

Standard Form 86 Certification

INSTRUCTIONS: PLEASE TYPE OR LEGIBLY PRINT YOUR ANSWERS IN BLACK INK. Referencing information contained in your **most recent Standard Form 86 (SF 86), Questionnaire for National Security Positions**, (OMB No. 3206-0005), or information disclosed upon the **date of your last background investigation**, complete this Form. All questions on this Form must be answered. Any changes that you make to this Form after you sign it must be initialed and dated by you. The U.S. Criminal Code (Title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000 and/or 5 years imprisonment, or both.

Do not provide information you have already provided on your most recent SF 86. Any **Yes** responses under Blocks 2 and/or 3 must be explained in Block 4. If additional space is needed, use a blank piece of paper. Each blank piece of paper must contain your **name, date, and Social Security Number** at the top of the page. Conclude by *certifying* the accuracy of your answers in Block 5, the Certification Note. You may request an interview with a government security officer/agent if you have questions pertaining to Blocks 2 and 3. Contractors shall inform employees that this Certification Form may be completed in private and returned to security personnel in a sealed envelope. It is **IMPORTANT** that you keep your most recent Standard Form 86 and a **COPY** of this certification form in your personal records file for immediate retrieval.

Block 1 - Identification

Full Name (Last, First, Middle, Maiden)		Social Security Number (SSN)	
DAVE JOHNSON		123 - 45 - 6789	
Date of Birth (mm/dd/yyyy)	Place of Birth		
01/02/1980	NEW YORK		
Telephone Numbers	Work	Home	Email
	(123) 456 - 7899	(234) 546 - 2222	abc@gmail.com

STOP! Check this box if you wish to consult with a government security officer before completing Blocks 2 and/or 3.

Block 2 - Part 1 of the Standard Form 86

Instructions: The following **Sections**, noted in Blocks 2 and 3, correlate with your SF 86. If you report **no change** to a Section, place an "X" in the **No** box. If there is a **change** to report, place an "X" in the **Yes** box. All **Yes** answers **must** be explained under Block 4, Explanation/Remarks.

Yes	No	
	<input checked="" type="checkbox"/>	Section 5. (Other Names Used)
	<input checked="" type="checkbox"/>	Section 6. (Other Identifying Information, Height/Weight/Hair/Eye/Sex M-F) (<i>Not Applicable</i>)
	<input checked="" type="checkbox"/>	Section 7. (Telephone Numbers) (<i>Provide under Block 1, above</i>)
	<input checked="" type="checkbox"/>	Section 8. (Citizenship)
	<input checked="" type="checkbox"/>	Section 9. (Where You Have Lived)
	<input checked="" type="checkbox"/>	Section 10. (Where You Went To School)
	<input checked="" type="checkbox"/>	Section 11. (Your Employment Activities)
	<input checked="" type="checkbox"/>	Section 12. (People Who Know You Well) (<i>Not Applicable</i>)
	<input checked="" type="checkbox"/>	Section 13. (Your Spouse)
	<input checked="" type="checkbox"/>	Section 14. (Your Relatives and Associates)
	<input checked="" type="checkbox"/>	Section 15. (Citizenship of Your Relatives and Associates)
	<input checked="" type="checkbox"/>	Section 16. (Your Military History)
	<input checked="" type="checkbox"/>	Section 17. (Your Foreign Activities)
	<input checked="" type="checkbox"/>	Section 18. (Foreign Countries You Have Visited)

