

(SOI label/code: _____)

SECURITY OFFICE IDENTIFIER (SOI) AUTHORIZATION AND AMENDMENT FORM**ATTENTION: SECURITY OFFICER**

OPM authorizes each agency Security Office a 4-character identifies, called the SOI. The SOI permits OPM to return investigative reports to agency-approved addresses. The SOI also permits security offices to obtain detailed investigative information. The Security Office must provide OPM-FIPC the following:

An accurate mailing address for the Security Office;

Name and social security numbers for authorized callers;

Type and date of most recent background investigation conducted on the authorized callers.

To request an SOI or advise OPM of SOI changes, complete the necessary items on the form below. Mail or fax the completed form to the address on the top of this form, attention Agency Support Team (AST). For additional information and /or assistance, call OPM-FIPC, AST at 724 794-5612.

☐ **1. Check this block if requesting a new SOI****Amend SOI**☐ **2. Change/add agency name and /or address (include zip code):**

Agency Name: _____

City _____ State _____ Zip Code _____

☐ **3. Change/add security office telephone numbers:**

Commercial: (____) ____ - ____ Extension: ____

Commercial: (____) ____ - ____ Extension: ____

☐ **4. Change/add Online Payment and Collection (OPAC) Agency Location Code (ALC):** _____

Billing Address: _____

City _____ State _____ Zip Code _____

Contact Name: _____ Phone: (____) ____ - ____ Extension: ____

☐ **5. Change/add security officer:** _____

Name: _____

SSN: _____ - _____ - _____ Type/Date of last investigation: _____

☐ **6. Delete authorized Callers:**

Name: _____ SSN: _____ - _____ - _____

Name: _____ SSN: _____ - _____ - _____

☐ **7. Add Authorized Callers:**

a. Name: _____ b. Name: _____

SSN: _____ - _____ - _____ SSN: _____ - _____ - _____

Type/Date of last investigation: _____ Type/Date of last investigation: _____

c. Name: _____ d. Name: _____

SSN: _____ - _____ - _____ SSN: _____ - _____ - _____

Type/Date of last investigation: _____ Type/Date of last investigation: _____

SOI Security Officer Signature:

This form should be duplicated as needed



Printed with soy ink on recycled paper