access an	ny information	YES	NO
Branch	You responded 'Yes' to having in the last seven (7) years ille	gally or without proper authori	zation entered or atte	mpted to	enter
If Yes to	into any information technology system.	Saily of Whileat proper addition		inpica to	011101
Unauthorized	Provide the date of the incident		Date (Estimated)		
Access	Provide a description of the nature of the incident or offense.	0 11 1.0'.	Description of inci		
(Multiple	Provide the location where the incident took place. Provide a description of the action (administrative, criminal or	Street address and City	State and Zip Code Description (Free 7		ry
Entries	this incident.	other) taken as a result of	Description (Free	iext)	
Allowed)	Are there any other incidents to report?	YES (Yes adds another entry	y) NO (Requ	ired to va	lidate)
	n (7) years have you illegally or without authorization, modified,		nied others access to	YES	NO
	ding on an information technology system or attempted any of the				
Branch If Yes to	You responded 'Yes' to having in the last seven (7) years ille denied others access to information residing on an information			manipula	ted, or
Manipulating	Provide the date of the incident	Date (Estimated)			
Access	Provide a description of the nature of the incident or offense.	Description of incident (Free			
(Multiple	Provide the location where the incident took place.	Street address and City	State and Zip Code		
Entries Allowed)	Provide a description of the action (administrative, criminal or Are there any other incidents to report?	other) taken as a result of this YES (Yes adds another entr		tion (Free	,
	a (7) years have you introduced, removed, or used hardware, soft				
	m without authorization, when specifically prohibited by rules, p			120	110
any of the above			_		
Branch	You responded 'Yes' to having in the last seven (7) years intr				
If Yes to	connection with any information technology system without at guidelines, or regulations or attempted any of the above.	ithorization, when specifically	prohibited by rules, j	procedure	3,
Unlawful Use	Provide the date of the incident		Date (Estimated	l)	
(Multiple	Provide a description of the nature of the incident or offense		Description (Fre		
Entries	Provide the location where the incident took place.	Street address and City	State and Zip C		
Allowed)	Provide a description of the action (administrative, criminal or			otion (Free	/
	Are there any other incidents to report?	YES (Yes adds another entry	y in the (Required t	o vandate	/
	- Involvement in Non-Criminal Court Action				1
In the last ten (1	10) years , have you been a party to any public record civil court			YES	NO
Branch	You responded 'Yes' to having been a party to any public reco ten (10) years.	iu civii court action(s) not liste	eu elsewhere on this i	orm in th	e last
If Yes to	Provide the date of the civil action Date (Estimated)	Provide the court name	Court name (Fr	ee Text)	
Having Non Criminal	Provide the address of the court	Street address and City	State and Zip C	ode or Co	untry
Court Actions	Provide details of the nature of the action		Details (Free Te	,	
(Multiple	Provide a description of the results of the action	ut action	Results (Free To		
Entries	Provide the name(s) of the principal parties involved in the court Are there any other civil court actions in the last ten (10) years		Names (Free Te	xt)	
Allowed)	The more any other ervin court actions in the last ten (10) years			uired to v	alidate)
Section 20	- Association Record				
	- ASSOCIATION RECORD ertain to your associations. You are required to answer the question	one fully and truthfully and yo	ur failure to do so co	uld be are	unde
	nployment, security, or credentialing decision. For the purpose o				
violence or are d	angerous to human life and appear to be intended to intimidate o	r coerce a civilian population t	o influence the policy		
	ntimidation or coercion or to affect the conduct of a government				110
	have you EVER been a member of an organization dedicated to edication to that end, or with the specific intent to further such ac		eness of the	YES	NO
organization s de	curcation to that end, or with the specific intent to further such ac	uvides:		1	1

