SPECIAL AGREEMENT CHECKS (SAC)

This form can be used to request a number of DCSA's National Agency Checks as Special Agreement Checks (SAC), case type 92. Authorized agency officials, not subjects of investigation, should complete items 1-16, as applicable and the required information for each SAC code requested. Submit this form and any attachments through the NP2 portal to: "(S) e-QIP Attachments (NTC)" or if required to be mailed:

DCSA-FIPC
PO Box 618
Boyers, PA 16018

For deliveries requiring a street address use:
1137 Branchton Road
Boyers, PA 16018

The requesting agency is expected to have on file, or know that DCSA has on file from a prior investigation, a valid signed release for the individual in which the SAC product is being requested. Please note: By submitting an investigative request using the OFI 86C, the agency is acknowledging that the fees associated with the SAC request have been approved by the agency.

Due to Paperwork Reduction Act (PRA) guidance, contractors are not permitted to respond to this collection at this time.

PRIVACY ACT STATEMENT

This investigative request is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the individual we are investigating. The information provided will be retained by the Defense Counterintelligence and Security Agency (DCSA) and may be disclosed to the individual being investigated or other federal agencies.

AUTHORITY: DCSA is authorized to collect this information based on section 925 of Public Law 115-91; 5 U.S. Code 301; Executive Order 13467, as amended by Executive Order 13869; and, 5 Code of Federal Regulations 736.

PRINCIPAL PURPOSE: To obtain records for investigating and determining an individual's initial or continued eligibility for access to classified national security information or assignment to positions with sensitive duties, suitability for enlistment or appointment into military service, suitability for federal employment, fitness for assignment to work under contract for or on behalf of the government, or eligibility for physical or logical access to U.S. Government systems or facilities. DCSA may also conduct other background investigations as authorized by law, designation, rule, regulation, or Executive Order.

ROUTINE USES: The information collected may be disclosed to DCSA personnel and shared externally with other authorized government agency personnel as a routine use when necessary and relevant to personnel vetting investigations, determinations, and adjudications; and, for other purposes permitted under subsection (b) of the Privacy Act of 1974, as amended (5 USC §552a). A complete list of the routine uses can be found in the system of records notice for the Department of Defense Personnel Vetting Records System DUSDI 02-DoD at: https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records.

DISCLOSURE: Disclosure is voluntary. However, failure to provide DCSA the requested information may result in our agency's inability to conduct a thorough investigation and may prevent the government from making a determination regarding the qualifications, suitability, eligibility or fitness of the individual being investigated. The information collected will be used to conduct investigative work and may be furnished to other government agencies as warranted, and to the individual investigated upon his or her request unless otherwise exempt.

CERTIFICATION: The requesting agency certifies the individual we are investigating has given written consent for this investigative inquiry. The requesting agency is expected to have on file, or know that DCSA has on file from a prior investigation, a valid signed release for the individual in which the SAC product is being requested.

1. Provide subject's full name. If subject has only initials in name, provide them and indicate "Initials only." If subject does not have a middle name, indicate "No Middle Name." If subject is a "Jr.," "Sr.," etc., enter this suffix.

2. Provide the month, day, year of subject's birth. Example: Enter June 7, 1942 as: "06/07/1942".

3. Provide subject's place of birth: Enter full name of city/town under CITY. Provide COUNTY, if born in United States. Provide the abbreviation for the State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.

ABBREVIATIONS FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES

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

U.S. TERRITORIES

American Samoa	AS	Baker Island	FQ	Guam	GU	Howland Island	HQ	Jarvis Island	DQ
Johnston Atoll	JQ	Kingman Reef	KQ	Marshall Islands	MH	Micronesia, Federated States of	FM	Midway Islands	MQ
Navassa Island	BQ	Northern Mariana Islands	MP	Palau	PW	Palmyra Atoll	LQ	Puerto Rico	PR
Virgin Islands, United States	VI	Wake Island	WQ	APO/FPO America	AA	APO/FPO Europe	AE		

4. Provide the subject's Social Security Number.

5. Provide Other Names Used (If additional space is needed, attach an additional sheet to this form).

6. Select the appropriate box to specify sex as MALE or FEMALE.

7. Provide Subject's Email Address (Current).

8. Provide all the Special Agreement codes being requested from the Investigations Reimbursable Billing Rates, Federal Investigations Notice (FIN).

