

Program No 831-S Term 05/05/16 To 01/31/18						
TITLE: Social Security Cards - Form SSA-3000						
					Current Contractor	
			Banknote Corporation of America		Banknote Corporation of America	
			Browns Summit, NC		Browns Summit, NC	
		Basis of				
Item No.	Description	Award				
I.	COMPLETE PRODUCT					
	Social Security Card - Form SSA-3000					
1	Makeready and/or Setup	3	\$6,700.00	\$20,100.00	\$3,500.00	\$10,500.00
2	Running per 1,000 copies	17,640	\$122.41	\$2,159,312.40	\$93.58	\$1,650,751.20
II.	PAPER					
	Required stock/paper per 1,000 forms	17,640	\$20.72	\$365,500.80	\$17.98	\$317,167.20
	<b>CONTRACTOR TOTALS</b>			\$2,544,913.20		\$1,978,418.40
	<b>DISCOUNT</b>		0.00%	\$0.00	0.00%	\$0.00
	<b>DISCOUNTED TOTALS</b>			\$2,544,913.20		\$1,978,418.40

U.S. GOVERNMENT PUBLISHING OFFICE  
Washington, DC

GENERAL TERMS, CONDITIONS, AND SPECIFICATIONS

For the Procurement of

***Social Security Cards - Form SSA-3000***

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

Social Security Administration

Single Award

**TERM OF CONTRACT:** The base term of this contract is approximately 20 months for the period beginning Date of Award and ending January 31, 2018, plus up to four (4) 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.

**BID OPENING:** Bids shall be publicly opened at 11:00 a.m., prevailing Washington, DC time, on APRIL 28, 2016.

**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: CSPS, 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., prevailing Washington, DC, 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.

**BIDDERS PLEASE NOTE:** THE MINIMUM TIME PERIOD FOR ACCEPTANCE OF BIDS ON PROGRAM 381-S BY THE GOVERNMENT IS 180 CALENDAR DAYS. TO BE RESPONSIVE, A BIDDER MUST INSERT IN THE BID ACCEPTANCE PORTION OF GPO FORM 910 A BID ACCEPTANCE PERIOD OF 180 DAYS OR MORE. IT IS CAUTIONED THAT IF THE BIDDER MAKES NO ENTRY, A BID ACCEPTANCE PERIOD OF 60 CALENDAR DAYS WILL AUTOMATICALLY BE APPLIED AND THE BID WILL BE RENDERED NONRESPONSIVE.

**RESTRICTION ON LOCATION OF PRODUCTION FACILITIES:** Due to the security requirements set forth in these specifications, the product must be produced in the continental United States. The Federal Bureau of Investigation has limited jurisdiction outside of the United States and would not be able to oversee and enforce these requirements.

**BIDDERS, PLEASE NOTE:** This program was formerly Program 381-S. These specifications have been revised; therefore, all bidders are cautioned to familiarize themselves with all provisions of these specifications before bidding.

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

For information of a technical nature, call BRIAN COLEMAN (202) 512-0310, or email [bcoleman@gpo.gov](mailto:bcoleman@gpo.gov).

## 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. 8-02)).

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](http://www.gpo.gov/pdfs/vendors/contractdisputes.pdf).

**SUBCONTRACTING:** Subcontracting is NOT allowed. (NOTE: Contractor is allowed to dispose of materials at an off-site location. See “DISPOSAL” specified herein.)

**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.
- (c) Exceptions:
  - (1) Type Quality and Uniformity (Attribute P-7) – Number of breaks and/or fill-ins in the micro print line (every 2-1/8”) shall not exceed 12. Any break and/or fill-in in excess of the 12 allowed (per 2-1/8”) will be considered a major defect.
  - (2) Trim size (Attribute F-1) – Margins and registration must be maintained within plus or minus 1/32” or less. A variance in excess of plus or minus 1/32” will be considered a major defect.
  - (3) All elements of manufacture of these continuous forms, such as printing, punching, perforation, registration, etc. shall be of such precision as to ensure continuous operation on the following printers and inserters (performance standards are container related requirements): Pitney Bowes MPS22K (Model Y503) Inserters and Kodak Versamark VL 2000 inkjet printing system.

The following standard shall apply to containers of forms. Each container of forms shall be assigned a performance defect if it has more than one stoppage due to any manufacturing deficiency.

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

- (a) Form-related attributes and other form-related requirements: General Inspection Level I.
- (b) Container-related requirements (e.g., breaks, splices, warning signals, performance tests) and destructive tests: Special Inspection Level S-3.

Acceptable Quality Levels (AQL):

- (a) Form-related attributes and other form-related requirements: 1.0 critical defects per 100 forms and 6.5 total defects per 100 forms (total defects equal critical defects plus major defects). One form equals one unit of product.
- (b) Container-related requirements: 2.5 performance defects per 100 containers. One container of forms equals one unit of product.

NOTE: Form-related defects shall be accumulated separately from container-related defects. A lot may be unacceptable for form-related defects, for container-related defects, or for both.

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	O.K. Press Sheets
P-9. Solid and Screen Tint Color Match	O.K. Press Sheets

Special Instructions: In the event that inspection of press sheets is waived by the Government, the following listed alternate standards (in order of precedence) shall become the Specified Standards:

P-7. Average Type Dimension; Electronic Media.

P-9. Pantone Matching System.

**GOVERNMENT TESTING:** The Quality Control for Published Products Section of the U.S. Government Publishing Office will inspect all shipments (partial or complete) received at the Social Security Administration, Baltimore, MD, to ensure compliance to specifications. This inspection will determine the acceptability or non-acceptability of the shipment received. Testing will not relieve the contractor from compliance with the following items listed under “QUALITY ASSURANCE LEVELS AND STANDARDS: (1) Product Quality Levels: item (c)(3); (2) Inspection Levels (ANSI/ASQC Z1.4): item (b); and, (3) Acceptable Quality Levels (AQL): items (a) and (b).” Social Security Cards will be randomly selected from cartons throughout the shipment. The cards selected will then be taken to the GPO for examination and testing.

**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 five (5) years 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 Date of Award to January 31, 2018, 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.

***NOTE: The term of the first contract year (base year) is expected to be approximately 20 months; however, the Economic Price Adjustment will be based on the date of actual production. Actual production begins February 1, 2017.***

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 three (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 October 31, 2016, 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.

**PAPER PRICE ADJUSTMENT:** Paper prices charged under this contract will be adjusted in accordance with “Table 6 - Producer Price Indexes and Percent Changes for Commodity Groupings and Individual Items” in Producer Price Indexes report, published by the Bureau of Labor Statistics (BLS), as follows:

***NOTE: For the purpose of this contract, the Paper Price Adjustment will be based on the date of actual production. Actual production begins February 1, 2017.***

1. BLS code 0913-01 for Offset and Text will apply to all paper required under this contract.
2. The applicable index figures for the month of January 2017, will establish the base index.
3. There shall be no price adjustment for the first three production months of the contract.
4. Price adjustments may be monthly thereafter, but only if the index varies by an amount (plus or minus) exceeding 5% by comparing the base index to the index for that month which is two months prior to the month being considered for adjustment.



- (3) Detail the procedures to be used to control/monitor and verify the proper sequence of the sequential number printed on the back of the Social Security Cards. **Under no condition will an order containing missing or duplicated numbers, and/or numbers out of sequence be accepted by the Government.**
- (4) Detail the procedures that will be taken to ensure that samples will be taken from all phases of production.
- (5) Designate a lead person (by name) who shall be responsible for the operation of the Quality Control Program and for investigating and ascertaining the causes of deficiencies found.
- (6) Explain how requests by the Government for an updated or revised Quality Control Program, or, answers to questions pertaining to the Quality Control Program will be handled to ensure submission to the Government within five (5) workdays of request.

A signed Certificate of Inspection of each shipment, certifying that the product has been tested and inspected and found to comply with all requirements, shall be made available to the Contracting Officer upon request.

Failure to maintain the Quality Control Program in accordance with the plan submitted and approved by the Government may result in the Government terminating the contract for default.

**GENERAL INSPECTIONS:** In addition to the Government inspection that will be made upon receipt of the first shipment of each order (see “SCHEDULE”), quality assurance inspections by Government personnel may be made at the contractor’s plant during any phases of production.

**SECURITY INSPECTIONS:** A security inspection will be conducted by Government personnel upon receipt of each shipment. This inspection is to ensure that the contractor is conforming to the distribution and transportation security requirements of the specifications. As part of the inspection, the armed guards (see “DISTRIBUTION – Transportation”) will be required to show proof of identity (a current state issued driver’s license and/or a photo identification card issued by the secured carrier), and their current state-specific permit to carry a firearm.