Branch If Yes to Having Terrorism	Terrorism Association Detail Provide Explanation	Ex	planatio	n (Free Text)					
2	Terrorism Association Detail								
Have you Even as									
Have you EVER as	sociated with anyone involved in activities to further terrorism'							YES	NO
Allowed)	designed to overthrow the U.S. Government by force to repor			(Yes adds a	nothe			ired to v	alidate
(Multiple Entries	Do you have any other instances of having knowingly engage	d in act		YES			NO		
Overthrow	Provide the dates of such activities.		From F	Date (Estimate	ed)	To Date	\	,	esent)
Activities to	Describe the nature and reasons for the activity.	activit	ies desig	neu to overtill	10W [Reasons			oree.
Branch If Yes to	You responded 'Yes' to having EVER knowingly engaged in				row t	he U.S. Gov			
Have you FVFP br	nowingly engaged in activities designed to overthrow the U.S. C	overn	ment by	force?	1			YES	NO
	their rights under the U.S. Constitution or any state of the Uni intent to further such action to report?	ted Sta	tes with	the specific	ano	ther entry)	\ \	validate)	
	practices commission of acts of force or violence to discourage their rights up don the U.S. Constitution or any state of the U.S.					es adds		Require	
Allowed)	Do you have any other instances of being a member of an org				YE			NO	
(Multiple Entries	Provide a description of the nature of and reasons for your inv						-	t (Free 7	Fext)
	No contributions made								
Using Violence	Provide all contributions (in U.S. dollars) made to the organiz	ation, i	f any.			Contri	butio	ns (Free	Text)
Organization	1		tions hel	d		Positi	ons (F	ree Text	t)
Member of	Provide the dates of your involvement with the organization			Estimated)	1	To Date (Es			
If Yes to Being a	Provide the address/location of the organization.	Stree	et addres	ss and City		State and Zi			
Branch	Provide the full name of the organization.	-		n Name (Free					
	U.S. with the specific intent to further such action.								
	acts of force or violence to discourage others from exercising								
	You responded 'Yes' to being or EVER having been a memb	er of ar	n organiz	vation that adv	vocate	es or practic	es coi	mmissio	n of
further such action?	on exclosing then rights under the 0.5. Constitution of any st	01 ll	ie onite	a States with	ane op		0		
	om exercising their rights under the U.S. Constitution or any st						it to	115	
Have you FVFD be	the specific intent to further such activities to report?	missio	on of act	of force or v	iolen	ce to		YES	NO
r moweu)	activities to that end with an awareness of the organization's of the specific intent to further such activities to report?	ieurcati	on to tha	a end or with	1	another enti	y)	valida	e)
Allowed)	of violence or force to overthrow the United States Governme activities to that end with an awareness of the organization's of		0.0	-		(Yes adds	v)	(Requ valida	
(Multiple Entries	Do you have any other instances of being a member of an org					YES		NO (Pagu	inc.d.+
U.S. Govt.	Provide a description of the nature of and reasons for your inv	olveme	ent with	the organizati	lon.	Descripti	ion (Fi)
to Overthrow the	Provide all contributions made to the organization, if any.					Contribu			
Using Violence			tions hel			Positions	· ·		
Organization	Provide the dates of your involvement with the organization			Estimated)		To Date (Es			nt)
Member of	Provide the address/location of the organization.			ss and City		State and Zi			
If Yes to being	Provide the full name of the organization.	0		n name (Free '		-			
	that end or with the specific intent to further such activities.	-							
Branch	the United States Government, and which engaged in activitie	es to that	at end wi	th an awarene	ess of	the organiz	ation'	's dedica	ation to
	You responded 'Yes' to having EVER been a member of an								
specific intent to fur	ther such activities?	-							
Government, and w	hich engaged in activities to that end with an awareness of the						ne		1
	en a member of an organization dedicated to the use of violence	e or for	ce to ov					YES	NO
Allowed)	designed to overthrow the U.S. Government by force to repor	t?		ano	other e	entry)		idate)	
(Multiple Entries	Do you have any other instances of advocating acts of terroris			YE	S (Yes adds		(Requir	
	5		Date (Est	/		To Date (Estim	ated/Pre	sent)
Advocating	Provide the reason(s) for advocating acts of terrorism.	Reason	ns (Free 7	Гext)					
If Yes to	by force.						21		
Branch	You responded 'Yes' to having EVER advocated any acts of					overthrow	the U.		
Have you EVER ad	vocated any acts of terrorism or activities designed to overthro	w the U				(-tequi		YES	NO
Allowed)	terrorism to report?			dds another er	ntry)		ed to	validate)
(Multiple Entries	Do you have any other instances of knowingly engaging in ac	ts of	YES	rate (Louinate	,	NO	- (Loti	innucu/1	resent
Terrorism	Provide the dates for any such activities			Date (Estimate			- (Esti	imated/F	Present
Engaging in	Describe the nature and reasons for the activity.	any ac		and reasons (Free	Text)			
Branch If Yes	You responded 'Yes' to EVER having knowingly engaged in	2011/ 20	ts of terr	oriem				IES	NU
Have you EVED kr	specific intent to further such activities to report?					another en	itry)	valida YES	NO
	terrorism, either with an awareness of the organization's dedi- specific intent to further such activities to report?	cation t	o that en	d, or with the	:	(Yes adds		· · ·	ired to
Allowed)	Do you have any other instances of being a member of an org					YES		NO (Poor	urad to
(Multiple Entries	Provide a description of the nature of and reasons for your inv				lon.	Involven	nent (I		t)
	Provide all contributions made to the organization, if any.					Contribu		1	/
Organization		1	tions hel			Positions	(
Member of a Terrorist	Provide the dates of your involvement with the organization.			Estimated)		To Date			esent)
	Provide the address/location of the organization.	Stree	et addres	ss and City	5	State and Zi			
•									
If Yes to Being a	Provide the full name of the organization.					Organizatio			Text)

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)

Date (mm/dd/yyyy)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (Sign in ink)	Full name (T)	/pe or pr	int legibly)	Date signed (<i>mm/dd/yyyy</i>)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (Country)	State	ZIP Code	Home telephone number

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full name (<i>Type</i>	or print l	Date signed (<i>mm/dd/yyyy</i>)	
Other names used	Social Security Number			
Current street address Apt. #	City (Country)	State	ZIP Code	Home telephone number

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

_YES __NO

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

Dates of treatment?

Signature (Sign in ink)

Practitioner name

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print name	Social Security Number
Signature (Sign in ink)	Date (<i>mm/dd/yyyy</i>)