

Program:	693-S (formerly 138-S)					
Term:	Date of Award to February 28, 2017					
Title:	Social Security Administration (Third Party Draft Checks)					
			NPC INC.		CURRENT CONTRACTOR	
		BASIS OF	CLAYSBURG, PA		NPC, INC.	
ITEM NO.	DESCRIPTION	AWARD	UNIT RATE	COST	UNIT RATE	COST
I.	PREPRESS					
(a)	Digital Content proofs.....per trim/page size-unit.....	6	\$5.00	\$30.00	\$10.00	\$60.00
(b)	SSA Prior to Production Test Samples.....per set of 100.....	1	\$125.00	\$125.00	\$125.00	\$125.00
II.	PRINTING AND CONSTRUCTION:					
	Laser style.....per 1,000 checks.....	160	\$299.86	\$47,977.60	\$249.92	\$39,987.20
	CONTRACTOR TOTALS			\$48,132.60		\$40,172.20
	DISCOUNT		0.25%	\$120.33	0.25%	\$100.43
	DISCOUNTED TOTALS			\$48,012.27		\$40,071.77
				AWARDED		

U.S. GOVERNMENT PUBLISHING OFFICE

Washington, DC

GENERAL TERMS, CONDITIONS, AND SPECIFICATIONS

For the Procurement of

SSA Third Party Draft Checks

as requisitioned from the U.S. Government Publishing Office (GPO) by the

Social Security Administration (SSA)

Single Award

TERM OF CONTRACT: The term of this contract is for the period beginning **Date of Award** and ending **February 28, 2017** plus up to four optional 12-month extension periods that may be added in accordance with the "OPTION TO EXTEND THE TERM OF THE CONTRACT" clause in Section 1 of this contract.

Government processing of the security requirements and printing of Prior to Production test samples (SSA and/or Bank test checks) will take place from Date of Award through February 29, 2016. Actual production begins March 1, 2016.

BID OPENING: Bids shall be publicly opened at 11:00 a.m., prevailing Washington, DC time, on **November 3, 2015**.

BID SUBMISSION: Submit bid in pre-addressed envelope furnished with solicitation or send to: U.S. Government Publishing Office, Bid Section, Room C-848, Stop: PPSGB, 732 North Capitol Street, NW, Washington, DC 20401. Facsimile bids in response to this solicitation are permitted. Facsimile bids may be submitted directly to the GPO Bid Section, Fax No. (202) 512-1782. The program number and bid opening date must be specified with the bid. Refer to Facsimile Bids in Solicitation Provisions of GPO Contract Terms, GPO Publication 310.2, as revised June 2001. Hand delivered bids are to be taken to: GPO Bookstore, 710 North Capitol Street, NW, Washington, DC, between the hours of 8:00 a.m. and 4:00 p.m., Eastern Standard Time, Monday through Friday. The contractor is to follow the instructions in the Bid Submission/Opening area. If further instruction or assistance is required, call (202) 512-0526.

RESTRICTION ON LOCATION OF PRODUCTION FACILITIES: Due to the security requirements set forth in these specifications, all checks and security paper must be produced in the United States.

BIDDERS, PLEASE NOTE: These specifications have been *extensively* revised; therefore, all bidders are cautioned to familiarize themselves with all provisions of these specifications before bidding.

Abstracts of contract prices are available at <http://www.gpo.gov/gpo/abstracts/abstract.action?region=DC>

For information of a technical nature call **David Love** (202) 512-0310 (No collect calls).

SECTION 1 - GENERAL TERMS AND CONDITIONS

GPO CONTRACT TERMS: Any contract which results from this Invitation for Bid will be subject to the applicable provisions, clauses, and supplemental specifications of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 6-01)) and GPO Contract Terms, Quality Assurance through Attributes Program for Printing and Binding (GPO Publication 310.1, effective May 1979 (Rev. August 2002)).

GPO Contract Terms (GPO Publication 310.2) – <http://www.gpo.gov/pdfs/vendors/sfas/terms.pdf>

GPO QATAP (GPO Publication 310.1) – <http://www.gpo.gov/pdfs/vendors/sfas/qatap.pdf>

DISPUTES: GPO Publication 310.2, GPO Contract Terms, Contract Clause 5. Disputes, is hereby replaced with the June 2008 clause found at www.gpo.gov/pdfs/vendors/contractdisputes.pdf. This June 2008 clause also cancels and supersedes any other disputes language currently included in existing contractual actions.

SUBCONTRACTING: The predominant production function is printing. The provisions of Government Publishing Office (GPO) Publication 310.2 are modified to permit subcontracting of the MICR imprinting of checks.

Note: The contractor shall be responsible for enforcing all contract requirements outsourced to a subcontractor.

QUALITY ASSURANCE LEVELS AND STANDARDS: The following levels and standards shall apply to these specifications:

Product Quality Levels:

- (a) Printing (page related) Attributes – Level II.
- (b) Finishing (item related) Attributes – Level II.

Inspection Levels (from ANSI/ASQC Z1.4):

- (a) Non-destructive Tests - General Inspection Level I.
- (b) Destructive Tests - Special Inspection Level S-2.

Specified Standards: The specified standards for the attributes requiring them shall be:

<u>Attribute</u>	<u>Specified Standard</u>
P-7. Type Quality and Uniformity	Approved Proofs/ Prior to Production samples/ Electronic Media Output
P-9. Solid and Screen Tint Color Match	Pantone Matching System

QUALITY CONTROL REQUIREMENTS: Prior to start-up, the contractor must put into effect, and maintain, within their own organization, an independent quality assurance organization of sufficient size and expertise to monitor the operations performed and inspect the products of each operation to a degree and extent that will insure the Government's quality assurance, inspection, and acceptance provisions herein are met. The contractor must perform the process controls, inspections, and tests required to substantiate that the checks provided under this contract conform to the specifications and contract requirements.

OPTION TO EXTEND THE TERM OF THE CONTRACT: The Government has the option to extend the term of this contract for a period of 12 months by written notice to the contractor not later than 30 days before the contract expires. If the Government exercises this option, the extended contract shall be considered to include this clause, except, the total duration of the contract may not exceed approximately three (3) months for **Government processing of the security requirements and printing of Prior to Production test samples (SSA and/or Bank test checks)**, and five (5) years for actual production as a result of, and including, any extension(s) added under this clause. Further extension may be negotiated under the "EXTENSION OF CONTRACT TERM" clause. See also "ECONOMIC PRICE ADJUSTMENT" for authorized pricing adjustment(s).

EXTENSION OF CONTRACT TERM: At the request of the Government, the term of any contract resulting from this solicitation may be extended for such period of time as may be mutually agreeable to the GPO and the contractor.

ECONOMIC PRICE ADJUSTMENT: The pricing under this contract shall be adjusted in accordance with this clause, provided that in no event will any pricing adjustment be made that would exceed the maximum permissible under any law in effect at the time of the adjustment. There will be no adjustment for orders placed during the first period specified below. Pricing will thereafter be eligible for adjustment during the second and any succeeding performance period(s). For each performance period after the first, a percentage figure will be calculated as described below and that figure will be the economic price adjustment for that entire next period. Pricing adjustments under this clause are not applicable to reimbursable postage or transportation costs, or to paper, if paper prices are subject to adjustment by separate clause elsewhere in this contract.

For the purpose of this clause, performance under this contract will be divided into successive periods. The first period will extend from the **Date of Award** through **February 28, 2017** and the second and any succeeding period(s) will extend for 12 months from the end of the last preceding period, except that the length of the final period may vary. The first day of the second and any succeeding period(s) will be the effective date of the economic price adjustment for that period.

Pricing adjustments in accordance with this clause will be based on changes in the seasonally adjusted "Consumer Price Index For All Urban Consumers - Commodities Less Food" (Index) published monthly in the CPI Detailed Report by the U.S. Department of Labor, Bureau of Labor Statistics.

The economic price adjustment will be the percentage difference between Index averages as specified in this paragraph. An index called the variable index will be calculated by averaging the monthly Indexes from the 12-month interval ending 3 months prior to the beginning of the period being considered for adjustment. This average is then compared to the average of the monthly Indexes for the 12-month interval ending **July 31, 2015** called the base index. The percentage change (plus or minus) of the variable index from the base index will be the economic price adjustment for the period being considered for adjustment.

The Government will notify the contractor by contract modification specifying the percentage increase or decrease to be applied to invoices for orders placed during the period indicated. The contractor shall apply the percentage increase or decrease against the total price of the invoice less reimbursable postage or transportation costs and separately adjusted paper prices. Payment discounts shall be applied after the invoice price is adjusted.

SECURITY REQUIREMENTS:

Protection of Confidential Information:

- (a) The contractor shall restrict access to all confidential information obtained from the SSA in the performance of this contract to those employees and officials who need it to perform the contract.

Employees and officials who need access to confidential information for performance of the contract will be determined at the post-award conference between the Contracting Officer and the responsible contractor representative.

- (b) The contractor must process all confidential information obtained from SSA in the performance of this contract under the immediate supervision and control of authorized personnel, and in a manner that will protect the confidentiality of the records in such a way that unauthorized persons cannot retrieve any such records.
- (c) The contractor must inform all personnel with access to the confidential information obtained from SSA in the performance of this contract of the confidential nature of the information and the safeguards required to protect this information from improper disclosure.
- (d) For knowingly disclosing information in violation of the Privacy Act, the contractor and the contractor employees may be subject to the criminal penalties as set forth in 5 U.S.C Section 552a (i)(1), which is made applicable to contractors by 5 U.S.C. 552a (m)(1) to the same extent as employees of the SSA. For knowingly disclosing confidential information as described in section 1106 of the Social Security Act (42 U.S.C. 1306), the contractor and contractor's employees may also be subject to the criminal penalties as set forth in that provision.

- (e) The contractor shall assure that each contractor employee with access to confidential information knows the prescribed rules of conduct, and that each contractor employee is aware that he/she may be subject to criminal penalties for violations of the Privacy Act and/or the Social Security Act.

When the contractor employees are made aware of this information, they will be required to sign the SSA-301, "Contractor Personnel Security Certification". See **Exhibit A**.

A copy of this signed certification must be forwarded to: Social Security Administration (SSA), Office of Printing and Alternative Media Services (OPAMS), 6401 Security Blvd., 1369 Annex Building, Baltimore, MD 21235-6401. Attn: Kate Schmidt.

A copy must also be forwarded to: U.S. GPO, 732 North Capitol Street, NW, CSAPS, DCT 1, Room C-838, Washington, DC 20401. Attn: David Love.

- (f) All confidential information obtained from SSA for use in the performance of this contract shall, at all times, be stored in an area that is physically safe from unauthorized access.
- (g) Performance of this contract may involve access to tax return information as defined in 26 U.S.C. Section 6103(b) of the Internal Revenue Code (IRC). All such information shall be handled as confidential and may not be disclosed without the written permission of SSA. For willingly disclosing confidential tax return information in violation of the IRC, the contractor and contractor employees may be subject to the criminal penalties set forth in 26 U.S.C. Section 7213.
- (h) The Government reserves the right to conduct on-site visits to review the contractor's documentation and in-house procedures for protection of confidential information.
- (i) If a subcontractor is used for the sorting and/or mailing of the notices of this contract the sub-contractor must conform to all security requirements of the contract.

Restrictions on Movement: Government property shall not be transferred between plants except upon the formal authorization of responsible officials of the contractor and the Contracting Officer. Such transfer shall be at the contractor's expense unless other arrangements are mutually agreed to.

Prohibition Against Similar Printing: The contractor shall not make or sell to any person other than the Government Publishing Office any documents which resemble the general appearance of the blank checks or which contain such features as may cause confusion in the processing.

Defective Checks: Defective checks must be held in the check manufacturing area in a secure, lockable container which shall be constructed of wood, metal, or any substance which deters easy access (i.e., cardboard is not acceptable). A department supervisor must hold the key to the container. The department supervisor will periodically transfer the defective checks to the vault for storage until they are delivered to the person charged with their destruction. Such checks shall be destroyed by shredding or hydro-pulping, after which the residue may be disposed of by the contractor as waste. The width of the shreds shall not be more than 3/8". Waste/defective check destruction must be performed on site.

Secure Production Area: The contractor must provide designated secure production area(s) for the manufacture of electronic media, plates, check print production, and the final packing into cartons. The contractor must provide a designated secure storage room for the storage of the following:

- Plates used for the production of checks
- Old plates awaiting destruction
- Printed checks
- Check formats
- Defective checks
- Check production waste

NOTE: At contractor's discretion, the secure production area and the secure storage room(s) may be combined

to accomplish both requirements.

The contractor must provide security for the designated area to assure protection against theft. Security must include:

- A secure room with controlled access and electronic security/intrusion detection devices.
- Access Control: The contractor shall provide the means to prevent unauthorized personnel into the secure production area on a twenty-four hour basis. No personnel can access this area unless authorized by the Production Manager/Security Officer.
- Exterior cameras that provide coverage of public and employee entrances and interior cameras that provide coverage of the entrance area and the secure room. Video data shall be stored for a minimum of 30 days.
- A list of personnel authorized by the Production Manager/ Security Officer must be forwarded to the Social Security Administration. A copy of this list must be retained by the contractor for future reference during regular security reviews by SSA.
- Working Hours: A system shall be implemented to prohibit the entry of unauthorized personnel into the secure area.
- Non-working Hours: The contractor shall provide approved intrusion alarms to detect any unauthorized entry into the secure area with a three minute response capability by company security personnel. The intrusion alarms must also sound in the nearest police facility.
- Accountability: The contractor shall provide a record of accountability which includes all personnel, dates, and movement throughout all phases of production to include (1) the finished product, (2) the destruction of defective work, and (3) production materials.

Unauthorized persons shall not be permitted within areas where these items are being manufactured and/or stored. Before authorizing any employee to enter such area, the employee must adhere to the PERSONNEL SECURITY AND SUITABILITY and PUBLIC TRUST SECURITY REQUIREMENTS.

The contractor will be held responsible for maintaining proper control and handling to prevent any information or materials required to produce the product ordered under these specifications from falling into unauthorized hands. Unless otherwise indicated herein, all extra copies, materials, waste, etc., must be destroyed. Paper documents containing confidential information must be destroyed by burning, pulping, shredding, macerating, or similar means that ensures the information cannot be recovered and used. Please note that hand tearing or lining through documents does not meet SSA guidelines for appropriate destruction of the product. Managers should remind their employees of their responsibilities to shred material containing confidential data. Managers should ensure that their facilities have adequate resources to shred the volume of sensitive material produced by their office, or securely store material pending shredding. Any theft or loss of items as defined in these specifications shall be reported immediately by the contractor to the nearest U.S. Secret Service Field Office, to the Social Security Administration and to the Contracting Officer, U.S. Government Publishing Office, (202)512-0310.

NOTE: When requested by the Government, the contractor must have the capability to provide a printed inventory list of all Government materials in their possession.

GOVERNMENT ACCESS: The Government shall have the right to have representatives inspect the contractor's plant:

- 1) prior to award;
- 2) Prior to the beginning of production; and
- 3) At any time or times it may elect during the term of the contract, to ascertain whether the Third Party Draft Checks are being produced, stored, shipped, and delivered in accordance with these requirements, and that facilities are suitable, secure, and safe for storage of reproducibles, raw materials and/or checks. Inspections of the contractor's plant may be announced or unannounced.

PERSONNEL SECURITY AND SUITABILITY REQUIREMENTS:

The Contractor must comply with the following Personnel Security and Suitability requirements:

- Contractor personnel are considered Federal employees for purposes of applying provisions of the Privacy Act of 1974, Tax Reform Act of 1976, and SSA regulation 1 and Section 1106 of the Social Security Act on the confidentiality of and disclosure and protection of information entrusted to them.
- Contractor personnel are subject to the same personnel security and suitability requirements as SSA employees. The provisions of Executive Order 10450, Executive Order 12968 and Title 5 of the Code of Federal Regulations (CFR), parts 731, 732 and 736 require that: "Every competitive, excepted and contractor position must be designated at a level of sensitivity that is commensurate with the responsibilities and other attributes, (such as policy making, fiduciary, public contact or public trust) of the position as they relate to the efficiency of the service, and;
- All Federal service and contractor employees must be designated, in terms of their national security sensitivity, to assure appropriate screening. The required background investigation is conducted to provide a basis for ensuring that the employment of an individual is clearly consistent with the interests of the national security."
- The Contractor shall be required to provide the information required for such background checks and shall agree to abide by SSA personnel security and suitability determinations.
- Before Government authorization is granted to any employee to enter the secured and/or vault area(s) where the manufacture, storage or shipment of items covered by this specification are being produced or held, the background security check must be conducted by the Government. The contractor shall not allow anyone into the secured area(s) until written security clearance has been furnished by the Government.
- Personnel Screening: Before authorizing any employee to enter the secure room or vault, or to participate in any way in the manufacture, storage, or shipment of any of the items covered by this contract, the contractor shall submit to the Government the name, address, date and place of birth, Social Security Number, race, sex, and finger prints of the employee for screening purposes. The Government will retain the prerogative for granting access to any of the secure areas.

PUBLIC TRUST SECURITY REQUIREMENTS:

This contract has been designated Public Trust Position Level 5C. Due to the sensitive nature of the information contained in the products produced under this contract, contractor employees performing under this contract will be subject to a thorough civil and criminal background check.

“Performing under this contract” is defined as working on-site at an SSA facility (including visiting the SSA site for any reason) or having access to Government programmatic or sensitive information.

Within two (2) days following contract award, the contractor must provide to SSA an Electronic Questionnaire for Investigations Process (eQIP) applicant listing of all individuals for whom the contractor is requesting a suitability determination (i.e., background investigation). This listing should include the following:

- Contractor’s name
- Contract number
- Contractor’s point of contact (CPOC) name
- CPOC’s contact information including email address
- Each applicant’s full name, Social Security Number (SSN), date of birth, and place of birth (must show city and state if born in the United States (U.S.) OR city and country if born outside the U.S.)

The background investigation process will not start until the applicant listing is submitted. Send the applicant listing via Fax to Center for Personnel Security and Project Management (CPSPM) Suitability Team (410) 966-0640 or via traceable means via common carrier to the Social Security Administration, CPSPM Suitability Team, 2601 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235.

Once SSA receives and reviews the applicant listing, SSA will initiate the eQIP. SSA will Email notification to the CPOC the name of each applicant invited into the eQIP website to complete their background investigation form. The CPOC will provide the website to the applicants to complete their eQIP form electronically. The applicant will have up to 14 calendar days following SSA notification to the CPOC of the eQIP invitations to complete the eQIP form.

The applicant must print the signature pages of the SF 85P form prior to releasing the application in eQIP, sign the signature pages and provide the signed originals to the CPOC. **See Exhibit B: Questionnaire for Public Trust Positions - Sample Form SF85P)**

The following is a list of documents the contractor employees will be responsible for completing:

- Original signed and dated eQIP signature pages as specified in the above paragraph.
- Two (2) “Fingerprint Cards” (FD-258). **See Exhibit C.**
NOTE: The contractor will absorb the costs for obtaining fingerprints.
- One (1) “Declaration for Federal Employment” (Optional Form 306). **See Exhibit D.**
- One (1) “Fair Credit Reporting Act Authorization Form”. **See Exhibit E.**
- For a non-U.S. citizen, one (1) legible photocopy of the work authorization permit and social security card.

The CPOC must ensure all paper forms are fully completed and signed prior to submission to SSA. All forms and fingerprinting cards must be submitted at least 15 workdays prior to the date work is to begin on the contract. Fingerprint cards and all paper forms must be legible or typed in black ink and all signatures must be in black ink. There must be no “breaks” in residences or employment. SSA requires complete addresses, including zip codes and phone numbers with area code. SSA must receive forms and fingerprint cards within 30 calendar days after notification of the eQIP invitation. It is the responsibility of the contractor to ensure fingerprint cards are processed through their local police departments or other authorized finger printers. SSA will return incomplete forms back to the contractor. Forms may be obtained by calling SSA Personnel Security Suitability Program Officer (SPO).

The CPOC will submit one cover sheet containing the names of all of the individuals for whom the contractor is submitting completed paperwork. This cover sheet should include the contract number, each applicant’s full name, each applicant’s Social Security Number (SSN), each applicant’s date of birth, and each applicant’s place of birth. The CPOC will submit this cover sheet along with the completed paper forms and two FD-258 fingerprint charts for each applicant via traceable means via common carrier to: SSA, CPSPM Suitability Team, 2601 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235.

The CPOC will also email a copy of the cover sheet to the Contracting Officer’s Technical Representative (COTR) to the email address shown in the contract. Before forwarding, the CPOC will remove all personal information from the applicant list (SSN, date of birth and place of birth).

NOTE: IT IS THE RESPONSIBILITY OF THE CPOC TO ENSURE CLEARANCES ARE OBTAINED PRIOR TO ANY CONTRACT TESTING.

The CPOC will follow this instruction for new contract employees hired during the contract term.

Suitability Determination:

A Federal Bureau of Investigation fingerprint check is part of the basis used for making a suitability determination. This determination is final unless information obtained during the remainder of the full background investigation, conducted by the Office of Personnel Management, is such that SSA would find the contractor personnel unsuitable to continue performing under this contract. CPSPM will notify the CPOC, COTR, and Contracting Officer of the result of these determinations.

CONTRACTOR LIABILITY: The contractor shall be responsible for all electronic media, printed checks, plates, SSA Logo, blank proofs or photocopies thereof, and all other materials necessary to produce this product, while in their custody and control. The contractor agrees to pay the Government the amount of loss(es) sustained by misappropriation or improper use of the electronic media, paper, printed checks, plates or proofs in the custody and control of the contractor.

The contractor shall guarantee that the imprinted checks:

- Will have no missing numbers.
- Will have the correct **Common Accounting Number (CAN)** numbers on them.

- Are sequential and shipped to the correct address.
- That duplicate numbers or blank checks will not be included in shipments.

NOTE: The contractor shall reimburse the Government for any costs incurred from the use of checks furnished by the contractor which do not conform to the specifications.

The contractor may be held responsible and/or liable to reimburse SSA and/or the bank for any misprinted, incorrect and/or duplicate stock, blank stock and/or incorrectly delivered stock resulting in fraudulent or counterfeit activity. Such activity will be determined by SSA and/or the bank and reimbursement will be required by the contractor within 30 workdays upon notification.

Upon notification from SSA of any incorrect printing or incorrect shipment, the contractor will replace order(s) with a new shipment of stock within two (2) workdays and shall deliver to the office by overnight, traceable delivery at no additional cost to the Government.

PREAWARD SURVEY: In order to determine the responsibility of the prime contractor or any subcontractor, the Government reserves the right to conduct an on-site preaward survey at the contractor's/subcontractor's facility or to require other evidence of technical, production, managerial, financial, and similar abilities to perform, prior to the award of a contract.

"Prime Contractor", specified in the "Preaward Survey" section, is defined to include wholly owned subsidiaries of the Prime Contractor. As such, the facilities of the wholly owned subsidiaries are also eligible to perform the predominant function of presswork under their current contractor codes and their current quality level certifications (at time of bid submission), and as the back-up facility in accordance with the specifications of Program.

Attending the preaward survey will be representatives from GPO and/or SSA. The preaward survey will include a review of all subcontractors involved, along with their specific functions; and, the contractor's production plans as required by this specification.

If award is predicated on the purchase of production and/or systems equipment, the contractor must provide purchase order(s) with delivery date(s) of equipment to arrive at least **90 calendar days** prior to the start of live production, on or about **December 1, 2015**.

If the Government, during the preaward survey, concludes that the contractor does not or cannot meet all of the requirements as described in this contract, the Government reserves the right to deem the contractor unresponsive and will proceed to the next responsive bidder, if applicable.

PRODUCTION PLANS: The contractor shall present, in writing, to the Contracting Officer within five (5) workdays of being notified to do so by the Contracting Officer or his/her representative, detailed plans for each of the following activities. The workday after notification to submit will be the first day of the schedule. These proposed plans are subject to review and approval by the government and award will not be made prior to approval of same.

NOTE: THE GOVERNMENT RESERVES THE RIGHT TO WAIVE SOME OR ALL OF THESE PLANS.

Backup Facility/Contingency Plan - Failure to deliver checks in a timely manner would have a major negative impact on the Government. Therefore, if for any reason(s) (Act of God, labor disagreements, etc.) the contractor is unable to perform at the said location for a period longer than forty-eight (48) hours, the contractor must have a backup facility with the capability of producing the checks. This backup facility must be operated by the contractor, and must meet the requirements of this contract.

Plans for this contingency production must be prepared and submitted to the Contracting Officer as part of the preaward survey. These plans must include the location of the facility to be used, equipment available at the facility, security plans at that facility, and a timetable for the start of production at that facility. Part of this plan must also include the transportation of Government materials from one facility to the other.

Note: All terms and conditions of this contract will apply to the back up facility.

Distribution Plan - This plan must include sufficient detail as to how the Contractor will comply with all applicable shipping requirements.

Material Handling and Inventory Control - This plan must explain in detail how the following materials will be handled: incoming raw materials, work-in-progress materials, and quality control inspection materials.

Personnel Plan - This plan must include a listing of all personnel who will be involved with this contract. For any new employees, the plan must include the source of these employees, and a description of the training programs the employees will be given to familiarize them with the requirements of this program.

Production Plan - This plan must include items such as a detailed listing of all production equipment and equipment capacities to be utilized on this contract. If new equipment is to be utilized, documentation of the source, delivery schedule, and installation dates are required.

The contractor must disclose in their production plan their intentions for the use of any subcontractors for any materials necessary under this contract, capacity that is available for these workloads and if a subcontractor will be handling SSA checks, the plan must include the same information required from the contractor for all items contained under “Security Requirements” and “Preaward Survey”. If the subcontractor for any operation is added at any time after award, the contractor must submit the subcontractor’s proposed plans which are subject to review and approval by the Government.

NOTE: The subcontractor must be approved by the Government prior to production starting in that facility.

Security Control Plan - This plan must provide the details of the contractor’s entire production facility and surrounding areas. Part of the Security Control Plan must include a floor plan detailing the area(s) to be used, showing existing walls, equipment to be used, and the printing and finishing locations. This plan must also address all topics noted in the section detailing the Security Requirements.

See Page 3 of 24: SECURITY REQUIREMENTS

Quality Control Plan - The contractor must describe in detail their quality control/quality assurance plan including how, when, where, and by whom the items in the plan will be performed. This plan must also address all topics noted in the section detailing the Quality Control Requirements.

The **Quality Control Plan** must include, as a minimum, the following elements:

1. Quality assurance of all materials (e.g., check paper and inks). Each homogeneous lot of check paper and inks shall be tested for compliance with specification requirements. Records of all materials tests and inspections shall be maintained and made available to the Government upon request. These records include tests and inspections performed by the contractor and/or by third party laboratories. If the contractor is receiving test and inspection data from material suppliers, these records shall also be maintained and made available to the Government upon request.
2. Process controls inspections and tests during all phases of production.
3. Targets for control and measurement of color register.
4. Use of standard specimens for color and printing matching purposes when printing checks.
5. Independent inspections during the printing process of printed checks for conformance to the standard.
6. Use of equipment in the manufacture of checks which will reject, or identify for rejection, those with defects which cause incorrect operation of high speed print equipment, high speed MICR Reader/Sorter, or other equipment used in the issuance and payment of checks.
7. Examination of each delivery order to assure that pre-printed serial numbers are not duplicated from previous orders. If this is the case, the contractor must immediately notify the Contracting Officer or designee.
8. Independent verification of the machine set-up as to disbursing check serial number at the beginning of the numerical printing operations and prior to resuming such operations after each machine stoppage.

9. Audit of each batch of checks involved in a machine jam or malfunction during numerical printing or MICR encoding to verify the accuracy of such printing and MICR encoding.
10. Independent inspection and approval of checks made up specifically to replace defective checks and of their insertion in numerical sequence within the related batches.
11. All records covering the manufacturing, packaging and shipping of the checks must be identified by the serial numbers of the checks when applicable. They must also contain the following information:
 - (a) Employee(s) handling the checks
 - (b) Description of any difficulties encountered
 - (c) Date
 - (d) Time
 - (e) Machine identification
12. Records of all tests and inspections. When quantitative results are available, they shall be recorded. Results of non-quantitative inspections (e.g. visual matches) shall also be recorded.
13. Records of process controls sufficient to validate their effectiveness.
14. All quality system records shall be maintained throughout production and be made available to the Government upon request.
15. Appointment of an official who shall be responsible for the operation of the quality control system and for investigating and ascertaining the causes of deficiencies found in checks shipped.

NOTE: A Certificate of Inspection of each shipment, certifying that the checks were tested and inspected and found to comply with all requirements and giving the number of the final inspection, may be required by the Contracting Officer.
16. Inspection for conformance to color standards and integrity of numbers.
17. Performance of Finished Product: Checks produced under these specifications must be guaranteed to function properly when processed. Checks require precision spacing, printing, perforating, and trimming.

Recovery Plan - A recovery system will be required to ensure that all defective, missing, or mutilated pieces detected are identified, reprinted, and replaced.

Material Plan - The contractor must describe in detail how all accountable materials will be handled throughout all phases of production. This plan must also include the method of disposal of all production waste materials.

POSTAWARD CONFERENCE: The total requirements of the job as indicated in these specifications will be reviewed by Government representatives with the contractor's representatives at the Social Security Administration, Baltimore, MD, immediately after award.

ASSIGNMENT OF JACKETS, PURCHASE AND PRINT ORDERS: A GPO jacket number will be assigned and a purchase order issued to the contractor to cover work performed. The purchase order will be supplemented by an individual "Print Order" for each job placed with the contractor. The print order, when issued, will indicate the quantity to be produced and any other information pertinent to the particular order.

ORDERING: Items to be furnished under the contract shall be ordered by the issuance of print orders by the Government. Orders may be issued under the contract from **Date of Award** through **February 28, 2017**, plus for such additional period(s) as the contract is extended. All print orders issued hereunder are subject to the terms and conditions of the contract. The contract shall control in the event of conflict with any print order. A print order shall be "issued" for purposes of the contract, when it is either deposited in the U.S. Postal Service mail or otherwise furnished to the contractor in conformance with the schedule.

REQUIREMENTS: This is a requirements contract for the items and for the period specified herein. Shipment/delivery of items or performance of work shall be made only as authorized by orders issued in accordance with the clause entitled "ORDERING". The quantities of items specified herein are estimates only, and are not purchased hereby.

Except as may be otherwise provided in this contract, if the Government's requirements for the items set forth herein do not result in orders in the amounts or quantities described as "estimated", it shall not constitute the basis for an equitable price adjustment under this contract.

Except as otherwise provided in this contract, the Government will order from the contractor all the items set forth which are required to be purchased by the Government activity identified on page 1.

The Government will not be required to purchase from the contractor, requirements in excess of the limit on total orders under this contract, if any.

Orders issued during the effective period of this contract and not completed within that time must be completed by the contractor within the time specified in the order, and the rights and obligations of the contractor and the Government respecting those orders shall be governed by the terms of this contract to the same extent as if completed during the effective period of this contract.

If shipment/delivery of any quantity of an item covered by the contract is required by reason of urgency prior to the earliest date that shipment/delivery may be specified under this contract, and if the contractor will not accept an order providing for the accelerated shipment/delivery, the Government may procure this requirement from another source.

The Government may issue orders which provide for shipment/delivery to or performance at multiple destinations.

Subject to any limitations elsewhere in this contract, the contractor shall furnish to the Government all items set forth herein which are called for by print orders issued in accordance with the "ORDERING" clause of this contract.

CRIMINAL/CIVIL SANCTIONS:

- (1) Each officer or employee of any person to whom returns or return information is or may be disclosed must be notified in writing by such person that returns or return information disclosed to such officer or employee can be used only for a purpose and to the extent authorized herein, and that further disclosure of any such returns or return information for a purpose or to an extent unauthorized herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as five years, or both, together with the costs of prosecution.

Such person shall also notify each such officer and employee that any such unauthorized further disclosure of returns or return information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR 301.6103(n).

- (2) Additionally, it is incumbent upon the contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a(i)(1), which is made applicable to contractors by 5 U.S.C. 552a(m)(1), provides that any officer or employee of a contractor, who by virtue of his/her employment of official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$10,000.

SECTION 2 – SPECIFICATIONS

SCOPE: These specifications cover the production of paper SSA checks requiring such operations as composition, printing, MICR numbering, construction, collating, packing, and distribution.

TITLE: SSA Third Party Draft Checks.

FREQUENCY OF ORDERS:

Approximately three (3) orders will be placed during the base period of live production - **March 1, 2016** through **February 28, 2017**.

Approximately four (4) orders will be placed in each option year, if exercised.

It is possible that additional special re-stocking requests for approximately 1,000 to 10,000 printed checks may be required on occasion. The contractor will meet the delivery requirements for restocking within 48 hours by over-night delivery at a premium rate. Contractor will be reimbursed for all shipping of special stocking requests by submitting the overnight shipping receipts with the invoice for billing.

See pages 19 and 20 of 24: SCHEDULE; SPECIAL RE-STOCKING REQUESTS

QUANTITY: Each order placed will range in quantity between an estimated 25,000 to 55,000 checks. (Approximately 100,000 to 220,000 checks per year)

NOTE: Due to Electronic Funds Transfer (EFT) and consolidation of disbursing locations, it is anticipated that the estimated annual quantities may gradually decrease during the term of this contract.

QUANTITY VARIATION ALLOWED: None.

TRIM SIZE: 8-1/2 x 11”

GOVERNMENT TO FURNISH:

- Artwork for artificial (SSA logo) watermark
- Check samples
- Distribution list with delivery quantities will be forwarded to the contractor via email.
- One reproduction proof, Form 905 (R. 6/03) with labeling and marking specifications
- GPO Form 892 proof label
- Name and address of financial institution (for contractor to forward test checks for approval)
- Check numbering sequence and Common Accounting Numbers (CAN) - to be provided after award
- Exhibit A: Form SSA-301, Contractor Personnel Security Certification
- Exhibit B: Questionnaire for Public Trust Positions - Sample Form SF85P
- Exhibit C: Sample Finger Print Card FD-258
- Exhibit D: Declaration for Federal Employment Optional Form 306
- Exhibit E: Fair Credit Reporting Act Authorization Form
- Exhibit F: Check Sample – not available in contract, only available upon request.
- Exhibit G: Bank Check Testing Specifications

NOTE: Bank check testing specifications are subject to change at any time.

Identification markings such as register marks, ring folios, rubber stamped jacket numbers, commercial identification marks of any kind, etc., carried on copy or film, must not print on finished product.

CONTRACTOR TO FURNISH: All materials and operations, other than those listed under “Government to Furnish,” necessary to produce the product(s) in accordance with these specifications.

All technology necessary to produce signature security line (micro printing).

COMPOSITION:

The entirety of all composition must be identical throughout the products ordered under these specifications.

Typefaces and Sizes: The contractor is required to match the Government furnished samples.

Text Matter: Imprint lines.

Base stock is personalized to include a static 10 digit MICR number (the first four digits represent the static CAN and the last six digits represent the consecutive check/draft number), a static 9-digit bank routing transit number, and one of the 13 to 15 different static 8-digit SSA Account numbers (no spaces, dashes, or alpha characters may be used in this number).

The design of the SSA Third Party Payment System check shall be subject to approval of SSA and consist of, at a minimum, the following items:

- Pre-numbered check number
- Social Security Administration, Office of Travel and Administrative Payment Services address.
- Payee line.
- Date line.
- Amount line (for spelling the money amount)
- Amount block (for numeric amount).
- Three accounting/management information memo lines.
- Authorized signature line.
- Include the statement “Void After 60 Days”

CHECK SECURITY FEATURES: The contractor must provide the Government with the following security features built into the checks ordered during the course of this contract:

- **Chain-link Design Watermark** – Created by the Fourdrinier (dandy-roll) papermaking process, this overall design is pressed into the wet paper, displacing some fibers thereby achieving various levels of light transmission which allow easy recognition from either side as a two-dimensional watermark which cannot be photocopied or scanned, removed, corrupted or faithfully replicated. The watermark design must be Conservator or SSA approved functional and aesthetic equivalent.
- **Invisible Fluorescent Security Fibers** – Paper must contain two (2) different colors of fibers (blue and yellow-green) that are embedded into the paper, invisible to the naked eye and viewable only with a U-V light. This feature therefore cannot be photocopied or scanned and is valuable as an additional tool in determining document authenticity.
- **Toner Retention Treatment** – At least the front of the paper must be fully treated with a security level toner retention purposed to facilitate the bonding of laser printed toner characters to the paper surface to deter mechanical alteration through removal of toner data via tape-lift, scraping or other abrasive techniques so that attack results in either the inability to effectively remove laser printed data, or a perceptible disruption of the surface print and/or fibers. The toner retention treatment must be either TA4 or SSA approved functional equivalent to TA4 which is a full-face toner retention treatment developed for high-speed laser printers such as the Xerox 4635 series and Xerox DP180 as well as for general laser-printers.
- **Full Chemical Sensitization** – The paper pulp must contain chemical reagents to the five (5) families of known chemical alteration agents. If chemicals from the families of oxidants, polar solvents, non-polar solvents, acids, or alkalis are applied to attempt localized chemical alteration, noticeable colored stains will appear through the

paper and be visible from either side.

- Warning Band on top of check
- Logo line of the words “SECURE DOCUMENT” document for the signature line
- VOID pantograph if check is copied. Void Pantograph should not appear in amount box and signature line. NOTE: ANY VOID FEATURE USED BY THE CONTRACTOR CANNOT VIOLATE ANY COPYRIGHTS OR PATENTS.
- Padlock icon on the face. Exact location to be determined.

The contractor may also suggest or notify the Government of additional industry standard security features and technologies when possible to improve the security of the checks during the course of this contract. Acceptance of new technologies or altering of the checks is at the Government’s discretion. In the event any new technology is approved by SSA, the cost will be negotiated between the contractor and the Government.

PAPER SAMPLES: Contractor to supply ten (10) 8-1/2 x 11” sheets of blank production stock containing all security features and meeting all required paper specifications.

PROOFS: Proofs are required for the initial order and as a result of any required re-design.

See page 19 of 24: SCHEDULE; PROOFS AND PAPER SAMPLES

Contractor must supply three (3) sets of digital color content proofs. Proofs must be created using the same Raster Image Processor (RIP) that will be used to produce the product. Proofs shall be imaged face and back with all elements in proper position (not pasted up) and trimmed to the finished size of the product.

The contractor will be required to furnish an overlay (film positive) of the black image of the check to show the exact position of the MICR line and the Check number.

- All proofs must be uniform in size and must contain a single imprint to a sheet.
- The imprint information contained on each proof will be overprinted.
- Contractor will produce generic stock for overprinting the information, as well as the numbering sequence.

At agency’s option, Contractor to submit ink drawdowns on actual production stock with Pantone colors to be used in job.

The Government may require one (1) or more sets of revised proofs before rendering an “O.K. to print”.

If any contractor’s errors are serious enough in the opinion of the GPO to require revised proofs, the revised proofs are to be provided at no expense to the Government. No extra time can be allowed for this reproofing; such operations must be accomplished within the original production schedule allotted in the specifications.

NOTE: All proofs must be manufactured at the facility in which the contract production quantities are to be manufactured.

PRIOR TO PRODUCTION SAMPLES:

See Exhibit G: Check Testing Specifications

See page 19 of 24: SCHEDULE; PRIOR TO PRODUCTION SAMPLES

1. ***Bank Test Checks:*** Prior to the commencement of production on the first order and as required*, the contractor must submit 15 test checks (of the first part of the actual check) for each of SSA’s 15 accounts for bank testing of MICR printing specifications. These samples are to be printed on the actual security paper to be used in this contract.

* At any time during the duration of this contract, SSA may re-design any feature of the checks. As a result, the Government may request bank test checks as noted above.

The Government may exercise the option to waive bank test checks.

All costs for the bank test checks must be included in the contract price for the production quantity.

2. **SSA Test Checks**: Prior to the commencement of production on the first order and as required*, the contractor must submit 100 laser style test checks for SSA testing (NOTE – the full 8-1/2 x 11” sheet is required).

For testing purposes only, contractor is to ensure the top portion of the check is voided and the middle and bottom portions contain a “Non Negotiable” pantograph (location to be determined at Post Award). Samples are to be printed on the actual security paper to be used in this contract, but do not have to contain the MICR printing.

* At any time during the duration of this contract, SSA may re-design any feature of the checks. As a result, the Government may request 100 laser style test checks for SSA testing based on Check requirements as noted above.

All samples must be produced using the ink, paper, equipment, and method of production which will be used in producing the finished product and must be of the kind, size, and quality the contractor will furnish. Face of check prints in Blue and Black plus MICR. The top portion of the check must contain the word “VOID” (ink color to be determined) The “NON-NEGOTIABLE” text prints in PMS 185 (red) (or match sample) in the middle and bottom portion of the sample. All colors are subject to government approval. The warning band and SSA logo is knocked out on the check. Micro printing is required on the signature line and dollar amount box.

Samples must have a “VOID” pantograph (incorporated into the background) intended for use on products produced on this program. The proposed “VOID” pantograph is subject to Government approval and must be created by the contractor. The word(s) “VOID” will print on the face of the check. The word(s) “VOID” must not be visible on the printed check, but must appear when the check is reproduced by use of a single or multi-color laser copier or other similar duplicating processes on the market today. “VOID” pantograph should not appear in amount box and signature line.

NOTE: No additional time will be given in the contract schedule for creating the “VOID” pantograph and/or performing any testing of the “VOID” pantograph. Bidders unable to comply shall be declared non-responsible.

Samples will be inspected and tested and must comply with the specifications as to construction, kind and quality of materials, and satisfactory processing.

If the samples are disapproved by the Government, the Government at its option may require the contractor to submit additional samples for inspection and testing, in the time and under the terms and conditions specified in the notice of rejection. Such additional samples shall be furnished, and necessary changes made, at no additional cost to the Government and with no extension in the shipping schedule. The Government will require the time specified above to inspect and test any additional samples required.

In the event the samples are disapproved by the Government, the contractor shall be deemed to have failed to make delivery within the meaning of the default clause. In which event, this contract shall be subject to termination for default, provided however, that the failure of the Government to terminate the contract for default in such event shall not relieve the contractor of the responsibility to deliver the contract quantities in accordance with the shipping schedule.

In the event the Government fails to approve, conditionally approve, or disapprove the samples within the time specified, the Contracting Officer shall automatically extend the shipping schedule in accordance with article 12 “Notice of Compliance With Schedules” of Contract Clauses in GPO Contract Terms (Pub. 310.2, effective December 1, 1987 (Rev. June 2001).

All samples shall be manufactured at the facility in which the contract production quantities are to be manufactured.

Samples will not be returned to the contractor.

NOTE: Manufacture of the final product prior to the approval of the proofs and samples submitted is not permitted. Violation of this restriction shall be considered a breach of security and contractor shall be subject to default.

STOCK/PAPER: The specifications of all paper furnished must be in accordance with those listed herein.

Color of paper furnished shall be of a uniform shade and a close match to samples provided after award.

The Contracting Officer reserves the right to reject shipments of any order printed on paper the color of which, in his opinion, materially differs from that of the color sample(s).

White, Safety Check Paper for laser printers with the following characteristics:

Basis Weight: 17 x 22 inches, 500 sheets.....	pounds	25
A tolerance of -4 and +1.3 percent shall be allowed.		
Caliper (in mils=.001”) Target	5.0 (.005”)	
A tolerance of 0.0004 inches shall be allowed.		
Paper shall be uniform and shall not vary more than 0.0004 inch from one edge to the other.		
Tearing strength: Elmendorf Tester		
Target Machine Direction (MD)	grams	70
Target Cross Machine Direction (CD)	grams	75
Stiffness: Gurley Tester		
Target MD	milligrams	200
Target CD	milligrams	130
Smoothness: Sheffield Tester		
Target, Felt side and Wire side	units	160
Porosity: Sheffield Tester		
Target.....	units	11
Opacity: Target	percent	91
A tolerance of -6 percent shall be allowed.		
Brightness: Target.....	percent	84
A tolerance of -4 and +3 percent shall be allowed.		
Shade L: Target.....	UV-	93.5
Shade a: Target	UV-	0.2
Shade b: Target.....	UV-	1.6
U-V Fluorescent Component: Target.....	units	0.2
A maximum tolerance of +0.6 units shall be allowed.		
Tensile strength: CD Target.....	units	17
Bursting strength: Mullen		
Target.....	units	45
Moisture content: Target	percent.	5.5
A tolerance of -5 and +3 percent shall be allowed.		
Pulp components:	no post-consumer waste	

The paper must be a true security paper with fully integrated security features. Print-based features such as an artificial watermark are not acceptable. Paper must be U-V Dull and contain a Fourdrinier process two-dimensional chain link design mill-formed into the fibers of the security paper which is the first line of defense containing features that provide deterrence to counterfeiting, chemical alteration, and mechanical alteration.

PRINTING: (LIVE CHECK STOCK)

NOTE: Contractor is to meet the industry standards for Third Party Draft checks for all the ink, OCR, MICR and Check Numbering requirements.

Face of Check - Prints in PMS 185 Red, Blue and Black plus MICR. The warning band and SSA logo is reversed out of Blue at the top of the check. The “NON-NEGOTIABLE” text prints in PMS 185 Red (or match sample) in the middle and bottom portions of the check. All other text prints in Black. All colors are subject to government approval.

Micro printing is required on the signature line and dollar amount box. Contractor to print the following on stub (at top of page): “PLEASE REMOVE THIS STUB BEFORE CASHING”.

Only the top and middle check portions need to reflect the SSA emblem printed in the background in a phantom manner so as not to interfere with other information printed or written on the check. Only the original check shall be imprinted with the MICR encoded account number line.

Check stock is to be printed on appropriate quality security paper. Printed checks must be imprinted on the front with a legend limiting negotiability to 60 calendar days after issuance.

Checks must have a “VOID” pantograph (incorporated into the background) intended for use on products produced on this program. The proposed “VOID” pantograph is subject to Government approval and must be created by the contractor. The word(s) “VOID” will print on the face of the check. The word(s) “VOID” must not be visible on the printed check, but must appear when the check is reproduced by use of a single or multi-color laser copier or other similar duplicating processes on the market today. “VOID” pantograph should not appear in amount box and signature line.

No additional time will be given in the contract schedule for creating the “VOID” pantograph and/or performing any testing of the “VOID” pantograph. Any void feature used by the contractor cannot violate any copyrights or patents.

NOTE: Bidders unable to comply shall be declared non-responsible.

Base stock is personalized to include a static 10 digit MICR number (the first four digits represent the static CAN and the last six digits represent the consecutive check/draft number), a static 9-digit bank routing transit number, and one of the 13 to 15 different static 8-digit SSA Account numbers (no spaces, dashes, or alpha characters may be used in this number).

Back of Check - Prints black only with custom check endorsement copy*.

* Location and dimensions of the endorsement copy will be provided at the Post-Award Conference.

All inks, screens and pantographs must be image-friendly as the checks will be processed through the IBM image capture deposit and check payment processing system.

NOTE: The Government reserves the right to alter base stock requirements or make format/text changes to the checks at any time during the term of the contract. Notification of a proposed change will be given with sufficient time for the contractor to allow for the change, and submit stock samples, proofs, and test checks to the Government and test checks to the bank. Therefore, the contractor is not to preprint or maintain a surplus/inventory of base stock greater than as is necessary to meet restocking requirements under the accelerated schedule. The Government shall not be obligated to purchase from the contractor any surplus/inventory of unused paper or base stock remaining on hand beyond this requirement when a stock or format/text change is implemented OR at the end of the term of the contract.