9. Provide subject's Position Title.

10. Provide your Submitting Office Number (SON).

11. Provide your Security Office Identifier (SOI).

12. Provide your agency's Intra-Governmental Payment and Collection-Agency Location Code (IPAC-ALC) number.

13. Provide your agency's Obligating Document Number (ODN).

14. Provide accounting data (Optional).

15. Requesting Official's Name and Title.

16. Provide information required per SAC code being requested.

DCSA USE ONLY

DCSA CODES	CASE NUMBER

AGENCY USE ONLY (Complete Items 1 through 16)

1. SUBJECT'S FULL NAME				2. DATE OF BIRTH
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	(MM/DD/YYYY)

3. PLACE OF BIRTH (use 2 letter code for state)				4. SOCIAL SECURITY NUMBER
CITY	COUNTY	STATE	COUNTRY	

5. OTHER NAMES USED (if additional space is needed, attach an additional sheet to this form)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

6. SEX	7. SUBJECT'S EMAIL ADDRESS (current)	8. SPECIAL AGREEMENT CODES	9. POSITION TITLE
FEMALE ☐ MALE ☐		8, B	

10. SON	11. SOI	12. IPAC-ALC NUMBER	13. OBLIGATING DOCUMENT NUMBER (ODN)	14. ACCOUNTING DATA
	DODS	57008711		

15. REQUESTING OFFICIAL'S NAME AND TITLE	REQUESTING OFFICIAL'S EMAIL	PHONE NUMBER	DATE

16. Provide information required per SAC code being requested.

(CODE A) SECURITY/SUITABILITY INVESTIGATIONS INDEX CHECK (SII).

(CODE B) FBI FINGERPRINT CLASSIFICATION CHECK (FBIF/FBFN) (PROVIDE REQUIRED HARDCOPY FINGERPRINT CARD.)

(CODE C) FBI INVESTIGATIONS FILES CHECK (FBIN) (PROVIDE ADDRESSES OF THREE MOST RECENT RESIDENCES BELOW.)

ADDRESS

1. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	
2. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	
3. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	

(CODE D) DEFENSE CENTRAL INDEX OF INVESTIGATIONS CHECK (DCII)

(CODE E) CREDIT RECORD (PROVIDE ADDRESS AND DATES FOR EVERY PLACE LIVED FOR MORE THAN SIX MONTHS IN THE PAST 12 MONTHS. (NOTE: IF ALL RESIDENCES WERE LESS THAN 6 MONTHS, PROVIDE THOSE ADDRESSES AND DATES). IF ADDITIONAL SPACE IS NEEDED, ATTACH A CONTINUATION SHEET TO THIS FORM.)

ADDRESS

1. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	
2. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	
3. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	
4. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	

(CODE G) MILITARY PERSONNEL RECORDS CHECK (MILR) (PROVIDE BRANCH, STATUS, AND DATES OF MILITARY SERVICE) PROVIDE THE BRANCH OF SERVICE

PROVIDE THE BRANCH OF SERVICE			PROVIDE SUBJECT'S STATUS
☐ ARMY	☐ AIR FORCE	☐ COAST GUARD	☐ ACTIVE DUTY
☐ ARMY NATIONAL GUARD	☐ AIR NATIONAL GUARD		☐ RESERVE DUTY
☐ NAVY	☐ MARINE CORPS		☐ INACTIVE
			☐ RESERVE

PROVIDE SUBJECT'S DATES AND ADDRESSES OF SERVICE

1. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	
2. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	
3. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	
4. MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS APT	CITY	STATE	ZIP	

(CODE H) INVESTIGATIVE AGENCIES CHECK (INVA) (PROVIDE INVESTIGATING AGENCY.)

Select the investigating agency:

- ☐ U.S. DEPARTMENT OF DEFENSE
- ☐ U.S. OFFICE OF PERSONNEL MANAGEMENT
- ☐ U.S. DEPARTMENT OF STATE
- ☐ FEDERAL BUREAU OF INVESTIGATION
- ☐ U.S. DEPARTMENT OF HOMELAND SECURITY (Provide name of bureau)
- ☐ U.S. DEPARTMENT OF TREASURY (Provide name of bureau)
- ☐ FOREIGN GOVERNMENT (Provide name of government)
- ☐ OTHER (Provide explanation)

(CODE I) CITIZENSHIP AND IMMIGRATION VERIFICATION

COUNTRY OF CITIZENSHIP

PROVIDE COMPLETE INFORMATION BELOW.

