

## SPECIAL AGREEMENT CHECK (SAC)

OFI FORM 86C  
MANAGEMENT  
September 2001

U.S. OFFICE OF PERSONNEL

Investigations Service

Agency Agreement Number	OPM USE ONLY	OPM Codes	Case Number		
<b>AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)</b>					
<b>1. SUBJECT'S FULL NAME</b>			<b>2. DATE OF BIRTH</b>		
Last Name	First Name	Middle Name (Suffix)	Month	Day	Year
<b>3. PLACE OF BIRTH (Use the two letter code for the State)</b>			<b>4. SOCIAL SECURITY NUMBER</b>		
City	County	State	Country		
<b>5. OTHER NAMES USED AND DATES WHEN USED</b>					
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year
<b>6. SEX (Mark one box)</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>7. SPECIAL AGREEMENT CODES</b>  <b>S</b>		<b>8. POSITION TITLE</b>	
<b>9. SON</b>		<b>10. SOI</b>		<b>11. OPAC-ALC Number</b>	
				<b>12. Accounting Data</b>	

**13. OTHER INFORMATION REQUIRED BY AGREEMENT**

Date of Prior Investigation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Prior Investigation: [ ] SSBI [ ] SSBI-PR [ ] Other \_\_\_\_\_  
Month Day Year (indicate type)

Please indicate relation code in block below and complete the necessary data.  
 20 - Spouse      21 - Cohabitant

(01) RELATION CODE \_\_\_\_\_

NAME:  
 LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ SUFFIX \_\_\_\_\_  
(eg. Jr., Sr., etc.)

Other Names Used	LAST	FIRST	MIDDLE	FROM (M/Y)	TO (M/Y)	NEE (X)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ POB CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ CITIZENSHIP \_\_\_\_\_

CITIZENSHIP CERTIFICATION # \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ALIEN REGISTRATION # \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

14. Name and Title of Requesting Official	Signature of Requesting Official	Telephone Number (      )	Date
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**INSTRUCTIONS FOR COMPLETING OFI FORM 86C**

**GENERAL:** Agencies use this form to request limited investigations, or checks, of persons in positions for which there is a special agreement with OPM that permits and specifies alternative procedures to meet investigative requirements. Complete all items on this form according to your agreement with OPM and using information obtained from the person to be checked or from documents provided by the person. THIS FORM MUST BE TYPED. Submit this form and any other documentation specified in the written agreement to:

**OPM-FIPC  
BOYERS, PA 16018**

**INSTRUCTIONS FOR SPECIFIC ITEMS**

1	The subject's full name must be given. If the subject is a "Jr.," "Sr.," "III", etc., enter the abbreviation in the space for suffix after the middle name. If the subject has initials only, enter each initial in the appropriate box. If the subject has no middle name, enter "NMN".																																																																																																																								
2	Provide the month, day, year of subject's birth. Example: Enter June 7, 1942 as: "06/07/42".																																																																																																																								
3	Subject's place of birth: Enter full name of city/town under CITY. Under COUNTY, give county if born in United States. Using the coding shown below, 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.  <b>CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 3)</b>  <table border="0"> <tr> <td>Alabama</td><td>AL</td><td>Hawaii</td><td>HI</td><td>Massachusetts</td><td>MA</td><td>New Mexico</td><td>NM</td><td>South Dakota</td><td>SD</td> </tr> <tr> <td>Alaska</td><td>AK</td><td>Idaho</td><td>ID</td><td>Michigan</td><td>MI</td><td>New York</td><td>NY</td><td>Tennessee</td><td>TN</td> </tr> <tr> <td>Arizona</td><td>AZ</td><td>Illinois</td><td>IL</td><td>Minnesota</td><td>MN</td><td>North Carolina</td><td>NC</td><td>Texas</td><td>TX</td> </tr> <tr> <td>Arkansas</td><td>AR</td><td>Indiana</td><td>IN</td><td>Mississippi</td><td>MS</td><td>North Dakota</td><td>ND</td><td>Utah</td><td>UT</td> </tr> <tr> <td>California</td><td>CA</td><td>Iowa</td><td>IA</td><td>Missouri</td><td>MO</td><td>Ohio</td><td>OH</td><td>Vermont</td><td>VT</td> </tr> <tr> <td>Colorado</td><td>CO</td><td>Kansas</td><td>KS</td><td>Montana</td><td>MT</td><td>Oklahoma</td><td>OK</td><td>Virginia</td><td>VA</td> </tr> <tr> <td>Connecticut</td><td>CT</td><td>Kentucky</td><td>KY</td><td>Nebraska</td><td>NE</td><td>Oregon</td><td>OR</td><td>Washington</td><td>WA</td> </tr> <tr> <td>Delaware</td><td>DE</td><td>Louisiana</td><td>LA</td><td>Nevada</td><td>NV</td><td>Pennsylvania</td><td>PA</td><td>West Virginia</td><td>WV</td> </tr> <tr> <td>Florida</td><td>FL</td><td>Maine</td><td>ME</td><td>New Hampshire</td><td>NH</td><td>Rhode Island</td><td>RI</td><td>Wisconsin</td><td>WI</td> </tr> <tr> <td>Georgia</td><td>GA</td><td>Maryland</td><td>MD</td><td>New Jersey</td><td>NJ</td><td>South Carolina</td><td>SC</td><td>Wyoming</td><td>WY</td> </tr> <tr> <td>American Samoa</td><td>AS</td><td>District of Columbia</td><td>DC</td><td>Guam</td><td>GU</td><td>Northern Mariana Island</td><td>CM</td><td>Puerto Rico</td><td>PR</td> </tr> <tr> <td>Trust Territory</td><td>TT</td><td>Virgin Islands</td><td>VI</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	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	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	American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Mariana Island	CM	Puerto Rico	PR	Trust Territory	TT	Virgin Islands	VI						
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4	Provide the subject's Social Security Number.																																																																																																																								
5	To the extent information is available, list all other names the subject was known by or is now using. If the subject is female, and is or was married, include maiden name, and other married names if married more than once. Provide beginning and ending dates for use of each name. Identify maiden name with "NEE".																																																																																																																								
6	Check the appropriate box to specify sex as MALE or FEMALE.																																																																																																																								
7	List the Special Agreement codes provided in the agreement with OPM.																																																																																																																								
8	Give subject's position title.																																																																																																																								
9	Give your Submitting Office Number (SON), assigned by OPM.																																																																																																																								
10	Give your Security Office Identifier (SOI), assigned by OPM.																																																																																																																								
11	Enter your agency's ALC (Agency Location Code) assigned by Treasury for use in the OPAC (On-line Payment And Collection) billing system (formerly SIBAC).																																																																																																																								
12	Your may enter your agency data for internal use. Up to 25 characters may be entered in this block. (The information you enter will be printed on documents used to close the case to your agency.) If your agency does not need this information, leave the block blank.																																																																																																																								
13	Provide any other information required by the agreement with OPM. The format and content of the data must be exactly as specified on the form.																																																																																																																								
14	Type the requestor's Name, Title, and Telephone Number, and the Date. Form must be signed by the requestor.																																																																																																																								

