

Figures

Due to the size and nature of the first figure, [Figure 1.C-1](#) can be found on page 2.

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 1, Addendum C

Figures

FIGURE 1.C-1 STANDARD FORM (SF) 85P SAMPLE

Standard Form 85P (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR
PUBLIC TRUST POSITIONS

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

OPM USE ONLY		Codes		Case Number	
Agency Use Only (Complete items A through P using instructions provided by USOPM)					
A Type of Investigation	B Extra Coverage	C Sensitivity/Risk Level	D Compu./ADP	E Nature of Action Code	F Date of Action Month Day Year
G Geographic Location	H Position Code	I Position Title			
J SON	K Location of Official Personnel Folder None NPRC At SON	Other Address			ZIP Code
L SOI	M Location of Security Folder None At SOI NPI	Other Address			ZIP Code
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number				
P Requesting Official	Name and Title	Signature		Telephone Number ()	Date



In field P, format your response as follows:

**** COR Name, Title | COR Signature | COR Phone Number**

It is important to note field with an asterisk - this will alert OPM of the presence of inquiry contact information at the bottom of the page.

At the bottom of the page, note "***Inquiry Contact Information" and list the FSO Name, Title and Phone Number.

6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male
7 TELEPHONE NUMBERS	Work (include Area Code and extension) Day () Night ()		Home (include Area Code) Day () Night ()		
8 CITIZENSHIP	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d. I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d. I am not a U.S. citizen. Answer items b and e.				b Your Mother's Maiden Name
c UNITED STATES CITIZENSHIP	If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.				
Naturalization Certificate (Where were you naturalized?)					
Court		City	State	Certificate Number	Month/Day/Year Issued
Citizenship Certificate (Where was the certificate issued?)					
City		State	Certificate Number	Month/Day/Year Issued	
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States					
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year	Explanation		
U.S. Passport					
This may be either a current or previous U.S. Passport			Passport Number	Month/Day/Year Issued	
d DUAL CITIZENSHIP	If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.				Country
e ALIEN	If you are an alien, provide the following information:				
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship

Exception to SF85, SF85P, SF85P-S, SF86, and SF86A approved by GSA September, 1995.
Designed using Perform Pro, WHS/DIOR, Sep 95



**** Inquiry Contact Information: FSO Name, Title | FSO Phone Number.**

TRICARE Systems Manual 7950.2-M, February 1, 2008

Chapter 1, Addendum C

Figures

FIGURE 1.C-2 SF 85P COVER SHEET INSTRUCTIONS

PART 1	CODES	
		Enter R for Advance Fingerprint Results
A	Type of Investigation	Depends on level of IT (ADP) applying for: <ul style="list-style-type: none"> • IT (ADP) I - use code 30C • IT (ADP) II - use code 08B
B	Extra Coverage	Enter 3 for Advance National Agency Check (NAC)
C	Sensitivity/Risk Level	Depends on level IT (ADP) applying for: <ul style="list-style-type: none"> • IT (ADP) I - use code 6 (High Risk) • IT (ADP) II - use code 5 (Moderate Risk)
D	Compu/ADP	Enter C if investigation is for an IT (ADP)-Computer position. If not, leave blank.
E	Nature of Action Code	Enter CON for contractor.
F	Date of Action	Leave blank.
G	Geographic Location	Leave blank.
H	Position Code	Leave blank.
I	Position Title	Enter CON for contractor.
J	SON	Enter 480G for TMA Privacy Office.
K	Location of Official Personnel Folder (OPF)	Check the correct box that gives the location of the OPF. <ul style="list-style-type: none"> • NONE: If the person has never been a Federal employee. • NPRC: If the OPF is at the National Personnel Records Center. • AT SON: If the OPF is at the Submitting Office. • OTHER ADDRESS: If the OPF is at any other location (for example, the SOI), give the address.
L	SOI	Enter DD03 .
M	Location of Security Folder	Check the correct box that identifies the location of the Security Folder. <ul style="list-style-type: none"> • NONE: If there is no security file at your agency. • AT SOI: If there is a security file at your agency, and it should be reviewed. • NPI: If there is a security file at your agency, but it contains no pertinent information. • OTHER ADDRESS: If your agency's security file should be reviewed and it is not at the SOI, furnish the address.
N	OPAC-ALC Number	Enter DoD-TMA .
O	Accounting Data and/or Agency Case Number	Enter the contracting company's SON .
P	Requesting Official	Enter the name, title, and signature of the contractor's facility security office, as well as the date and telephone number, including area code.

* FSO signature and telephone number should be put at the bottom of the SF 85P cover page.

FIGURE 1.C-3 COVER LETTER FOR FACILITY SECURITY OFFICER/PUBLIC TRUST OFFICIAL

Company Letterhead

From: Company Designated Official

To: Contracting Officer's Representative,
Contract #
Delivery Order #

Subject: Request for Signatures on SF 85P Questionnaire for Public Trust Positions

Attach is/are the Questionnaire for Public Trust Positions (SF 85P) form(s) for one/multiple employee(s) that needs to be processed for a background investigation. Please complete block P of each SF 85P form, sign this cover letter acknowledging receipt, and return this signed cover letter with the completed SF 85P forms. The following list contains the name(s), Social Security Number(s), date(s) of birth and ADP Level(s) requested for the attached SF 85P form(s). **The COR will scan the cover letter and forward the document to the TMA PSD and return the first page of the SF 85P and the signed cover letter to the contractor's FSO.** All investigation requests must be tracked in the Joint Personnel Adjudication System (JPAS) by the TMA Privacy Office staff.

Name	SSN	DOB	ADP Level Requested	Date
Doe, John F.	123-45-6789	06/15/1970	ADP-II	

John Smith
Designated Company Official

I, **(COR's Name)**, acknowledge receipt of the SF 85P form(s) for the personnel listed above. Received on **(Date)**. Completed and returned on **(Date)**.

Linda Smith
COR

- END -