**DIGITAL FILE (ELECTRONIC MEDIA) SECURITY:** The GPO will provide the contractor with a digital version of the form. The content of this material has been labeled with a Public Trust Position Designation Level 5C (see “PUBLIC TRUST SECURITY REQUIREMENTS”).

The contractor shall protect the digital file at all stages of the production process, from receipt, until all traces of the file have been removed from the contractor’s active files, backup files, and/or archival storage.

The digital file will be transmitted to the contractor with a full security characterization and specification of any special handling requirements (either explicitly or by reference to an approved source, such as a Digital File Security Plan, the contract, etc.) The contractor should not accept any digital file for which this controlling information is absent.

Electronic Media Protection:

- The contractor shall lock any electronic media received from the Government in a work area safe when not being used or reviewed.
- The electronic media will be logged in and out of the safe by designated users only.
- Material produced that could be used to create an original form, such as a master digital file, will be logged in and out by designated user only.
- The contractor shall ensure that the digital file has been removed from all systems across the contractor’s network. Within 10 workdays of notification to do so, the contractor must furnish an affidavit to the Contracting Officer confirming final cleanup.

Workstation Access:

- All persons entering or leaving the work area must log in and out with the time and date of entry and exit.
- The access log will remain in the work area and must be maintained by the person responsible for that area. The log may be subject to review and inspected by the Government at any time.
- Workstations must be password protected.

#### Securing Digital Files:

Digital files will be saved either to a removable hard drive or a secure server. Hard drives will be locked in the safe in the work area when the room is vacated and/or at the end of each workday. If the contractor intends to store files on a secure server, the contractor must submit their plans for secure file storage to the Contracting Officer (in addition to the plans required under “SECURITY REQUIREMENTS”) for their approval.

#### System and Communications Protection:

- The contractor shall specify how digital files provided by the Social Security Administration will be protected from change and/or theft.
- The contractor shall specify how electronic systems are protected from virus, malicious code, or unintended change.

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

**SECURITY REQUIREMENTS:** All security requirements required under this contract must be in place and operational by Date of Award (on or around May 1, 2016). Bidders unable to demonstrate that full security requirements will be in place by Date of Award shall be declared non-responsible.

The contractor shall submit, in writing, to the Contracting Officer, the details of their Security Control Plan. The Security Control Plan must be submitted within 15 workdays of the Government request. The workday after notification to submit will be the first workday of the schedule.

Requests by the Government for an updated or revised Security Control Plan, or, answers to questions pertaining to the Security Control Plan must be submitted within five (5) workdays of request.

**The proposed Security Control Plan is subject to Government review and approval, and award will not be made prior to approval of same. The Government reserves the right to waive some or all of the Security Control Plan.**

The Security Control Plan shall address, at a minimum, the following.

- (1) Work Area: The contractor shall provide a secure area(s), dedicated to the manufacture and storage of Social Security Cards (either a separate facility dedicated to the Social Security Card Program or a walled-in limited access area within the contractor’s existing facility). Access to the area(s) shall be limited to security-cleared employees involved in the production of Social Security Cards (see “PUBLIC TRUST SECURITY REQUIREMENTS”). The contractor shall furnish, with its Security Control Plan, a floor plan detailing the area(s) to be used, showing existing walls, equipment to be used, the printing and wrapping locations, and the location of, or proposed construction site of, a vault\* storage area.

\*NOTE: At a minimum, the vault must meet the requirements for a Class 1 vault, in accordance with the classifications of Underwriters Laboratories Inc. Contact the following address for additional information on construction specifications: Underwriters Laboratories Inc., 333 Pfingsten Road, Northbrook, IL 60062. (Telephone: (847) 272-8800)

If necessary, the construction/installation of a Class 1 vault must be completed by Date of Award. Contractors unable to meet this date will be declared non-responsible.

- (2) **Equipment:** Equipment to be used in the manufacture of Social Security Cards must be located within the previously defined secured area(s), unless a special waiver is given by the Government due to the nature of the equipment, and how it will be utilized in the operation.
- (3) **Supervision:** At least one supervisory employee must be permanently assigned to the secured area(s) to visually observe at all times (i.e., 24/7) the printing, packing, and/or storing of all cards/forms, as well as the destruction of any excess or spoiled materials.
- (4) **Storage Area:** All printed Social Security Cards and/or press or intaglio plates must be stored in a vault\* that is equipped with appropriate security systems to detect unauthorized entry and/or theft. In addition, the contractor will be required to store all furnished material and reproducibles in the vault\*.
- (5) **Alarm and Security System:** The contractor shall maintain in operation an effective security system where products covered by these specifications are manufactured and/or stored (awaiting shipment or disposal) to assure against theft and/or the product falling into unauthorized hands. Upon request, a printout shall be provided to the Government (within five (5) workdays) which documents all facility alarm status changes and alarm conditions. The contractor shall also furnish with its Security Control Plan, a floor plan detailing the locations of intrusion detection systems, emergency lighting, and fire suppression equipment for review and approval by the Government. Closed-circuit television and video recording coverage will be required during printing, packing, storage, and destruction of any excess or spoiled materials. A minimum of six (6) months will be required for storage of historical media (e.g., video tapes). Historical media must be kept in a secure location.
- (6) **Armed Guards:** The contractor must station armed guards where the numbered Social Security Cards are manufactured and/or stored, to insure against theft. Access control to the secured area(s)/vault\* must be maintained on a 24-hour round-the-clock basis. In addition, whenever Social Security Cards are transported from the contractor's facility to the Social Security Administration, they shall be escorted by an armed guard at all times. (See "DISTRIBUTION – Transportation.")
- (7) **Accountability:** The contractor shall provide upon request a record (master list) of accountability of all phases of production to include: 1) finished product; 2) the destruction of imperfect work; 3) reproducibles; and, 4) raw materials.

The master list shall also identify all raw materials as explained under "PAPER AND INK REQUIREMENTS," showing the exact production trail and accounting for all waste by card number(s) (when applicable) in each phase of production.

Any theft or loss as defined in these specifications shall be reported immediately by the contractor to: Government Publishing Office, Agency Publishing Services, DC Team 1, (202) 512-0310.

**PLATES:** The contractor shall notify the Government prior to making any duplicate plates or other media that could be used to reproduce any portion of the product produced on this contract. In addition, the contractor is required to maintain a log of all media used in the performance of this contract.

Plates broken or worn out during the term of the contract, and all plates in the possession of the contractor at the time of expiration of the contract shall be disposed of as directed by the Contracting Officer. When requested by the Government, the contractor must provide a copy of the log listing all Government material currently in their possession.

**DISPOSAL:** Prior to the destruction of any obsolete media, the contractor shall notify the U.S. Government Publishing Office so that Government representative(s) may be present to witness the destruction, if so desired. In addition, the contractor must furnish a sworn affidavit to the Social Security Administration, Division of Printing Management, Attn: Sherry Leverett, 1351 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401, certifying that every printed or partially printed sheet (excess or spoilage) not delivered has been destroyed at the contractor's plant or at a Government approved off-site location by: burning; pulverizing; shredding; or other method agreed to by the Contracting Officer. The contractor must provide the location and method planned to transport and dispose of the material. Additionally, the contractor must include the names of all contract officials responsible for the destruction of excess or spoiled cards. A copy of this affidavit is also to be furnished to the Contracting Officer. In the event that off-site destruction services are to be utilized, the contractor shall be required to provide Government approved armed security during transporting, storing, and destruction. All costs incurred for off-site destruction shall be borne by the contractor. The contractor shall assure prompt destruction of excess or spoiled cards.

NOTE: The Government will require the contractor to use a "disintegration shred" if the shredding method is utilized to dispose of excess or spoiled cards.

**REJECTED SHIPMENTS:** Rejected shipments will be disposed of by the Government with all costs incurred for the disposal being charged back to the contractor. In addition, the contractor will deduct from their billing invoice all charges billed to the Government for the rejected cards.

**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(s) it may elect during the term of the contract, to ascertain whether Social Security Cards 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 cards. The Contracting Officer will supply the contractor with the names of the Government personnel authorized to be admitted to the facility. Inspections of the contractor's plant may be announced or unannounced.

**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) workdays 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. Contractor to send the applicant listing via fax to the Center for Personnel Security and Project Management (CPSPM) Suitability Team at (410) 965-3329, or via traceable means (i.e., 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 C, “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 B.) 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 (1) 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 (i.e., 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) (name and email address to be furnished after award). 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.

**MAINTENANCE PLAN:** The contractor shall be covered by a maintenance agreement providing service on all equipment necessary for the production of the Social Security Cards, unless they have specifically trained employees that can provide this service.

**PERFORMANCE BOND:** The successful bidder will be required to execute and return to the GPO a performance bond on Standard Form 1418 in the penal sum of \$200,000.00, to insure performance of the contract in accordance with the specifications and conditions set forth herein. Such bond, with good and sufficient surety or sureties acceptable to the Government, must be provided within 10 workdays of the form being furnished to the contractor by the GPO.

**ALTERING OF GOVERNMENT FURNISHED MATERIAL:** Any alteration of Government furnished materials without written authorization from the Contracting Officer will result in an immediate default. In addition, all costs incurred by the Government to restore the furnished material back to its original condition will be charged back to the contractor.

**POSTAWARD CONFERENCE:** Unless waived by the Contracting Officer, 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.

**POSTAWARD TEST:** After award, but prior to actual production, the contractor may be required to demonstrate their ability to produce the items required in these specifications at the requisite quality level by completing a postaward test. The Government reserves the right to waive the postaward test if there is other evidence that, in the opinion of the Contracting Officer, indicates that the contractor has the capability to successfully produce the items required.

**NOTE: Prior to the postaward test, the contractor must be in compliance with all security requirements specified herein. (See "PUBLIC TRUST SECURITY REQUIREMENTS" and "SUITABILITY DETERMINATION.")**

Within 10 workdays of notification of award, the contractor must submit samples of the "COPY" pantograph, which is incorporated into the background, and the two (2) latent images, which will both be incorporated into the banner portion of the card. The "COPY" pantograph and latent images are subject to Government approval.

NOTE: After award, SSA will inform the contractor what the two (2) latent images consist of. The latent images must be created by the contractor. The latent images must conform to the standards for line weight, depth, and light refraction as specified by the Government.

The Government will provide the contractor a test file (that is representative of the files to be furnished under these specifications) which will contain portions of the Social Security Card digital file but will not be the final file for production. (See "DIGITAL FILE (ELECTRONIC MEDIA) SECURITY" for more information.)

The word "COPY" must not be visible on the printed card, but must appear when the card is reproduced by use of single or multi-color laser copiers or similar duplicating processes on the market at time of contract award. No additional time will be given in the contract schedule for incorporating the pantograph and/or performing any testing of the pantograph. If the contractor is unable to comply, he will be declared non-responsible.

The contractor must be ready to perform the postaward test within five (5)\* workdays of notification to test. The contractor will be supplied electronic files (that are representative of the files to be furnished under these specifications) for the intaglio printing, except for the intaglio microline. The contractor will be responsible for creating the microline (subject to Government approval). The Government will provide the contractor with a sample of a previously printed microline to be used as a guide for producing the microline. The contractor will be responsible for whatever steps are necessary to create the microline (which consists of a repeat of the words "SOCIAL SECURITY ADMINISTRATION") and incorporate it as an integral part of the product.

\*Time required to make plates from Government furnished reproducibles will not be included in the 5-workday makeready period. Contractor will be granted a maximum of 10 workdays to make plates.

The contractor will then be required to produce 8,000 sample copies in accordance with all specifications stated herein, except paper. The paper (contractor to furnish) to be used for these postaward test samples must be White Index, basis weight: 90 lbs. per 500 sheets, 25-1/2 x 30-1/2”, equal to JCP Code K10.

These samples will be inspected and tested for compliance with the specifications as to printing and binding quality, construction, kind, and quality of materials.

NOTE: Samples will be tested on the following printers and inserters: Pitney Bowes MPS22K (Model Y503) Inserters and Kodak Versamark VL 2000 inkjet printing system.

Samples are to be delivered f.o.b. destination to: SSA, National Computer Center, 6201 Security Boulevard, Baltimore, MD 21235-6201. *On the same day as delivery of the postaward test samples to SSA, the contractor MUST notify the GPO of the delivery of the samples.*

**NOTE:** The postaward test samples must be delivered by a secured carrier (inside delivery to the room number and person indicated will be required). The container and accompanying documentation shall be marked “SAMPLES” and shall include “GPO Program 831-S.”

Postaward test sample cards must be submitted to SSA within five (5) workdays after the makeready period.

The Government will approve, conditionally approve, or disapprove the samples within 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 therefore.

If the samples are disapproved by the Government, the Government, at its option, may require the contractor to produce additional samples for inspection and test, 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 cost to the Government.

In the event the revised test samples are disapproved by the Government, the contractor shall be deemed to have failed to comply with the applicable requirements of these specifications and may be reason for a determination of non-responsibility.

In the event compliance with the specifications cannot be demonstrated by the contractor, he/she shall be declared non-responsible. **NOTE:** If the contractor is found to be non-responsible, he/she will be required, under Government supervision, to destroy or return (at the Government’s option) all plates or any other media that might be used to produce cards described in these specifications. *The cost of returning (by a secured carrier) Government-furnished materials for the test from the non-responsible contractor’s plant will be borne by the Government.*

All operations necessary in the performance of this test shall be performed at the facilities and on the equipment in which the contract production will be performed.

No charges will be allowed for costs incurred in the performance of this postaward test.

**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 January 31, 2018, 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” upon notification by the Government for purposes of the contract when it is electronically transmitted or otherwise physically 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 shall 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 shall 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 shall 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 the contract.

**PAYMENT:** Upon completion of each order, the contractor shall submit an itemized statement for billing to the ordering agency for examination and certification as to the correctness of the billing. Unless otherwise specified, contractor to submit billing to: Sherry Leverett at [Sherry.Leverett@ssa.gov](mailto:Sherry.Leverett@ssa.gov).

After agency verification, billing invoices must be submitted to the U.S. Government Publishing Office for payment. Submit to: U.S. Government Publishing Office, Office of Financial Management, Attn: Comptroller, Stop: FMCE, Washington, DC 20401. (NOTE: GPO offers a Contractor Fax Billing System. Please visit the GPO website for more information.)

When processing billing invoices for payment, at the contractor’s option, the contractor may fax the completed invoice to GPO by utilizing the GPO barcode coversheet program application. The barcode coversheet can be accessed at: <http://winapps.access.gpo.gov/fms/vouchers/barcode/instructions.html>. Contractor to follow the instructions as indicated.

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

**Contractor’s billing invoice must be itemized in accordance with the line items in the “SCHEDULE OF PRICES.”**

## SECTION 2. - SPECIFICATIONS

**SCOPE:** These specifications cover the production of one-part, marginally punched continuous forms requiring such operations as printing in multiple colors (including intaglio printing), perforating, sequential numbering, packing and distribution.

**TITLE:** Social Security Cards - Form SSA-3000.

**FREQUENCY OF ORDERS:** Approximately 1 to 5 orders per year.

**QUANTITY:** It is anticipated that most orders placed will be for either approximately 2,600,000 or approximately 15,000,000 forms.

**NOTE:** An occasional order may be placed for approximately 40,000 to 80,000 forms for internal testing purposes only.

**TRIM SIZE:** 9-7/8 x 4" (trim size includes marginal punching).

**GOVERNMENT TO FURNISH:** A digital file for intaglio printing (except for intaglio microline), will be furnished. The Government will provide one or more 700 MB CD-R discs using encapsulated postscript (EPS) file format. (*NOTE: The digital file will be furnished at the beginning of the contract and is to be held for reuse throughout the term of the contract.*)

Form FD-258, Applicant Fingerprint Card. (See Exhibit B.)

Form SF-85P, Questionnaire for Public Trust Positions. (See Exhibit C.)

Form OF-306, Declaration for Federal Employment. (See Exhibit D.)

Fair Credit Reporting Act (FCRA) Authorization Form. (See Exhibit E.)

One reproduction proof, Form 905 (R. 6/03) with labeling and marking specifications.

Identification markings such as register marks, commercial identification marks of any kind, etc., except GPO imprint, form number, and revision date, carried in the electronic files, must not print on the finished product.

**CONTRACTOR TO FURNISH:** All materials and operations, other than those listed under "GOVERNMENT TO FURNISH," necessary to produce the product in accordance with these specifications.

**ELECTRONIC PREPRESS:** Prior to image processing, the contractor shall perform a basic check (preflight) of the furnished media and publishing files to assure correct output of the required production image. Any errors, media damage, or data corruption that might interfere with proper file image processing must be reported to the ordering agency.

**All changes to the file will be made by the Government.** Refer to "DIGITAL FILE (ELECTRONIC MEDIA) SECURITY" section for more information.

Upon completion of the first order, the contractor must furnish final production native application files (digital deliverables). The digital deliverables must be an exact representation of the final printed product (including the pantograph and microline) and shall be returned on the same type of storage media as was originally furnished. The Government will not accept, as digital deliverables, PostScript files, Adobe Acrobat Portable Document Format (PDF) files, or any proprietary file formats other than those supplied, unless specified by the Government. (The Government will accept Adobe Acrobat Portable Document Format (PDF) files as digital deliverables when furnished by the Government.) The digital deliverable must be returned to: U.S. Government Publishing Office, Attn: Contracting Officer, DC Team 1, 732 North Capitol Street, NW, Washington, DC 20401.

**PRIOR TO PRODUCTION PAPER SAMPLES:** Contractor must submit paper samples for testing every time the contractor receives a new lot of paper from the paper manufacturer. NOTE: Paper samples from each new lot must be tested and approved prior to paper from the lot being used in production.

The contractor shall submit to the Government, not less than 50 blank paper samples in original, unaltered condition to be used in the production of the contract requirements. Each sample shall be approximately 8-1/2 x 11” and must be of the kind and quality required by the specifications.

Sampling must be conducted in accordance with, and accompanied by, all information required under “SAMPLES AND TESTING” specified herein. Only one (1) set of samples shall be submitted at a time.

Contractor must submit samples to: U.S. Government Publishing Office, Agency Publishing Services, DC Team 1, Mail Stop: CSAP, Room C838, 732 North Capitol Street, NW, Washington, DC 20401. The container and accompanying documentation shall be marked PAPER SAMPLES, and shall include the GPO jacket number and purchase order number.

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

The samples must be submitted in sufficient time to allow Government testing of the samples and production and shipment in accordance with the schedule specified herein.

The Government will approve, conditionally approve, or disapprove the samples within five (5) 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.

If the samples are disapproved by the Government, the Government, at its option, may require the contractor to submit additional samples for inspection and test, 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 additional 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 the procedures as indicated in Contract Clause 12, “Notice of Compliance With Schedules,” of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 6-01)).

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

Samples will not be returned to the contractor. All costs, including the costs of all samples, shall be included in the contract price for the production quantity.

**PAPER AND INK REQUIREMENTS:** The contractor must furnish the following paper and ink specifications:

- *Paper* – Brand name; name, date, and location of manufacturer; number of rolls and mill roll numbers received in shipment; date of shipment; customer number (as it appears on shipping documents); and, order number.
- *Ink* – Name, date, and location of manufacturer; color (brand name); batch number; and, date of delivery.

Contractor must furnish the above information for the paper and ink with the prior to production paper samples.

**STOCK/PAPER:** The specifications of all paper furnished must be in accordance with those listed herein or listed for the corresponding JCP Code numbers in the “Government Paper Specification Standards No. 12” dated March 2011.

Government Paper Specification Standards No. 12 – [http://www.gpo.gov/pdfs/customers/sfas/vol12/vol\\_12.pdf](http://www.gpo.gov/pdfs/customers/sfas/vol12/vol_12.pdf).

*The paper used in this contract shall conform to the following requirements –*

**Stock:** Not less than 50 percent cotton or linen fibers; the remainder bleached chemical woodpulp.

No fluorescent (optical) brighteners shall be added to the pulp or paper during manufacture. Fluorescence, due to residual white water, broke, or natural fibers, will be permissible provided that the increase in reflectance, measured with and without the ultraviolet component of a light source of 3100 kelvin in combination with a C.I.E. (International Commission on Illumination) Z (blue) filter, does not exceed 1.0 percent.

*NOTE: Postconsumer fiber in any percentage is encouraged, provided that the requirements of this Standard are met.*

**Acidity:** pH value, average, not less than ..... 5.0

**Grammage:** Average (g/m<sup>2</sup>) ..... 165

Basis weight: 25-1/2 x 30-1/2 inches, 500 sheets (pounds) ..... 90

A tolerance of ± 10 percent shall be allowed.

**Wet tensile strength:** Average, not less than –

Machine direction (kN/m) ..... 1.5

Cross direction (kN/m) ..... 0.8

Equivalent –

Machine direction (kg/in) ..... 3.9

Cross direction (kg/in) ..... 2.1

**Bursting strength:** Average, not less than--

Dry (kPa) ..... 410

Wet (kPa) ..... 110

Equivalent –

Dry (lb/in<sup>2</sup>) ..... 60

Wet (lb/in<sup>2</sup>) ..... 16

**Tearing strength:** Average, each direction, not less

than (mN) ..... 1470

Equivalent (grams) ..... 150

**Thickness:** Average (mm).....0.185  
Equivalent (inch).....0.0073  
A tolerance of  $\pm 0.013$  mm (0.0005 inch) shall be allowed.

**Water resistance:** Average, not less than (seconds).....45

**Security Features:** The paper shall contain the following features –

Chemical Sensitivity. The paper shall be surface treated or impregnated with chemicals so as to produce an obvious and permanent visual reaction when attempted alterations are made with the following classes of chemicals: Acids, bases, and bleaches (including sodium hypochlorite). (See “Test Method A” under “SAMPLES AND TESTING” for evaluation procedures.)

Planchettes. Paper must contain multicolor (yellow, pink, and blue) planchettes equal to the standard sample adopted by the Government (e.g., type, color, size, density, etc.). Additionally, the blue planchettes shall fluoresce and can be detected by short wavelength (254 nm) ultraviolet light using a Spectroline or equal equipment.

**General Appearance:** The color, formation, and cleanliness shall conform to the standard sample adopted by the Government. The color and formation of the paper in the order shall be uniform. The color variation in any manufacturing run and deviation from the **agreed upon** color standard shall not exceed  $DE(CIELAB) = 1.0$ .

Finish: The surface and texture of the paper shall show signs of being abraded when subjected to erasures of ink, typewritten, or print matter. Lines ruled and characters written with pen and ink shall be clear cut and free from excessive feathering.

**SAMPLES AND TESTING:**

**Testing:** Shall be conducted in accordance with standards in Parts 2 and 4, *Government Paper Specification Standards*, No. 12, dated March 2011, and “Test Method A” below. The precision requirements of the acceptance criteria (Part 4) shall apply.

Test Method A: Evaluation of Paper Sensitivity to Designated Chemicals. Visual reaction to the chemicals listed below shall be evaluated by placing one drop of each chemical on 5 separate, designated areas of a specimen. This procedure is replicated on five (5) consecutive specimens.

The reaction shall be judged as present (positive) or absent (critical defect) for each specimen after the chemical has dried between 18 and 36 hours after the test was made. A positive reaction is one where there is an obvious and permanent color change at the spot where the chemical came in contact with the paper surface. The contrast shall be distinct and visible when viewing the specimen at a 45 degree angle from the perpendicular of the surface in a well lit room. (It is not necessary to lift or rotate the specimen to see the reaction.)

The paper shall react to the following chemicals at the indicated concentrations which are prepared as a weight-volume solution.

- 5% Sodium hypochlorite solution
- 5% Hydrochloric acid
- 2% Potassium hydroxide

**Samples:** The contractor's paper manufacturer shall submit outturn samples and test data from each manufacturing run to GPO for evaluation. The sample set shall consist of 75 pieces of paper (25 sheets from the beginning of the run, 25 sheets from the middle of the run, and 25 sheets from the end of the run), approximately 8-1/2 x 11" in size, randomly taken and representing the entire manufacturing run. Sampling shall be conducted in accordance with the current edition of the standard method TAPPI T-400, *Sampling and accepting a single lot of paper, paperboard, containerboard, or related product*.

A covering document shall accompany the sample set with the following information: (A) the GPO Jacket Number and Program Number; (B) the mill or manufacturing run number; (C) the manufacturer's test data obtained at regular intervals **throughout** the manufacturing run (e.g., for each reel or for each manufacturing hour, as appropriate); (D) a description of the paper; and, (E) a statement certifying that sampling was conducted in accordance with TAPPI T-400. The document which includes the information requested for (B), (C), and (E) above shall be signed by the paper manufacturer's official responsible for sampling, quality control, and quality assurance.

**INK AND CARD SAMPLES:** On each order, the contractor must furnish the following –

- Two (2) samplings of inks that will be used on the order along with the information outlined in "PAPER AND INK REQUIREMENTS," and the first 50 sequentially numbered cards of each print order. These cards shall be perforated in such a manner as to identify them as "samples" but without obliterating any of the printing on the front of the cards. The 50 cards, inks, and paper and ink specifications are to be furnished to: Social Security Administration, Office of the Inspector General, Office of Investigations, Attn: Special Agent in Charge, Strategic Research and Analysis Division, Room 300, Altmeyer Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.
- The next 20 sequentially numbered cards with each card marked "VOID," centered within the 4-1/16 x 2-3/16" card area (located on the right side of the form). The cards are to be furnished to: Social Security Administration, Division of Printing Management, Attn: Sherry Leverett, 1351 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

These two lots are to be individually wrapped, identified, labeled, and then packaged together into a single package and shipped by armored carrier along with the first shipment of cards delivering to the Social Security Administration.

**PRINTING:** Print head to head.

*Face of Form –*

Print in Pantone Warm Red and Pantone 287 (Blue). All images printing in Pantone 287 within the 4-1/16 x 2-3/16" "card area," must be printed by intaglio method. All other images printing in Pantone 287 must be printed via the offset printing process. Pantone Warm Red printing consists of the SSA seal and the words "YOUR SOCIAL SECURITY CARD." (See Exhibit F.)

NOTE: The contractor must create the intaglio microline (which consists of a repeat of the words "SOCIAL SECURITY ADMINISTRATION") and incorporate it as an integral part of the product.

Surface print with crystal background in Pantone 308 (Blue) and Pantone 362 (Green) in the area on the right side of the form (approximately 3-13/16 x 2-3/8") that will be used to print the face of the Social Security Card (see Exhibit F). Surface print is to overlap top/bottom horizontal perforations and vertical perforation of detachable card by approximately 1/8". Surface tint must be applied in such a manner that any attempt of erasure on the card will result in removal of the surface tinting. The portion of the Social Security Card with the words "Social Security" reversed out **will not contain the crystal background.**

Printing will incorporate one split fountain multiple color “gradient” and have a subtle visual tonal range using the offset printing process in Pantone 308 (Blue) to Pantone 362 (Green) to Pantone 308 (Blue). Split fountain color gradient should be symmetrical around the SSA seal with 1-1/8” minimum and 1-3/8” maximum width for Pantone 362 (Green).

The two (2) contractor-created latent images will be printed in intaglio ink. One image will appear in the upper left corner of the banner and one will appear in the upper right corner of the banner. Each latent image will be 1/4 x 3/4” or smaller. After award, but prior to actual production, the contractor is required to create sample latent images incorporated into the banner for approval by the Government (see “POSTAWARD TEST”).

Intaglio ink is an approximate match to Pantone 287 (Blue). Intaglio ink is also SICPA’s Gold to Green OVI formulation #3181931A. The Gold to Green color shift image (“USA”) appears in the bottom center border on the face and is sized approximately 9/16 x 5/32”. (See Exhibit F.)

A “COPY” pantograph must be incorporated into the background crystal pattern. After award, but prior to actual production, the contractor is required to incorporate the pantograph into the background for approval by the Government (see “POSTAWARD TEST”).

*Back of Form –*

Print in Pantone 287 (Blue) (see Exhibit F), with the exception of a sequential 9-digit alphanumeric number and 2D bar code which will print in a red fluorescent ink. The fluorescent used must not decrease with age or exposure to natural or artificial lighting. The starting and ending numbers will be furnished with the print order. Numbers and bar code shall be positioned so that the baseline of the numbers line up exactly with the baseline of the final line of type on the back of the card, the right most edge of the final number must be exactly 1/4” from the vertical perforation. Missing or duplicated numbers and/or numbers out of sequence will NOT be allowed.

GPO imprint number consisting of GPO Jacket Number and Print Order Number (as indicated on GPO Form 2511) must print on the back of the card in the upper left marginal aligning strip, 3/8” in from the edge of the stock of each form.

**INKS:** The Pantone Warm Red shall exhibit visible fluorescence when exposed to long wave ultraviolet radiation (wavelength - approximately 366 nanometers). This fluorescence shall not decrease with age or exposure to natural or artificial lighting.

If lithographic ink is used in the performance of this contract, the ink shall contain not less than the following percentages of vegetable oil: (a) news ink, 40 percent; (b) sheet-fed and forms ink, 20 percent; and (c) heat-set ink, 10 percent. High quality color process printing on high speed heat-set presses is excepted when slow drying time significantly increases production costs.

**PRESS SHEET INSPECTION:** Final makeready press sheets may 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 makeready 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) issued January 2015. 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.

Press sheets must contain control bars for each color of ink on the sheet. Control bars must be placed parallel to the press’s ink rollers. The control bars (such as BRUNNER, GATF, GRETAG, or RIT) must show areas consisting of 1/8 x 1/8” minimum solid color patches; tint patches of 25, 50, and 75%; dot gain scale; and gray balance patches for process color (if applicable). These areas must be repeated across the entire press sheet.

*Viewing Light:* Press sheets will be viewed under controlled conditions with 5000 degrees Kelvin overhead luminaries. The viewing conditions must conform to ANSI PH2.30-1989; a viewing booth under controlled conditions with 5000 degrees Kelvin overhead luminaries with neutral gray surroundings must be provided.

**NOTE: Government representatives will furnish Government photo identification to the contractor representatives prior to each press inspection.**

**MARGINS:** Margins will be as indicated on the print order or furnished electronic files. Registration between the red seal and the blue intaglio line cannot vary more than plus or minus 1/32”.

**REGISTRATION MARKS:** Special attention should be paid to the tight registration tolerances required. Registration marks are required on the product and registration between the various offset processes cannot vary more than plus or minus 1/32”. Registration of the offset and intaglio processes cannot vary more than plus or minus 1/32”.

**CONSTRUCTION:**

Perforating: Perforate a horizontal tearline across the entire 9-7/8” dimension every 8” to permit easy separation of forms. In addition, each 9-7/8 x 4” form will have a horizontal perforation 2-3/16” up from the bottom of the 4” form, beginning 5-13/16” in from the left edge, and extending to the right, ending 3/8” short of the right edge of the stock; and, a vertical perforation 4-1/16” in from the right edge and extending the entire 4” dimension (see Exhibit F).

NOTE: Perforating rules for folding perforations must be inspected every 10,000 impressions to avoid dull blade cuts that cause problems on SSA equipment (Pitney Bowes MPS22K (Model Y503) Inserters and Kodak Versamark VL 2000 inkjet printing system).

Horizontal and vertical perforations must be of sufficient strength as to assure that they do not break away when forms are processed through printers or burst on tearline yet allow easy separation when separated by recipient.

**MARGINAL PUNCHING:** Punch forms in the right and left margins with 5/32” diameter round holes spaced vertically 1/2” center-to-center, 1/4” from center of holes to sides of the form, spaced horizontally 9-3/8” across the carrier center-to-center, the full length of the form. Position holes so that a vertical line passing through the center of both rows of holes are parallel, and a horizontal line passing through the center of any two holes is at a 90-degree angle to the vertical marginal holes and parallel to the horizontal tearline perforation.

**PACKING:** Pack 4,000 forms per container. Forms are to be fanfolded every second form and two stacks of 2,000 forms are to be placed side by side in the container. NOTE: Containers must have exact quantities.

Number each container consecutively, i.e., 1 of 600, 2 of 600, etc. (NOTE: This number must reflect the total number of containers per print order, and NOT the number of containers for a partial delivery.) Lowest container number to contain lowest numbered card. All containers of cards delivered to the Social Security Administration on this contract are to be secured with security tape.

Forms shall be packed as unbroken strips. Up to two perforated splices per container will be acceptable (i.e., one per each stack of 2,000 forms), provided the splices are such that they will allow for unbroken passage through SSA’s printers and inserters.

Packing must ensure delivery at destination in a satisfactory condition ready for free passage through the specified machines (Pitney Bowes MPS22K (Model Y503) Inserters and Kodak Versamark VL 2000 inkjet printing system).

**PALLETS:** Pallets are required. Pack each pallet with 50 containers. Containers must be stacked so that the lowest numbered carton is on top. Pallet shall be 53” in length and 34” in width with entry on the 34” side (see Exhibit G). Each pallet must be capped by a minimum 1/4” thick sheet of plywood able to withstand stacking of skids four high in storage, securely banded with 0.75” x 0.023” x 0.035” steel strapping, with no less than six bands per pallet. After strapping, shrink or stretch wrap each pallet to protect contents from the weather. Pallets must be consecutively numbered, i.e., 1 of 12, 2 of 12, etc. (NOTE: This number must reflect the total number of pallets per print order, and NOT the number of pallets for a partial delivery.) (See Exhibit G.)

**LABELING AND MARKING:** Reproduce shipping container label from furnished repro, fill in appropriate blanks and attach to shipping containers. Labels are to be placed on the end of each shipping container and packed onto each pallet so that all labels are facing out and clearly visible through stretch or shrink-film wrap.

In addition to regular markings, contractor shall include the inventory control number and first and last sequential numbers contained within each carton on all labels.

**NOTE:** The title, “Social Security Cards” and “Form Number SSA-3000” **MUST NOT** appear on shipping containers. Numeric information contained on the print order will be used as the identifying information on containers.

**DISTRIBUTION:**

- Deliver f.o.b. destination to one address in Baltimore, MD, or one address in Durham, NC, as specified on the print order.
- Deliver f.o.b. destination to the contractor’s vault for the quantities specified (see “SCHEDULE”).

Complete addresses will be furnished at the postaward conference. Complete addresses and quantities will be furnished with the print orders.

All deliveries will be transported using commercial bills of lading.

All shipping documents will contain the seal numbers, total number of forms, containers and pallets, but **MUST NOT** bear any reference to the type of material being shipped.

Transportation –

**CONTRACTOR MUST SECURE APPROVAL OF PROPOSED CARRIER THROUGH THE CONTRACTING OFFICER PRIOR TO EACH SHIPMENT. CARRIERS USED ON THIS CONTRACT MUST MEET THE FOLLOWING CRITERIA –**

- Exclusive use of vehicle will be required for all deliveries. All deliveries must be transported in full-size, high-security, armored, alarmed, padlocked, and sealed vehicles. The vehicle cab must be separate from the vehicle body.
- Security seals will be provided to the contractor by the Social Security Administration. The vehicle doors used for transporting the materials must be secured with the security seals. Transportation documents (manifest) shall include the seal numbers and the total number of containers or pallets, but will not bear any reference to the type of material transported. Contractor will submit duplicates of all shipping documents containing this information to the consignee.
- An armed driver and one armed guard escort will be required to transport the material. All guards must have a current state issued driver’s license, be in uniform, be trained in firearm safety, have current weapon qualifications, and must carry a photo identification card issued by the secured carrier and also their state-specific permit to carry a firearm.

- All guards and drivers must be equipped with 2-way communication to the respective local law enforcement department and their dispatcher(s). Trucks may not stop en route except for fuel and restroom stops. In these instances, one (1) armed guard must remain with the truck at all times.
- The guard(s) must also be equipped with a voice-activated earpiece or small walkie-talkie microphones clipped to their shoulders and connected to a portable radio when they exit the truck to enable them to remain in constant communication with each other. A connection to a cell phone is not permitted to meet this requirement.
- **Carrier MUST:** Be bonded and insured; maintain storage, transfer, and accountability logs to assist if an audit trail is necessary on any particular delivery; conduct credit report checks to determine guards' financial status; check prior employment, former addresses, prior arrests and convictions, and have checked fingerprints of guards with an authority deemed to be appropriate by the Government.
- Contractor must instruct carrier as to the following –
  - Deliverer will be responsible to load and consignee to unload.
  - Do not break seals except in case of emergency with prior authority of the consignor or consignee. If seals are found broken or if broken for emergency reasons, apply carrier seals as soon as possible and immediately notify the consignee at (410) 965-2961.
  - Entire shipment must be loaded in one vehicle. If unable to comply, notify the U.S. Government Publishing Office, Agency Publishing Services, DC Team 1, (202) 512-0310.
  - Security requirements necessitate exclusive use of vehicle. No other mode of transportation will be accepted.

*For Deliveries to the SSA National Computer Center* – Deliveries will be accepted between the hours of 7:00 a.m. to 9:00 a.m., local time only. The GPO must be notified no later than 24 hours prior to pickup of delivery, of the estimated time of arrival at the SSA National Computer Center.

*For Deliveries to the Secondary Support Center Facility* – Deliveries will be accepted between the hours of 9:30 a.m. and 11:00 a.m., local time only. The GPO must be notified no later than 24 hours prior to pickup of delivery of the estimated time of arrival at the Secondary Support Center facility.

NOTE: In the event that the Baltimore, MD, location is unable to accept their shipments for an extreme amount of time (over one week), the contractor must provide an emergency shipment to the Secondary Support Center facility so that SSA can continue processing the entire run at that location. In the event that the Secondary Support Center facility is unable to accept their shipments, then the contractor must deliver that entire shipment to the Baltimore, MD, location.

Within two (2) years of completion of the contract, all Government furnished material (including furnished digital files), plates, and other reproduction material listed on the inventory log must be destroyed, under Government supervision. All other security features outlined in these specifications must remain in force until such time.

Upon notification by the Government, the contractor shall secure specified materials in a locked container and return the container by a secured carrier to a designated address accompanied by an affidavit testifying that all specified materials have been returned. Other specified reproducibles shall be held in the contractor's vault until arrangements for destruction can be made and witnessed by Government representatives.

All expenses incidental to picking up and returning materials by a secured carrier, furnishing postaward test samples, submitting prior to production paper samples and ink/card samples, and furnishing sample copies must be borne by the contractor.

**STORAGE:** The contractor will be required to store on a rotating basis approximately 2,600,000 Social Security Cards at their facility in a Class 1 vault at all times throughout the term of the contract, as follows –

- When the first and second orders on the contract are issued, the contractor must store 2,600,000 forms in their facility’s vault, as specified under “SCHEDULE.”
- When each subsequent order is placed, the contractor must deliver the 2,600,000 forms stored in their vault (from the previous order) as the initial shipment on the new order, replace the 2,600,000 forms in the contractor’s vault from the new order’s quantity, and then complete the distribution of the balance of the new order in accordance with the “SCHEDULE.”

**NOTE: Numerical sequences must be strictly adhered to.**

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

No definite schedule for the placement of orders can be predetermined. It is possible that the Government may place the first order immediately after award.

Furnished digital file must be picked up from and returned to: U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401.

All other furnished materials and print orders must be picked up from: Social Security Administration, Division of Printing Management, Room 1351 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

The following schedule begins the workday after notification of the availability of print order and furnished material; the workday after notification will be the first workday of the schedule.

***NOTE: The first two orders may be placed at the same time. The first order will be for approximately 2,600,000 forms; the second order for approximately 15,000,000 forms.***

- Contractor must complete production and distribution of the first two orders (for a total of approximately 17,600,000 forms) within 90 workdays of notification of availability of print orders, as follows –
  - Contractor must deliver the first order’s quantity of approximately 2,600,000 forms to the Baltimore, MD, or Durham, NC, address, as specified under “DISTRIBUTION.”
  - Contractor must deliver 2,600,000 forms (of the second order’s quantity of 15,000,000) to the contractor’s vault at the same time as delivery of the first order’s quantity.
  - The balance of the second order will be delivered in increments of 400,000 to 2,000,000 forms (or fraction thereof) every 30 workdays thereafter until the total quantity for that order is delivered. The increments will be divided between the Baltimore, MD, and Durham, NC, addresses.
- For any additional orders placed, the contractor must complete production and distribution within 90 workdays of notification of availability of print order. Contractor must follow the distribution and rotation of the second order.

***The contractor must always have 2,600,000 forms stored in their facility’s vault at all times throughout the term of the contract in accordance with “STORAGE” above.***

**NOTE:** For orders placed for internal testing copies only, the contractor must complete production and distribution within 15 workdays of notification of availability of print order and deliver the entire quantity to SSA as specified. (No vault copies are required.)

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 three (3) workdays prior to the inspection. Notify the U.S. Government Publishing Office, Quality Control for Published Products, 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)). 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. destination must be delivered to the destination 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](mailto: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 (1) 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 a like period of time.

Bidders shall state the location of the plant from which this product will be shipped.

The following item designations correspond to those listed in the “SCHEDULE OF PRICES.”

	(1)	(2)
I.	3	17,640
II.	17,640	

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**SECTION 4. - SCHEDULE OF PRICES**

Bids offered are f.o.b. destination.

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 blank spaces, or 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 invoices submitted to the GPO shall be based on the most economical method of production. Fractional parts of 1,000 will be prorated at the per-1,000 rate.

Cost of all required paper must be charged under Item II. "PAPER."

**I. COMPLETE PRODUCT:** Prices offered shall include the cost of all required materials (minus paper) and operations (including required storage) necessary for the complete production and distribution of the product listed in accordance with these specifications.

<u>Makeready and/or Setup</u>	<u>Running Per 1,000 Copies</u>
(1)	(2)

Social Security Card – Form SSA-3000 .....per form.....\$\_\_\_\_\_ \$\_\_\_\_\_

**II. PAPER:** Payment for all paper supplied by the contractor under the terms of these specifications, as ordered on the individual print orders, will be based on the net number of leaves furnished for the product(s) ordered. The cost of any paper required for makeready or running spoilage must be included in the prices offered.

Computation of the net number of leaves will be based on the following:

Forms - Each 9-7/8 x 4" form.

Required Stock/Paper.....per 1,000 forms .....\$\_\_\_\_\_

\_\_\_\_\_  
(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)

# EXHIBIT A

## Security and Suitability Requirements

### 0401 – Security and Suitability Requirements (JUNE 2011)

a. Acronyms and Definitions

- **Access to a facility, site, system, or information** means physical access to any Social Security Administration (SSA) facility or site, logical access to any SSA information system, or access to programmatic or sensitive information.
- **CO** - Contracting Officer
- **Contractor** – In this clause, this term means any entity that has a relationship with SSA because of this contract. This term includes, but is not limited to, corporations, limited liability partnerships, and individuals.
- **CPOC** – Company Point of Contact as specified by the contract
- **CPSPM** – Center for Personnel Security and Project Management
- **COTR** – Contracting Officer’s Technical Representative
- **Contractor Employee** – In this clause, this term means a person hired by an SSA contractor to provide services in exchange for compensation.
- **PIV** – Personal Identity Verification
- **Subcontractor** – In this clause, this term means any entity that has a relationship with SSA’s contractor because of this contract. This term includes, but is not limited to, corporations, limited liability partnerships, and individuals.
- **Subcontractor Employee** - In this clause, this term means a person hired by a subcontractor to provide services in exchange for compensation.
- **eQIP** - Electronic Questionnaire for Investigations Processing

b. Purpose

This clause provides SSA’s policies and procedures concerning the conduct of background investigations (i.e. suitability determinations). The purpose of these investigations is to determine the suitability of contractors, contractor employees, subcontractors, and subcontractor employees who need access to an SSA facility, site, system, or information. If applicable, the clause also describes the process to obtain a PIV credential.

c. PIV Credentials

A PIV credential will be required for:

# EXHIBIT A

## Security and Suitability Requirements

- Any contractor, contractor employee, subcontractor, or subcontractor employee requiring access to a SSA information system or routine, unescorted access to a SSA facility or site for a period of six months or more. (See Paragraph k. for more information.)

A PIV credential will not be required for:

- Any contractor, contractor employee, subcontractor, or subcontractor employee requiring escorted access to a SSA facility or site for less than six months.
- Any contractor, contractor employee, subcontractor, or subcontractor employee requiring infrequent escorted access to a SSA facility or site, even if the access may be longer than six months. For example, contractors or contractor employees who provide infrequent facilities/equipment maintenance or repair, conduct onsite shredding, etc.

Please Note: A background investigation is required any time a contractor, contractor employee, subcontractor, or subcontractor employee requires any type of access to a facility, site, system, or information regardless of whether a credential is required or not.

The contractor is required to include the substance of this clause in any subcontract where subcontractors and subcontractor employees will have similar access as described in the preceding paragraphs. However, the contractor is responsible for obtaining all of the required forms (see paragraphs g-i) from its subcontractors and the subcontractors' employees, reviewing these forms, and submitting them to SSA. Subcontractors and subcontractors' employees shall not submit forms directly to SSA.

d. Authorities

- [Homeland Security Presidential Directive 12](#)
- [Office of Management and Budget Memorandum M-05-24](#)
- [The Crime Control Act of 1990, Public Law 101-647](#), subtitle E, as amended by Public Law 102-190 (for childcare center security requirements)
- [Executive Orders 10450](#) and [12968](#) and Title 5, Code of Federal Regulations (CFR), Parts [731](#), [732](#) and [736](#) (for positions assigned a "National Security" designation)

e. Background Investigation and Adjudication Process

The background investigation and adjudication processes are compliant with 5 CFR 731.

f. Listing of Applicants

# EXHIBIT A

## Security and Suitability Requirements

Upon award, the CPOC will provide to SSA an applicant listing of **all** individuals for whom the contractor is requesting a suitability determination (i.e., background investigation). This listing should include the contractor's name, the contract number, the CPOC's name, the CPOC's contact information, 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 (must show city and state if born in the United States (U.S.) OR city and country if born outside of the U.S.). The background investigation process does not start until the CPOC submits this applicant listing; therefore, the CPOC should submit the listing as soon as practical after award.

Submit the applicant listing via U.S. Mail to the address located in paragraph i. OR via fax to 410-966-0640.

g. Required Forms

1) eQIP

SSA will initiate the eQIP process using the applicant listing provided by the CPOC. SSA will email notification to the CPOC that each applicant has been invited into the eQIP website to electronically complete their background investigation form. The CPOC will provide the website to the applicants to complete their eQIP form. The applicant will have up to seven (7) calendar days to complete the eQIP form. The seven-day timeframe begins once SSA notifies the CPOC of the eQIP invitation(s). The applicant must print the signature pages of the form (pages 5 and 6 for Standard Form (SF) 85; pages 7-9 for SF 85P), sign the signature pages, and then provide the signed originals to the CPOC.

2) Paper Forms

- **Two (2) Field Division-258 charts, *Applicant Fingerprint Chart*** (The CO will provide the FD-258 charts at the time of contract award.)  
NOTE: The contractor will be responsible for obtaining and providing acceptable fingerprints for use by SSA. Regardless of the method used to fingerprint contractors, contractor employees, subcontractors, or subcontractor employees, (electronic capture or ink) the only acceptable fingerprint chart is the FD-258.
- **Optional Form 306, *Declaration for Federal Employment***  
<http://www.opm.gov/forms/html/of.asp>
- **Fair Credit Reporting Act Authorization Form**  
[Federal Investigations Notice: 98-02](#)
- **Original signed and dated eQIP Signature Pages** (See paragraph g.1 above)
- **If the contractor, contractor employee, subcontractor or subcontractor employee is not a U.S. Citizen**, the individual must

## EXHIBIT A Security and Suitability Requirements

provide SSA with a legible photocopy of his or her work authorization permit and Social Security card.

h. Forms Completion

The CPOC must ensure **all paper forms are fully completed and signed prior to submission to SSA.** The fingerprint charts 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. SSA must receive forms within 30 days of signature and date.

SSA will return forms not fully completed to the CPOC. To ensure the forms are completed correctly, obtain a sample of a properly completed form at the following website:

[http://www.ssa.gov/oag/acq/Sample Security Requirement Docs%20.pdf](http://www.ssa.gov/oag/acq/Sample_Security_Requirement_Docs%20.pdf).

Access information related to the eQIP process at: [e-QIP - Quick Reference Guide for the Applicant](#).

i. Forms Submission

The CPOC shall submit **one cover sheet** to SSA 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 SSN, each applicant’s date of birth, and each applicant’s place of birth. Submit this cover sheet along with the completed paper forms and two FD-258 fingerprint charts for each applicant to:

SSA  
CPSPM Suitability Team  
6401 Security Boulevard  
Room 1260 Dunleavy Building  
Baltimore, MD 21235

**Simultaneously, the CPOC must submit a copy of the cover sheet ONLY to the COTR.**

The CPOC must submit the paper forms **at least 15 days prior to the date work is to begin**. For new contract employees, subcontractors, or subcontract employees (i.e., those who had not previously received a suitability determination under this contract) who will need access to a SSA facility, site, information, or system, the contractor must submit these forms at least 15 days prior to beginning work under the contract.

j. Suitability Determination

A Federal Bureau of Investigation fingerprint check will be used as part of the basis for making a suitability determination. This determination is final unless information obtained during the remainder of the full background investigation,

## EXHIBIT A Security and Suitability Requirements

conducted by the Office of Personnel Management, is such that SSA would find the individual unsuitable to continue performing under this contract. CPSPM will notify the CPOC, COTR, and CO of the results of these determinations.

No contractor, contractor employee, subcontractor, or subcontractor employee will be allowed access to a SSA facility, site, information, or system until CPSPM has issued a favorable suitability determination for that contractor, contractor employee, subcontractor, or subcontractor employee.

A contractor is not entitled to an equitable adjustment of the contract because of an unfavorable suitability determination(s). Additionally, if SSA determines that the number or percentage of unfavorable determinations make successful contract performance unlikely, SSA may terminate the contract for cause or default.

The contractor must notify the contractor employee, subcontractor, or subcontractor employee of any unsuitable determinations as soon as possible after receipt of such a determination (see paragraph p., below, for an explanation of the appeals process).

k. Obtaining a Credential

**Note:** This section applies only if the contractor, contractor employee, subcontractor, or subcontractor employee will have access to a facility, site, system, or information as described in the first bullet of paragraph c.

Once the contractor, contractor employee, subcontractor, or subcontract employee receives notification of an acceptable suitability determination, but prior to beginning work under the contract, the contractor, contractor employee, subcontractor, or subcontract employee must appear at the respective Regional Security Office or at SSA Headquarters Parking and Credentialing Office to begin the credentialing process. The contractor, contractor employee, subcontractor, or subcontract employee must present the suitability determination letter and two forms of identification at this meeting. At least one of the forms of identification must be a Government-issued photo identification (ID) (please see [Employment Eligibility Verification, I-9](#), for acceptable forms of ID). For SSA Headquarters access, a completed Form SSA-4395, Application for Access to SSA Facilities, signed by the contractor, contractor employee, subcontractor, or subcontract employee and the COTR is also required. The COTR will provide the SSA-4395 Form to the contractor, contractor employee, subcontractor, or subcontract employee when applicable.