SELECT THE BOX THAT REFLECTS CURRENT CITIZENSHIP STATUS.

- ☐ U.S. CITIZEN OR NATIONAL BY BIRTH IN THE U.S. OR U.S. TERRITORY/COMMONWEALTH
- ☐ U.S. CITIZEN OR NATIONAL BY BIRTH, BORN TO U.S. PARENT(S), IN A FOREIGN COUNTRY
- ☐ NATURALIZED U.S. CITIZEN
- ☐ DERIVED U.S. CITIZEN
- ☐ NOT A U.S. CITIZEN

U.S. CITIZEN OR NATIONAL BY BIRTH, BORN TO U.S PARENT(S), IN A FOREIGN COUNTRY.

PROVIDE TYPE OF DOCUMENTATION OF U.S CITIZEN BORN ABROAD.

☐ FS240 ☐ DS1350 ☐ FS 545 ☐ U.S. PASSPORT (current or most recent passport)

☐ OTHER (Provide explanation)

DOCUMENT NUMBER

PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED.

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

NATURALIZED OR DERIVED U.S. CITIZEN.

PROVIDE TYPE OF DOCUMENTATION OF NATURALIZED OR DERIVED U.S CITIZEN.

☐ CERTIFICATE OF NATURALIZATION ☐ CERTIFICATE OF CITIZENSHIP ☐ ALIEN REGISTRATION

☐ U.S. PASSPORT ☐ OTHER (Provide explanation)

DOCUMENT NUMBER

PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED.

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

SUBJECT IS NOT A U.S. CITIZEN.

PROVIDE TYPE OF DOCUMENT ISSUED

☐ I-94 ☐ U.S. Visa (red foil number) ☐ I-20 ☐ DS-2019 ☐ I-551 ☐ I-766

☐ FOREIGN PASSPORT (provide country)

☐ OTHER (provide explanation)

DOCUMENT NUMBER

PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED.

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

(CODE K) FBI FINGERPRINT NAME CHECK (FBFN)

(CODE N) BUREAU OF VITAL STATISTICS (BVS)

MOTHER'S FULL NAME

LAST NAME	FIRST NAME	MIDDLE NAME

MOTHER'S MAIDEN NAME (If Applicable)

LAST NAME	FIRST NAME	MIDDLE NAME

SUBJECT'S MAIDEN NAME (If Applicable)

LAST NAME	FIRST NAME	MIDDLE NAME

FATHER'S FULL NAME

LAST NAME	FIRST NAME	MIDDLE NAME

(CODE R) SAC NATIONAL AGENCY CHECK (SAC NAC) (INCLUDES CODES A, B, C, D, AND H. ENSURE CODES C AND H ARE COMPLETED.)

(CODE S) SPOUSE OR COHABITANT NACS

SPOUSE OR COHABITANT'S FULL NAMES (PROVIDE SPOUSE/COHAB FULL NAME. IF THE SPOUSE/COHAB ONLY HAS INITIALS IN HIS/HER NAME, PROVIDE THEM AND INDICATE "INITIALS ONLY". IF SPOUSE/COHAB DOES NOT HAVE A MIDDLE NAME, INDICATE "NO MIDDLE NAME." IF SPOUSE/COHAB IS A "JR.," "SR.," ETC. ENTER THIS UNDER SUFFIX.) Spouse ☐ Cohab ☐

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

SPOUSE OR COHABITANT'S OTHER FULL NAMES

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

DATE OF BIRTH (MM/DD/YYY)

PLACE OF BIRTH — SOCIAL SECURITY NUMBER

CITY	COUNTY	STATE	COUNTRY	

COUNTRY OF CITIZENSHIP

SELECT THE BOX THAT REFLECTS SPOUSE OR COHABITANT'S CITIZENSHIP STATUS. PROVIDE INFORMATION APPLICABLE TO SPOUSE OR COHABITANT'S CITIZENSHIP STATUS SELECTION. SELECT THE BOX THAT REFLECTS CURRENT CITIZENSHIP STATUS.

