Provide SOI (if amending):

Commercial 724 794-5612 Fax 724 738-0814

U.S. Office of Personnel Management National Background Investigations Bureau Processing Center PO Box 618 Boyers, PA 16018-0618

Corresponding SOI(s) (if applicable):

SECURITY OFFICE IDENTIFIER (SOI) CREATION AND AMENDMENT FORM ATTENTION: SECURITY OFFICER

The National Background Investigations Bureau (NBIB) authorizes each agency security office a 4-character identifier called the SOI. The SOI permits NBIB to return investigative reports to agency-approved addresses. The SOI also

| per | mits security offices to obtain detailed An accurate mailing address for Name and social security number | the security office | · | must provide NBIB the following: |
|----------|---|---|---|--|
| Su | Type and date of most recent barequest an SOI or advise NBIB of SO bmit the form via mail, fax, or mess secure channels. For additional inform | ckground investigati I changes, legibly co aging in the <u>NP2 po</u> | on completed on the aut mplete the necessary ite ortal to NBIB SON SOI. | ms on the form below. Do not submit PII through |
| 1. 2. | Check this block if requesting a no Change/add agency name and/or a Agency Name: | | p code): | |
| | Address: | | | |
| | City: | | State: | Zip Code: |
| 3. | Change/add security office teleph Commercial: | one numbers (NBIE Extension: | 3 does not have DSN ca Commercial: | apabilities): Extension: |
| 4. | Change/add financial fields: Treasury Account Symbol (TAS) | ı: | | |
| | Intra-Governmental Payment & Collection (IPAC): Business Event Type Code (BETC): | | | |
| 5. | Change/add security officer: Name: | | | |
| | SSN: | Type/date of last investigation: | | |
| 6. | Add authorized callers: Name: | | Name: | |
| | SSN: | | SSN: | |
| | Type/date of last investigation: | | Type/date of last i | nvestigation: |
| 7. | Delete authorized callers: Name: | | SSN (last 4): | |
| | Name: | | SSN (last 4): | |
| 8. | Add email address (NOTE: Do not provide individual's email address): Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications: Provide a group email address for continuous evaluation notifications: | | | |
| | | | | |

Signature:

Email Address:

SOI Security Officer Name: