INV FORM 40 (Rev. 4/06) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

GENERAL REQUEST FOR INVESTIGATIVE INFORMATION U.S. GOVERNMENT USE ONLY

F R O VI	UNITED STATES OFFICE OF PERSONNEL MANAGEMENT FEDERAL INVESTIGATIONS PROCESSING CENTER PO BOX 618 BOYERS, PA 16018-0618
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	NICTIONS. We are investigating the array identified below. Plant and the second of the

INSTRUCTIONS: We are investigating the person identified below. Please search your records, indicating the results by marking one of the ovals on the reverse of this form. If any pertinent information is contained in your records, please send a photocopy as an attachment to this form. If a photocopy is not available, report the pertinent information in the "remarks" section. Please return the completed form, with any attachments to the Office of Personnel Management at the address shown above.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, in good your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

FULL NAME (LAST, FIRST, MID	DLE)	
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OTHER NAMES USED		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION FOR WHICH INVESTIGATED
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PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165). Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this artiflers.

MARKING INSTRUCTIONS

CORRECT MARK:

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

INCORRECT MARKS:

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MARK THE OVAL CORRESPONDING TO THE RESULTS OF YOUR RECORD SEARCH

- A RECORD INFORMATION SHOWN BELOW
- **B** RECORD IS ATTACHED
- © NO PERTINENT INFORMATION
- D OPM REVIEW
- **E** ABOVE INFORMATION VERIFIED

- F PREVIOUSLY FURNISHED (Explain in REMARKS section)
- G RECORD AT ANOTHER LOCATION (Enter address and ZIP code in REMARKS section)
- H NOT LOCATED (Explain in REMARKS section)
- NO RECORD

IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.	
REMARKS	
PLEASE SIGN THIS FORM HERE:	DATE
	DANGINE TELEPHONE WASHE
YOUR TITLE:	DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)

FOR OPM USE ONLY									
RESULTS		ISSUES/CHARACTERIZATION							
AC ACCEPTABLE	(IS) ISSUES	1 (O) (A) (B) (C) (D) (E) (N)	9 (O (A) (B) (C) (D) (E) (N)						
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PA CONFIDENTIAL/ACCEPTABLE	RECORD INCONCLUSIVE	3 (D (A) (B) (C (D) (E) (N)	11 0 A B C D E N						
NO PERTINENT INFORMATION	FR FEE REQUIRED	4 (O) (A) (B) (C) (D) (E) (N)	12 O A B C D E N						
NR NO RECORD	RELEASE REQUIRED	5 (O) (A) (B) (C) (D) (E) (N)	13 O A B C D E N						
NOT LOCATED	SK SUBJECT UNKNOWN	6 O A B C D E N	14 0 A B C D E N						
UNABLE TO CONTACT	NZ NOT AVAILABLE	7 O A B C D E N							
REFERRED	ON DISCREPANT	8 O A B C D E N							
RR RECORD									