MARGINS: Follow exhibit samples (**See Exhibit A**) and bank check testing specifications provided (**See Exhibit G**).

PRESS SHEET INSPECTION: Final make-ready press sheets will be inspected and approved at the contractor’s plant for the purpose of establishing specified standards for use during the actual press run. Upon approval of the sheets, contractor is charged with maintaining those standards throughout the press run (within QATAP tolerances when applicable) and with discarding all make-ready sheets that preceded approval. When a press sheet inspection is required, it will be specified on the individual print order. See **GPO Publication 315.3** (Guidelines for Contractors Holding Press Sheet Inspections) dated August 2002.

NOTE: A press sheet inspection is for the purpose of setting specific standards that are to be maintained throughout the entire run. It does not constitute a prior approval of the entire run.

CONSTRUCTION: Finished checks must be suitable for continuous operation on laser compatible printers.

The document is 8-1/2 x 11” with three horizontal perforations. The first perforation is 3/8” from the top of the check

page. This is the top stub portion of the check. The second and third perforations are every 3-9/16" from the first perforation. This document must be cut exactly to specifications in order to properly be used with SSA's software that is required for issuing checks. No magnetic ink, other than the encoded MICR may appear on the lower 5/8" of the document. This includes additional printing, signature, or printing on the reverse of the document.

The check is comprised of 3 parts: one original check at the top, the middle portion a blank section containing only the "NON NEGOTIABLE" marking. The bottom portion shall be a contrasting color to the top (check) portion.

DEFECTIVES: The contractor shall examine finished checks, to the extent necessary, to eliminate imperfect work prior to delivery. Defective work includes, but is not limited to, the following defects: not color specified; scuffs or tears; broken corners; split, ragged or crushed edges; wrinkles; grain not long and/or short; encoding quality not equal to the standard; slime spots, dirt spots, knots, lumps, or blisters in excess of standard; improper registration; incorrect printing; defective tinting; printing quality not equal to the standard; checks not in number sequence; missing checks; and duplicate checks. The Contracting Officer reserves the right to require the contractor to replace any defective checks and any related copies or stubs found in any order or to replace all checks within a continuous series if, in his/her opinion, segregation of the defective items would not be feasible. The determination by the Contracting Officer as to defective workmanship in a particular check or lots of checks shall be final and conclusive, subject to normal appeal procedures as outlined in the Disputes Clause as indicated in GPO Contract Terms.

A single check is defective if it fails to conform to any applicable requirements of this specification.

Testing and Inspection by the Contracting Officer: The Contracting Officer will, at his/her option, make tests from time to time to determine that the checks being manufactured adhere to the specifications and standards prescribed herein. He/she may use either or both of the following methods for obtaining samples:

- a. An authorized representative may periodically visit the contractor's manufacturing plant to inspect quality of printing, shade of tint, the methods of packing, etc., and will select or require the contractor to furnish samples of blank stock, printed work, ink, packing material, etc., for laboratory testing.
- b. The Contracting Officer may request the contractor to take samples of the security paper, checks, ink, packing material, etc. and promptly forward them by registered mail or by hand delivery with appropriate receipt to the GPO. All photo prints or specimens of checks shall be voided in an approved manner before being permitted to leave the contractor's plant.

PACKING:

Checks must be bagged in lots of 100 (because of bending, no shrink wrap will be permitted).

Pack into shipping containers in multiples of 100.

Shipping containers must be white or brown and approved by SSA.

Contractor is required to use a sealing tape on the outer shipping container that will detect if the tape has been tampered with or broken. Tape used must be approved by SSA.

LABELING AND MARKING: Reproduce shipping container label from furnished repro, fill in appropriate blanks and attach to shipping containers.

DISTRIBUTION:

Deliver f.o.b. Contractor's City by small package common carrier in lots of 100, or multiples thereof to approximately 50 to 200 addresses nationwide (including U.S. Territories, i.e., Puerto Rico, Guam, Virgin Islands) per order out of an estimated 1,500 addresses (including SSA Headquarters). Contractor will be reimbursed for all shipping costs by submitting shipping receipts with billing invoice for payment.

Distribution lists will be provided via email with the print order.

Printed checks must be shipped by a 2 or 3-day delivery service (pre-approved by SSA) with a required signature of the receiving office. Contractor must begin shipping to destinations with the furthest delivery point (specific

CANs/addresses may require shipping first as directed on the print order). **No orders are to be shipped by U.S. Postal Service.**

The contractor shall provide hardcopy or electronic confirmation of deliveries to SSA no later than 3 calendar days following complete distribution. The Government reserves the right to request from the contractor and obtain the tracking numbers, CANs and delivery dates for all offices not receiving their deliveries by the required due date.

NOTE: Contractor is required to notify SSA immediately of any undeliverable addresses. Contractor CANNOT make any address corrections. If an address discrepancy is identified, the contractor must ask SSA for clarification.

One copy of the billing invoice and all supporting documentation for each print order must be sent within 5 working days of the delivery date by e-mail to Kate Schmidt – Kathryn.Schmidt@ssa.gov.

Upon close of contract, all furnished material must be returned to Social Security Administration, 6401 Security Boulevard, 1369 Annex Building, Baltimore, MD 21235 ATTN: Kate Schmidt.

All expenses incidental to returning materials, submitting proofs, and furnishing sample copies must be borne by the contractor.

PAYMENTS ON PRINT ORDERS:

Billing invoices must be submitted by Fax or mail to the U.S. GPO for the processing of vouchers for payment. Billing and payment instructions can be accessed on our website by the following hyperlinks:

<http://www.gpo.gov/vendors/billing.htm> and <http://www.gpo.gov/vendors/payment.htm>

If faxed, send the completed invoice to GPO utilizing the payment processing cover sheet. Access the following hyperlink for preparation instructions: <http://winapps.access.gpo.gov/fms/vouchers/barcode/instructions.html>

NOTE: Facsimile transmission should only be used when no samples are required with your invoice, otherwise payment will be held up while the invoice is returned to you for the required sample(s).

If mailed, all voucher packages and envelopes MUST be mailed to: COMPTROLLER-FMCE, Office of Financial Management, U.S. Government Printing Office, Washington, DC 20401

NOTE: Do not mail your invoice to any other GPO Procurement Office as this will delay payment.

SCHEDULE: Adherence to this schedule must be maintained. Contractor must not start production of any job prior to receipt of the individual print order.

Most Government furnished materials will be supplied by e-mail. All other Government furnished materials must be picked up from SSA in Baltimore MD at the contractor's expense.

The following schedules begin the workday (WD) after notification of the availability of print order and furnished material; the workday after notification will be the first workday of the schedule.

PROOFS AND PAPER SAMPLES (as required)

Submit proofs AND paper samples to: Social Security Administration, Office of Printing and Alternative Media Service (OPAMS), 1369 Annex Building, 6401 Security Blvd., Baltimore, MD 21235-6401. Attn: Kate Schmidt. The container and accompanying documentation must be marked "PROOFS", and must include the GPO jacket, purchase, and program numbers. The contractor must provide their UPS number for SSA to use to return signed-off proofs.

No specific date is set for submission of proofs. Proofs must be submitted as soon as possible to allow for revised proofs, if contractor's errors are judged serious enough to require them.

Proofs will be withheld no more than two (2) workdays from their receipt at the ordering agency until they are made available for pickup. (NOTE: The first workday after receipt of proofs at the ordering agency is day one (1) of the hold time.)

NOTE: If revised proofs or test samples are required due to contractor's error, the original schedule must be maintained.

In the event that revised proofs are required, contractor must submit the revised proofs within **two (2) workdays**. The Government will hold the proofs up to **two (2) workdays** until available for pickup.

PRIOR TO PRODUCTION SAMPLES (as required)

The samples must be submitted within **seven (7) workdays**

Bank Test Checks – Samples deliver directly to the financial institution by the contractor.

Contractor must notify SSA of bank approval of test checks via email to Kathryn.Schmidt@ssa.gov .

SSA Test Checks – Samples are to be submitted to: Social Security Administration, Office of Printing and Alternative Media Service (OPAMS), 1369 Annex Building, 6401 Security Blvd., Baltimore, MD 21235-6401. Attn: Kate Schmidt. The container and accompanying documentation must be marked “PREPRODUCTION SAMPLES”, and must include the GPO jacket, purchase, and program numbers.

The Government will approve, conditionally approve or disapprove the samples with in **seven (7) workdays** of the receipt thereof.

Approval or conditional approval shall not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval shall state any further action required by the contractor. A notice of disapproval shall state the reasons therefor.

In the event that Prior to Production test samples are required, contractor must submit the Prior to production test samples within **two (2) workdays**. The Government will hold the samples up to **seven (7) workdays** until available for pickup.

PRODUCTION SCHEDULE

If proofs and Prior to Production test samples are not required, all products must deliver to each destination within **fifteen (15) workdays**.

If proofs and Prior to Production test samples (SSA and/or bank test checks) are required, all products must deliver to each destination within **thirty-six (36) workdays**.

Note: With notification provided to SSA the Contractor is authorized to deliver any completed Print Order prior to the contracted delivery date.

Proofs and test checks will be a requirement prior to the commencement of production on the first order. For the initial order, SSA will provide the final quantity per print order, as well as the correct mailing addresses, after approval of the prior to production samples and/or bank test checks. The addresses will be cross-referenced to appropriate subaccount (CAN) numbers.

At any time during the duration of this contract, SSA may re-design any feature of the checks. As a result, the Government may request a complete set of proofs and/or prior to production test samples.

SPECIAL RESTOCKING REQUESTS

The contractor will meet the delivery requirements for this order within 48 hours by over-night delivery*.

Approximately 1,000 to 10,000 printed checks may be required under an accelerated schedule.

* Contractor to utilize overnight shipping for all special restocking requests in order to meet accelerated schedule requirements. Reimbursement will be made by submitting the receipts with the invoice for billing.

NOTE: Orders requiring this accelerated schedule will be paid at the premium rate of an additional 25% of the line items charged under I. Prepress and II. Printing and Construction in Section 4 Schedule of Prices. Shipping costs cannot be included when calculating the premium rate.

Press Sheet Inspections:

The contractor must notify the U.S. GPO of the date and time the press sheet inspection can be performed. In order for proper arrangements to be made, notification must be given at least 48 hours prior to the inspection. Notify the U.S. Government Publishing Office, Quality Control for Procured Printing, Washington, DC 20401 at (202) 512-0542. Telephone calls will only be accepted between the hours of 8:00 a.m. and 2:00 p.m., prevailing Eastern Time, Monday through Friday. NOTE: See contract clauses, paragraph 14(e)(1), Inspections and Tests of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 6-01)).

NOTE: When supplies are not ready at the time specified by the contractor for inspection, the Contracting Officer may charge to the contractor the additional cost of the inspection.

The ship/deliver date indicated on the print order is the date products ordered for delivery f.o.b. Contractor's City must be delivered to the destination(s) specified.

Unscheduled material such as shipping documents, receipts or instructions, delivery lists, labels, etc., will be furnished with each order or shortly thereafter. In the event such information is not received in due time, the contractor will not be relieved of any responsibility in meeting the shipping schedule because of failure to request such information.

For compliance reporting purposes, contractors are to report information regarding each order with date of shipment or delivery, as applicable, in accordance with the contract requirements by contacting the Shared Support Services Compliance Section via email at compliance@gpo.gov, via telephone at (202) 512-0520, or via facsimile at (202) 512-1364. Personnel receiving the email, call, or facsimile will be unable to respond to questions of a technical nature or to transfer any inquiries.

SECTION 3 – DETERMINATION OF AWARD

The Government will determine the lowest bid by applying the prices offered in the “Schedule of Prices” to the following units of production which are the estimated requirements to produce one year’s production under this contract. These units do not constitute, nor are they to be construed as, a guarantee of the volume of work which may be ordered for as a like period of time.

All orders will be paid for at the basic prices offered.

I. (a) 6

(b) 1

II. 160

SECTION 4 – SCHEDULE OF PRICES

Bids offered are f.o.b. contractor’s city.

Prices must include the cost of all required materials and operations for each item listed in accordance with these specifications.

Bidder must make an entry in each of the spaces provided. Bids submitted with any obliteration, revision, or alteration of the order and manner of submitting bids, may be declared nonresponsive.

An entry of NC (No Charge) shall be entered if bidder intends to furnish individual items at no charge to the Government.

Bids submitted with NB (No Bid) or blank spaces for an item may be declared nonresponsive.

The Contracting Officer reserves the right to reject any offer that contains prices for individual items of production (whether or not such items are included in the Determination of Award) that are inconsistent or unrealistic in regard to other prices in the same offer or to GPO prices for the same operation if such action would be in the best interest of the Government.

All vouchers submitted to the GPO shall be based on the most economical method of production.

I. PREPRESS

- (a) Digital Content proofs per trim/page-size unit \$ _____
- (b) SSA Prior to Production Test samples per set of 100 \$ _____

II. PRINTING AND CONSTRUCTION: Prices offered shall include the cost of all required materials and operations (including all composition, proofs, stock and packing) necessary for the production and distribution of the product listed in accordance with these specifications. Cost of makeready must be included.

Laser style per 1,000 checks \$ _____

(Initials)

INSTRUCTIONS FOR BID SUBMISSION: Fill out "Section 4.- Schedule of Prices," initialing or signing each page in the space(s) provided. Submit two copies (original and one exact duplicate) of the "Schedule of Prices" with two copies of the GPO Form 910, "BID" form. Do not enter bid prices on GPO Form 910; prices entered in the "Schedule of Prices" will prevail.

Bidder _____

(City - State)

By _____
(Signature and title of person authorized to sign this bid)

(Person to be contacted) (Telephone Number)

CONTRACTOR PERSONNEL SECURITY CERTIFICATION

Purpose: This form is used for contractor personnel to certify that they understand SSA's security and confidentiality requirements.

I understand the SSA security and confidentiality requirements and agree that:

1. I will follow all SSA rules of conduct and security policy/privacy rules/regulations.
2. I agree not to construct and maintain, for a period of time longer than required by the contract, any file containing SSA data unless explicitly agreed to by SSA in writing as part of the task documentation.
3. I agree to safeguard SSA information, whether electronic or hardcopy, in secured and locked containers during transportation.
4. I will use all computer software according to Federal copyright laws and licensing agreements.
5. I agree to keep confidential any third-party proprietary information which may be entrusted to me as part of the contract.
6. I will comply with systems security requirements contained in the SSA Systems Security Handbook.
7. I will not release or disclose any information subject to the Privacy Act of 1974, the Tax Return Act of 1976, SSA Regulation 1 and section 1106 of the Social Security Act to any unauthorized person.
8. I understand that disclosure of any information to parties not authorized by SSA may lead to civil or criminal prosecution under Federal law.

Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date

Contractor Employee

Date

Contractor Employee

Date

Contractor Employee

Date

Contractor Employee

Date

Contractor Employee

Date

Contractor Employee

Date

Contractor Employee

Date

Contractor Employee

Date

Contractor Employee

Date

Contractor Employee

Date

Contractor Employee

Date

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions*, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well.

These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

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. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa Trust Territory	AS TT	District of Columbia Virgin Islands	DC VI	Guam	GU	Northern Marianas	CM	Puerto Rico	PR

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

OPM USE ONLY	Codes	Case Number
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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		Other Address				ZIP Code
		At SON						
L SOI	M Location of Security Folder	None		Other Address				ZIP Code
		At SOI						
		NPI						
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title			Signature		Telephone Number		Date
						()		

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".	- If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH				
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

3 PLACE OF BIRTH - Use the two letter code for the State. City	County	State	Country (if not in the United States)	4 SOCIAL SECURITY NUMBER
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5 OTHER NAMES USED

#1 Name	Month/Year	Month/Year	To	#3 Name	Month/Year	Month/Year	To
#2 Name	Month/Year	Month/Year	To	#4 Name	Month/Year	Month/Year	To

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)	Home (include Area Code)
	Day () Night ()	Day () Night ()

8 CITIZENSHIP	b Your Mother's Maiden Name
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d.
	<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d.
	<input type="checkbox"/> I am not a U.S. citizen. Answer items b and e.

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.	Alien Registration Number	Country(ies) of Citizenship
			Month Day Year		

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
Month/Year #2	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
Month/Year #3	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
Month/Year #4	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							
Month/Year #5	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()							

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
ZIP Code					
Name of Person Who Knew You			Street Address	Apt. #	City (Country)
			State	ZIP Code	Telephone Number ()
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
ZIP Code					
Name of Person Who Knew You			Street Address	Apt. #	City (Country)
			State	ZIP Code	Telephone Number ()
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
ZIP Code					
Name of Person Who Knew You			Street Address	Apt. #	City (Country)
			State	ZIP Code	Telephone Number ()

Enter your Social Security Number before going to the next page

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

• **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|---|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

#1	Month/Year To	Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
#2	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
#3	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		

Enter your Social Security Number before going to the next page

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
	To							
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
To								
Month/Year	Month/Year	Position Title		Supervisor				
To								

#5	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
	To							
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
To								
Month/Year	Month/Year	Position Title		Supervisor				
To								

#6	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
	To							
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
To								
Month/Year	Month/Year	Position Title		Supervisor				
To								

12	YOUR EMPLOYMENT RECORD						Yes	No
	Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.							

Use the following codes and explain the reason your employment was ended:

1 - Fired from a job 3 - Left a job by mutual agreement following allegations of misconduct 5 - Left a job for other reasons under unfavorable circumstances

2 - Quit a job after being told you'd be fired 4 - Left a job by mutual agreement following allegations of unsatisfactory performance

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page

13 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()	Home or Work Address		City (Country)	State	ZIP Code
Name #2	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()	Home or Work Address		City (Country)	State	ZIP Code
Name #3	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()	Home or Work Address		City (Country)	State	ZIP Code

14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

<input type="checkbox"/> 1 - Never married (go to question 15)	<input type="checkbox"/> 3 - Separated	<input type="checkbox"/> 5 - Divorced
<input type="checkbox"/> 2 - Married	<input type="checkbox"/> 4 - Legally Separated	<input type="checkbox"/> 6 - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth (Mo./Day/Yr.)	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married (Mo./Day/Yr.)	Place Married (Include country if outside the U.S.)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

15 YOUR RELATIVES

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

- | | | | |
|---------------------|----------------|--------------------------|---------------|
| 1 - Mother (first) | 3 - Stepmother | 5 - Foster Parent | 7 - Stepchild |
| 2 - Father (second) | 4 - Stepfather | 6 - Child (adopted also) | |

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
	1					
	2					

Enter your Social Security Number before going to the next page →

16 YOUR MILITARY HISTORY	Yes	No
a Have you served in the United States military?		
b Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

•**Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

•**O/E.** Mark "O" block for Officer or "E" block for Enlisted.

•**Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

•**Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate No.	Status				Country
				O	E	Active	Active Reserve	
	To							
	To							

17 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.		
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		

Registration Number Legal Exemption Explanation

18 YOUR INVESTIGATIONS RECORD	Yes	No
a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.		

Codes for Investigating Agency

1 - Defense Department 4 - FBI
 2 - State Department 5 - Treasury Department
 3 - Office of Personnel Management 6 - Other (Specify)

Codes for Security Clearance Received

0 - Not Required 3 - Top Secret 6 - L
 1 - Confidential 4 - Sensitive Compartmented Information 7 - Other
 2 - Secret 5 - Q

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

19 FOREIGN COUNTRIES YOU HAVE VISITED							
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)							
•Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other							
•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").							
•Do not repeat travel covered in items 9, 10, or 11.							

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#5	To		
#2	To			#6	To		
#3	To			#7	To		
#4	To			#8	To		

Enter your Social Security Number before going to the next page →

20 YOUR POLICE RECORD <i>(Do not include anything that happened before your 16th birthday.)</i>					Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? <i>(Leave out traffic fines of less than \$150.)</i>						
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority or Court <i>(City and county/country if outside the U.S.)</i>	State	ZIP Code	

21 ILLEGAL DRUGS					Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.						
a In the last year, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?						
b In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?						
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.						

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	To		
	To		
	To		

22 YOUR FINANCIAL RECORD					Yes	No
a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.						
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code	

b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.					Yes	No
If you answered "Yes," provide the information requested below:						
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Oblígee	State	ZIP Code		

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature <i>(Sign in ink)</i>	Date

Enter your Social Security Number before going to the next page

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)	Date Signed
Other Names Used	Social Security Number	
Current Address (<i>Street, City</i>)	State	ZIP Code
Home Telephone Number (<i>Include Area Code</i>) ()		

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

ALIASES AKA O R I

DATE OF BIRTH DOB
Month Day Year

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS _____

ARMED FORCES NO. MNU

REF. _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below) NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* YES NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* YES NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* YES NO

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I **understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I **consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

- 17a. Applicant's Signature: _____ Date _____
(Sign in ink)
- 17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? _____
DATE: MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

Federal Investigations Notice

Letter No. 98-02

Date: March 6, 1998

On September 30, 1997, amendments to the Fair Credit Reporting Act (FCRA) (15 U.S.C. § 1681, *et seq.*) became effective as a result of the Consumer Credit Reporting Reform Act of 1996. The amendments require changes on the part of the users of consumer reports and providers of information to consumer reporting agencies. These changes impact on OPM-IS as the provider of investigative services to other Federal agencies, and on our customer agencies as the final users of credit information gathered as a result of OPM's investigations.

Most notably, **Section 1681b** of title 15 addresses permissible purposes for which consumer reports may be furnished and conditions for furnishing and using consumer reports for employment purposes. If an a enc. intends to use a consumer report for employment purposes, **Subsection 1681b (b) (2)** of title 15 requires that the applicant/employee be notified in a document consisting solely of the notice that a consumer report may be used, and the applicant/employee must authorize this use in writing before the consumer report is obtained. **Subsection 1681b (b)(3)** of title 15 requires that, before taking adverse action relative to an employment decision based on a consumer report, the agency must provide the consumer with a copy of the report, and a copy of the Federal Trade Commission's (FTC) Consumer Rights Notice.

The notice, disclosure, certification and adverse action requirements of the **FCRA** do not directly apply to OPM-IS in its role as the provider of investigative services to other requesting Federal agencies. However, we do obtain credit reports on behalf of other Federal agencies, and will require those Federal agencies to certify that they are the procurer of the credit report and that they are compliant with the FCRA's relevant provisions. We are, therefore, sending under separate cover a request to each agency for a one-time blanket certification to this effect, to be completed and returned to OPM-IS no later than May 1, 1998.

We will ask that the certification acknowledge that the requesting Federal agency is the procurer of the credit report for purposes of compliance with the FCRA. We will also ask that the requesting Federal agency certify that it is compliant with all relevant provisions of the FCRA. This certification should include certification that the agency will (a) clearly and conspicuously disclose to the subject of investigation, in a written document consisting solely of the disclosure, that the agency may obtain a credit report for employment purposes; and (b) obtain the subject's written authorization to obtain the credit report. It will also state that the

agency will not take adverse action against the subject of investigation, based in whole or in part upon the credit report, without first providing the subject a copy of the report and a written description of the subject's rights as described by the FTC under **Section 1681g(c)(3)** of title 15. Finally, the certification must state that the requesting Federal agency will not use any information from the consumer report in violation of any applicable equal employment opportunity law or regulation. A sample release for obtaining written authorization from each affected applicant/employee, as well as a copy of the FTC's Consumer Rights Notice are attached for your information and may be reproduced as necessary. You can obtain additional information regarding the FCRA at the Federal Trade Commission's web site (<http://www.ftc.gov>).

Attachments

Inquiries: OPM-IS, Oversight and Technical Assistance Division, 202-606-1042
OPM-FIPC, Contract Management Branch, 724-794-5612
Code:736
Distribution: SOI/SON's
Letter Expires: When superseded

SAMPLE RELEASE

Fair Credit Reporting Act of 1970, as amended

PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U. S. C., §1681, ET SEQ. SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED EITHER IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE AGENCY'S DECISION TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the _____ to obtain such report(s) from any
(Name of Requesting Agency)
consumer/credit reporting agency for employment purposes.

(Print Name)

(SSN)

(Signature)

(Date)

Your Social Security Number is needed to keep records accurate, because other people may have the same name. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are

credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S. C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.FTC.GOV>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers, without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's creditors and others not listed below	Federal Trade Commission Consumer Response Center-FCRA Washington , DC 20580 202-326-3761
National banks, Federal branches/agencies of foreign banks (word "National" or initials "N.A" appear in or after banks name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington , DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and Federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal or initials "F.S.B." appear in federal institutions name"	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria VA 22314 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corp. Div. of Compliance & Consumer Affairs Washington, DC 20429 202-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of the Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051



CHECK TESTING SPECIFICATIONS

Delaware Accounts

GENERAL INFORMATION

Height of the document must be between 2-3/4 and 3-5/8 inches.

Length of the document must be between 6-1/2 and 8-3/4 inches. *Citi recommends choosing a stock between 6-3/4 and 8-1/2 inches.*

The company name must appear at the top of the check.

“**Citibank, N.A. - One Penn’s Way - New Castle DE 19720**” must appear on the face of the document.

The Fractional Transit Routing Code (62-20/311)

must appear on the face of the document.

Citi recommends the Routing Code be located in the top right corner of the check.

The serial number must be printed in the upper right-hand corner of the document. The entire serial number must be printed in the same size font and color. The number must match the serial number encoded in the MICR line. Serial number must be 4-10 digits. No spaces, dashes or alpha characters may be used in the serial number. Check stock must be 24 lb. paper or better. Safety paper is recommended.

IMAGING

The minimum background paper reflectance is 60%.

The printed background pattern of the check in the payee area must be light enough to not interfere with the imaging.

GREEN or RED backgrounds are NOT recommended as these colors are not as image friendly as BLUE or YELLOW.

Check Printing: Dot Matrix printers are NOT recommended when printing checks.

Laser printing quality is preferred.

MICR LINE

No magnetic ink, other than the encoded MICR may appear on the lower 5/8” of the document. This includes additional printing, signature, or printing on the reverse of the document. *Please ensure signatures DO NOT cross into the 5/8” MICR band area.*

Characters must be black MICR ink, printed in E13-B font. Signal strength must be between 50% and 200 % of nominal strength.

There must be at least 1/4” margin between trailing edge of check and the left-most MICR character.

On-Us Field: Opening On-us symbol must be within positions 14 to 23. *Citi recommends position 19.* No blanks or dashes are permitted between the On-Us symbol and the account number. (Reference check #)

Account number must be within positions 15 to 31.

- *Citi recommends positions 20 to 27*

- *Account numbers must NOT have blanks or dashes.*

Transit Number field: Positions 32 and 44 must be blank

Transit symbols must be in positions 33 and 43

Citi Transit #: 031100209

Auxiliary On-Us field: Opening symbol must be in position 45 or 46; closing symbol must be immediately to the left of the serial number. No blanks or dashes are permitted between the On-Us symbols.

Serial number must be 4 to 10 digits. The maximum number is 10 digits. No pre-filled zeros required.

Check Printing: Dot Matrix printers are NOT permitted when printing the MICR line on checks.

Laser printing quality is preferred.

PAYEE NAME AUTHENTICATION

The payee name information printed on the check must EXACTLY MATCH, character by character, the format of the payee name information submitted in the issuance file. The first two lines of payee information will be matched on the check. Up to 60 characters may be printed per line. Choice of validating one or two lines of Payee details will be determined during the implementation process. The payee name information (and address, if present) must be printed on the check using fixed pitch (where all characters have the same width). **During implementation, your current font will be tested to see if changes must be made.** The following font types are not permitted: Any fonts using Serifs and Decorative / Cursive / Shaded fonts. Variations to this specification will need to be tested based on font type. Citi recommends the utilization of Helvetica and Arial fonts.

NO HANDWRITTEN CHECKS WILL BE ACCEPTED FOR PNA PROCESSING.

Citi recommends 12 Character Per Inch (CPI).

Print with default font spacing to ensure that there will be a clear separation between individual characters and between lines of text. Do not use **bold** or *italic* effects. Check Printing: Dot Matrix printers are NOT permitted when printing checks with PNA services.

The payee name must be printed no higher than 2 ¼” from the bottom of the check. The area of the check in which the payee name and address is printed, and extending at least .25 inches around the printing, must be white (clear band), or printed with a light pastel color of print contrast signal .30 or less. There should be no other information, lines, symbols, or marks appearing in this region. This will prohibit extraneous noise from interfering with the automated character recognition. The location of the payee name(s) on the check and the payee font type may not vary. Citi must be alerted immediately of any layout changes.

SAMPLE CHECK AND GRID NOT TO SCALE

