

**SPECIAL AGREEMENT CHECKS (SAC)**

INV FORM 86C  
July 2010

U.S. OFFICE OF PERSONNEL MANAGEMENT  
FEDERAL INVESTIGATIVE SERVICES

Agency Agreement Number	OPM USE ONLY	OPM Codes	Case Number
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**AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14)**

<b>1. SUBJECT'S FULL NAME</b>				<b>2. DATE OF BIRTH</b>	
Last Name	First Name	Middle Name	Abbrev.	Month	Day Year
<b>3. PLACE OF BIRTH</b> - Use the 2 letter code for the state				<b>4. SOCIAL SECURITY NUMBER</b>	
City	County	State	Country		
<b>5. OTHER NAMES AND DATES WHEN USED</b>					
Name	Month/Year To	Month/Year	Name	Month/Year To	Month/Year
Name	Month/Year To	Month/Year	Name	Month/Year To	Month/Year
<b>6. SEX</b> (Mark one box) Female Male		<b>7. SPECIAL AGREEMENT CODES</b>		<b>8. POSITION TITLE</b>	
<b>9. SON</b>		<b>10. SOI</b>		<b>11. IPAC-AIC NUMBER</b>	
<b>12. ACCOUNTING DATA</b>					

**13. OTHER INFORMATION REQUIRED BY AGREEMENT**

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

<b>SPOUSE/COHABITANT'S FULL NAME</b>				<b>DATE OF BIRTH</b>	
Last Name	First Name	Middle Name	Abbrev.	Month	Day Year
<b>PLACE OF BIRTH</b> - Use the 2 letter code for the state				<b>SOCIAL SECURITY NUMBER</b>	
City	County	State	Country		
<b>OTHER NAMES AND DATES WHEN USED</b>					
Name	Month/Year To	Month/Year	Name	Month/Year To	Month/Year
Name	Month/Year To	Month/Year	Name	Month/Year To	Month/Year

**(CODE E and 3) Credit Record** - Complete if Needed. Fill in subject's address for every place lived for more than three months in the past 12 months. If additional space is needed, attach a continuation sheet to this form.

Month/Year to Month/Year to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year to	Street Address	Apt. #	City	State	Zip

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

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

<b>U.S. PASSPORT</b> <i>current or most recent passport</i>			<b>ALIEN REGISTRATION NUMBER</b> <i>(if applicable)</i>		
Number	Document Number	Expired Y <input type="checkbox"/> N <input type="checkbox"/>	Number		

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

Date form was completed	Document Number	Place of Issuance
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**CITIZENSHIP CERTIFICATE** *(if applicable)*

Where was this certificate issued? City/Court	State	Certificate Number	Date Issued
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**NATURALIZATION CERTIFICATE** *(if applicable)*

Where was this certificate issued? City/Court	State	Certificate Number	Date Issued
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**IMMIGRATION STATUS** *Place you entered the U.S.*

City	State	Country(ies) of citizenship
Date of entry	Type of document (I-94, etc.)	Document Number

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

Mother's Full Name	Mother's Maiden Name	Father's Full Name
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14 Requesting Official Name and Title	Signature	Telephone Number (including area code)	Date
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