

SPECIAL AGREEMENT CHECKS (SAC)

OFI FORM 86C
MAY 2010

U.S. OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIVE SERVICES

Agency Agreement Number	OPM USE ONLY	OPM Codes	Case Number
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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	Abbrev.	Month	Day Year
3. PLACE OF BIRTH · Use the 2 letter code for the state				4. SOCIAL SECURITY NUMBER	
City	County	State	Country		
5. OTHER NAMES AND DATES WHEN USED					
Name	Month/Year To	Month/Year	Name	Month/Year To	Month/Year
Name	Month/Year To	Month/Year	Name	Month/Year To	Month/Year
6. SEX (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male		7. SPECIAL AGREEMENT CODES 8, B		8. POSITION TITLE	
9 SON	10 SOI	11 IPAC-ALC NUMBER		12 ACCOUNTING DATA	

13 OTHER INFORMATION REQUIRED BY AGREEMENT

(**CODE 8**) Child Care searches– Complete additional information needed for State Criminal History Repository checks. Fill in subject's address for every place lived in the past 5 years, beginning with the present (#1) and working backwards. If additional space is needed, attach a continuation sheet to this form.

Month/Year to Month/Year 1. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 2. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 3. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 4. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 5. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 6. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 7. to	Street Address	Apt. #	City	State	Zip

14 Requesting Official Name and Title	Signature	Telephone Number (including area code)	Date
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