☐ U.S. CITIZEN OR NATIONAL BY BIRTH IN THE U.S. OR U.S. TERRITORY/COMMONWEALTH

☐ U.S. CITIZEN OR NATIONAL BY BIRTH, BORN TO U.S. PARENT(S), IN A FOREIGN COUNTRY

☐ NATURALIZED U.S. CITIZEN

☐ DERIVED U.S. CITIZEN

☐ SPOUSE/COHAB NOT A U.S. CITIZEN

U.S. CITIZEN OR NATIONAL BY BIRTH, BORN TO U.S PARENT(S), IN A FOREIGN COUNTRY. PROVIDE TYPE OF DOCUMENTATION OF U.S CITIZEN BORN ABROAD. — DOCUMENT NUMBER

☐ FS240 ☐ DS1350 ☐ FS 545 ☐ U.S. PASSPORT (current or most recent passport)

☐ OTHER (provide explanation)

PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED.

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

NATURALIZED OR DERIVED U.S. CITIZEN.

PROVIDE TYPE OF DOCUMENTATION OF NATURALIZED OR DERIVED U.S CITIZEN.

☐ CERTIFICATE OF NATURALIZATION ☐ CERTIFICATE OF CITIZENSHIP ☐ ALIEN REGISTRATION

☐ U.S. PASSPORT ☐ OTHER (Provide explanation)

DOCUMENT NUMBER

PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED.

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

SPOUSE OR COHABITANT NOT A U.S. CITIZEN.

PROVIDE TYPE OF DOCUMENT ISSUED

☐ I-94 ☐ U.S. Visa (red foil number) ☐ I-20 ☐ DS-2019 ☐ I-551 ☐ I-766

☐ FOREIGN PASSPORT (provide country)

☐ OTHER (provide explanation)

DOCUMENT NUMBER

PROVIDE THE NAME IN WHICH THE DOCUMENT WAS ISSUED.

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

(CODE X) NATIONAL CRIME INFORMATION CENTER/INTERSTATE IDENTIFICATION INDEX CHECK (NCIC/III) (SIGNED MEMORANDUM OF UNDERSTANDING (MOU) REQUIRED.)

(CODE 3) CONTINUOUS EVALUATION SPECIAL AGREEMENT CHECK (CE SAC) (SIGNED MEMORANDUM OF UNDERSTANDING (MOU) REQUIRED. PROVIDE ADDRESS AND DATES FOR EVERY PLACE LIVED FOR MORE THAN SIX MONTHS IN THE PAST 12 MONTHS. (NOTE: IF ALL RESIDENCES WERE LESS THAN 6 MONTHS, PROVIDE THOSE ADDRESSES AND DATES.) IF ADDITIONAL SPACE IS NEEDED, ATTACH A CONTINUATION SHEET TO THIS FORM.)

ADDRESS

MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP
MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP
MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP
MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP

(CODE 4) MILITARY DISCHARGE CHECK (MILD)

(CODE 8B) STATE CRIMINAL HISTORY REPOSITORY CHECK (SCHR) CHILD CARE SEARCHES (IN ADDITION TO THE FINGERPRINT CARD REQUIRED FOR THE FBI CHECK, COMPLETE ADDITIONAL INFORMATION NEEDED FOR THE STATE CRIMINAL HISTORY REPOSITORY (SCHR) CHECKS. PROVIDE SUBJECT'S RESIDENCE ADDRESS FOR EACH STATE OF RESIDENCE THAT A SCHR CHECK IS REQUESTED, BEGINNING WITH THE CURRENT ADDRESS. DOCUMENT SUBMISSION DETAILS FOR THE STATES SHOULD BE REVIEWED BEFORE SUBMITTING THE INVESTIGATION FOR CHILDCARE POSITIONS AND CAN BE FOUND IN THE DCSA CHILDCARE AGENCY GUIDE. THIS GUIDE IS AVAILABLE IN THE NP2 SECURE PORTAL IN A PUBLIC LIBRARY FOLDER LABELED "CHILDCARE INVESTIGATIONS DOCUMENTS". IF ADDITIONAL SPACE IS NEEDED, ATTACH A CONTINUATION SHEET TO THIS FORM.)

ADDRESS (Current)

MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP
MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP
MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP
MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP
MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP
MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP
MONTH/YEAR TO MONTH/YEAR	STREET ADDRESS	APT	CITY	STATE	ZIP