



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Federal Investigative
Services

Federal Investigations Notice

Notice No. 10-07

Date: August 31, 2010

SUBJECT: Periodic Assessment Special Agreement Check

The Office of Personnel Management (OPM) is offering an optional Special Agreement Check (SAC) product in FY 2011 to support agencies in their assessments of employees' continued eligibility to access classified information. The product provides a quick and cost effective method for assessing employees to support a more robust continuous evaluation program, and is available for all employees who previously completed a Standard Form 86, "Questionnaire for National Security Positions."

The OPM Periodic Assessment SAC (PA SAC) product includes searches of Department of Treasury's Financial Crimes Enforcement Network (FinCEN), credit bureaus, the Federal Bureau of Investigation's (FBI) National Crime Information Center (NCIC), and a list of previous investigations recorded in OPM's Security/Suitability Investigations Index (SII). The price for the PA SAC product is \$32. Agencies may request this SAC using the INV 86C, Special Agreement Check form or Personnel Investigations Process System (PIPS) Agency User SAC submission process. A signed interagency agreement is required to request the PA SAC product. The PA SAC product does not replace or supersede the regulatory requirement to conduct periodic reinvestigations, pursuant to E.O. 12968, Access to Classified Information.

If you would like additional information regarding this product, or if you are interested in establishing an agreement, please contact your Agency Liaison representative at 724-794-5612.

A handwritten signature in black ink, appearing to read "Kathy Dillaman", with a long horizontal line extending to the right.

Kathy Dillaman
Associate Director
Federal Investigative Services

Inquiries: OPM-FIS, Agency Liaison, (724) 794-5612

Distribution: SOI's

Expiration: When superseded

SPECIAL AGREEMENT CHECKS (SAC)

INV FORM 86C
July 2010

U.S. OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIVE SERVICES

Agency Agreement Number	OPM USE ONLY	OPM Codes	Case Number
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AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14)

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	Name	Month/Year To	Month/Year To
Name	Month/Year To	Name	Month/Year To	Month/Year To
6. SEX (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male	7. SPECIAL AGREEMENT CODES		8. POSITION TITLE	
9. SON	10. SOI	11. IPAC-ALC NUMBER	12. ACCOUNTING DATA	

13. OTHER INFORMATION REQUIRED BY AGREEMENT

(CODE S) Spouse/Cohabitant NACs – Complete if needed

SPOUSE/COHABITANT'S FULL NAME			DATE OF BIRTH	
Last Name	First Name	Middle Name	Abbrev.	Month Day Year
PLACE OF BIRTH - Use the 2 letter code for the state			SOCIAL SECURITY NUMBER	
City	County	State	Country	
OTHER NAMES AND DATES WHEN USED				
Name	Month/Year To	Name	Month/Year To	Month/Year To
Name	Month/Year To	Name	Month/Year To	Month/Year To

(CODE E and 3) Credit Record – Complete if Needed. Fill in subject's address for every place lived for more than three months in the past 12 months. If additional space is needed, attach a continuation sheet to this form.

Month/Year to Month/Year to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year to	Street Address	Apt. #	City	State	Zip

(CODE I) Citizenship and Immigration information – Complete if Needed.

- Naturalized U.S. Citizen
 U.S. Citizen or national by birth, born outside the U.S. Not a U.S. Citizen

U.S. PASSPORT <i>current or most recent passport</i>		ALIEN REGISTRATION NUMBER <i>(if applicable)</i>	
Number	Document Number	Expired Y <input type="checkbox"/> N <input type="checkbox"/>	Number

DOCUMENTATION OF U.S. CITIZENS BORN ABROAD (STATE DEPARTMENT FORM (FS) 240, DS 1350, FS 545, etc.) Report if applicable

Date form was completed	Document Number	Place of Issuance
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CITIZENSHIP CERTIFICATE *(if applicable)*

Where was this certificate issued? City/Court	State	Certificate Number	Date Issued
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NATURALIZATION CERTIFICATE *(if applicable)*

Where was this certificate issued? City/Court	State	Certificate Number	Date Issued
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IMMIGRATION STATUS *Place you entered the U.S.*

City	State	Country(ies) of citizenship
Date of entry	Type of document (I-94, etc.)	Document Number

(CODE N) Bureau of Vital Statistics – Complete if needed

Mother's Full Name	Mother's Maiden Name	Father's Full Name
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14 Requesting Official Name and Title	Signature	Telephone Number (including area code)	Date
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