The contractor must contact the COTR to arrange for credentialing. The COTR is responsible for scheduling an appointment for contractors, contractor employees, subcontractors, or subcontract employees to meet with the appropriate SSA Parking and Credentialing Office or Regional Security Office and obtain a credential. Once the COTR makes the appointment, the COTR must contact the contractor to inform the contractor of the credentialing appointment(s). The

# EXHIBIT A

## Security and Suitability Requirements

COTR must also arrange for the contractor, contractor employees, subcontractors, or subcontract employees to be escorted (by either the COTR or a COTR's representative) to the appropriate credentialing office at the time of this appointment.

Credentialing appointments last approximately 15 minutes. Depending on a contractor's scheduling needs and availabilities, contractor employees, subcontractors, or subcontract employees may be scheduled for credentialing all in one day (this process may take a few hours to complete, depending on the number of employees that need to be credentialed) or contractor employees, subcontractors, or subcontract employees may come in at separate times convenient to the individuals' and the COTR's schedules.

SSA Headquarters' Parking and Credentialing Office representatives can be reached by emailing [Parking.and.Credentialing@ssa.gov](mailto:Parking.and.Credentialing@ssa.gov) or calling 410/965-5910.

Regional Security Office contact information can be found in the Appendix at the end of this clause.

l. Contractors, Contractor Employees, Subcontractors, or Subcontract Employees Previously Cleared by SSA or Another Federal Agency

If a contractor, contractor employee, subcontractor, or subcontract employee previously received a suitability determination from SSA or another Federal agency, the CPOC should include this information next to the individual's name on the initial applicant listing (see paragraph f.). CPSPM will review the information. If CPSPM determines another suitability determination is not required, it will provide a letter to the CPOC and COTR indicating the contractor, contractor employee, subcontractor, or subcontract employee was previously cleared under another Federal contract and does not need to go through the suitability determination process again.

m. Contractor Notification to Government

The contractor shall notify the COTR and CPSPM within one business day if the contractor, contractor employee, subcontractor, or subcontract employee is arrested or charged with a crime during the term of this contract, or if there is any other change in the status of the contractor, contractor employee, subcontractor, or subcontract employee (e.g., the contractor employee leaves the company; the contractor employee no longer works under the contract; the alien status of the contractor, contractor employee, subcontractor, or subcontract employee changes) that could affect the suitability determination for that individual. The contractor must provide in that notification as much detail as possible, including, but not limited to: name(s) of individual whose status has changed, contract number, the type of charge(s), if applicable, the court date, and, if available, the disposition of the charge(s).

n. Contractor Return of PIV Credential

# EXHIBIT A

## Security and Suitability Requirements

The contractor must account for and ensure that all forms of Government-provided identification (PIV credential) issued to a contractor, contractor employee, subcontractor, or subcontract employee under this contract are returned to SSA's Headquarters' Parking and Credentialing Office or Regional Security Office, as appropriate, as soon as any of the following occur: when no longer needed for contract performance; upon completion of a contractor's, contractor employee's, subcontractor's, or subcontract employee's employment; or upon contract completion or termination.

o. Government Control

The Government has full control over and may grant, deny, or withhold access to a facility, site, system, or information and may remove contractors, or require the contractor to remove contractor employees, subcontractors, or require the subcontractor to remove subcontractor employees from performing under the contract for reasons related to conduct even after the individual has been found suitable to work on the contract (see paragraph q. below).

p. Appeals Process for Unsuitable Determinations

If a contractor, contractor employee, subcontractor, or subcontract employee would like clarification or wishes to appeal an unsuitable determination, his/her request must be in writing and submitted within 30 days of the date of the unsuitable determination. The contractor may not file appeals on behalf of its employees, subcontractors, or subcontract employees; rather, contractor employees, subcontractors, or subcontract employees must file their own individual appeals.

The request for clarification and/or the appeal can be emailed to SSA at [dchr.ope.hspd12appeals@ssa.gov](mailto:dchr.ope.hspd12appeals@ssa.gov), or mailed to:

Social Security Administration  
Attn: CPSPM Suitability Program Officer  
6401 Security Boulevard  
Room 1260 Dunleavy Building  
Baltimore, MD 21235

q. Removal From Duty

SSA may remove a contractor, or request that the contractor immediately remove or cause to be removed any contractor employee, subcontractor, or subcontract employee from working under the contract based on conduct that occurs after a favorable suitability determination. This includes temporarily removing a contract employee, subcontractor, or subcontract employee should the individual be arrested for a violation of law pending the outcome of any judicial proceedings. The contractor must comply with these requests to remove or cause to have removed any contractor employee, subcontractor, or subcontract

**EXHIBIT A**  
**Security and Suitability Requirements**

employee. The Government's determination may be made based on, but not limited to, incidents involving the misconduct or delinquency as set forth below:

- i. Violation of the Rules and Regulations Governing Public Buildings and Grounds, 41 CFR 101-20.3. This includes any local badging requirements.
- ii. Neglect of duty, including sleeping while on duty; unreasonable delays or failure to carry out assigned tasks; conducting personal affairs while on duty; and refusing to cooperate in upholding the integrity of SSA's security program.
- iii. Falsification or unlawful concealment, removal, mutilation, or destruction of any official documents or records, or concealment of material facts by willful omissions from official documents or records.
- iv. Disorderly conduct, use of abusive or offensive language, quarreling, intimidation by words or actions, or fighting. Also, participating in disruptive activities that interfere with the normal and efficient operations of the Government.
- v. Theft, vandalism, or any other criminal actions.
- vi. Selling, consuming, possessing, or being under the influence of intoxicants, drugs, or substances that produce similar effects.
- vii. Improper use of official authority or credentials.
- viii. Unauthorized use of communications equipment or Government property.
- ix. Misuse of weapon(s) or tools used in the performance of the contract.
- x. Unauthorized access to areas not required for the performance of the contract.
- xi. Unauthorized access to employees' personal property.
- xii. Violation of security procedures or regulations.
- xiii. Prior determination by SSA or other Federal agency that a contractor, contractor employee, subcontractor, or subcontract employee was unsuitable.
- xiv. Unauthorized access to, or disclosure of, agency programmatic or sensitive information, or Internal Revenue Service Tax Return information.
- xv. Unauthorized access to an agency Automated Information System.

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**Security and Suitability Requirements**

- xvi. Unauthorized access of information for personal gain (including, but not limited to, monetary gain), or with malicious intent.
- xvii. Not providing for the confidentiality of and protection from disclosure of information entrusted to them. Certain provisions of the following statutes and regulations that apply to Federal employees also apply equally to contractors, contractor employees, subcontractors, and subcontract employees:
  - The Privacy Act of 1974
  - The Tax Reform Act of 1976 and the Taxpayer Browsing Protection Act of 1997
  - SSA regulation 1
  - The Computer Fraud and Abuse Act of 1986
  - Section 1106 of the Social Security Act
- xviii. Being under investigation by an appropriate authority for violating any of the above.

**EXHIBIT A**  
**Security and Suitability Requirements**

**Appendix: Regional Security Offices**

Regional Credentialing Contacts for Contractor Employees

*Region 1 – Boston*

Management and Operations Support, Lenny Nyren – 617-565-2840

*Region 2 – New York*

Center for Materiel Resources, Field Services Team, General Office – 212-264-2603

*Region 3 – Philadelphia*

Center for Materiel Resources, Building Management Team,  
General Office - 215-597-8201

*Region 4 – Atlanta*

Center for Security and Integrity, Coleman Wicks – 404-562-1252

*Region 5 – Chicago*

Management and Operations Support, Building Services Unit

Sharon Young – 312 575-4150

Evelyn Principe – 312 575-6342

Sofia Luna – 312 575-5762

Carlton Brown – 312 575-5957

Cassandra Murphy - 312 575-5067

*Region 6 – Dallas*

Center for Materiel Resources, Employee Relations, Veronica Drake – 214-767-2221

*Region 7 – Kansas City*

Center for Security Integrity, General Office Line – 816-936-5555

*Region 8 – Denver*

Center for Security and Integrity, Phil Mocon – 303-844-4016

*Region 9 – San Francisco*

Center for Security and Integrity, Cassandra Mapp - 510-970-4124

*Region 10 – Seattle*

Center for Security and Integrity

Lisa Steepleton - 206-615-2186

D'ette Day - 206-615-2149



# EXHIBIT C

## Questionnaire for Public Trust Positions

Page 1 of 11

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

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

## 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.**

# EXHIBIT C

## Questionnaire for Public Trust Positions

### 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	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

### 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.

# EXHIBIT C

## Questionnaire for Public Trust Positions

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

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

OPM USE ONLY	Codes	Case Number
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**Agency Use Only (Complete items A through P using instructions provided by USOPM)**

<b>A</b> Type of Investigation	<b>B</b> Extra Coverage	<b>C</b> Sensitivity/Risk Level	<b>D</b> Compu/ADP	<b>E</b> Nature of Action Code	<b>F</b> