

SPECIAL AGREEMENT CHECK (SAC)

Sam

OFI FORM 86 C
JUNE 2004

U.S. OFFICE OF PERSONNEL MANAGEMENT
Center for Federal Investigative Services

CFTC Agreement Number: 1-2004	OPM USE ONLY	OPM Codes	Case Number
AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)			
1. SUBJECT'S FULL NAME			2. DATE OF BIRTH
Last Name	First Name	Middle Name (Suffix)	Month Day Year
3. PLACE OF BIRTH (Use the two letter code for the State)			4. SOCIAL SECURITY NUMBER
City	County	State	Country
			United States
5. OTHER NAMES USED AND DATES WHEN USED			
Name	From	To	Name
	Month Year	Month Year	
6. SEX (Mark one box)		7. SPECIAL AGREEMENT CODES	
<input type="checkbox"/> Female <input type="checkbox"/> Male			
8. POSITION TITLE			
9. SON		10. SOI	
C	T	O	O
11. IPAC-ALC Number		12. Accounting Data	

13. OTHER INFORMATION REQUIRED BY AGREEMENT

CODE E (CREDIT) – Fill in subject's address for every place lived for more than three month in the past 12 months. If additional space is needed, attach a continuation sheet to this form.

Month/Year to Month/Year #1	Street Address	Apt#	City	State	Zip
Month/Year to Month/Year #2	Street Address	Apt#	City	State	Zip
Month/Year to Month/Year #3	Street Address	Apt#	City	State	Zip
Month/Year to Month/Year #4	Street Address	Apt#	City	State	Zip

14. Name and Title of Requesting Official	Signature of Requesting Official	Telephone Number ()	Date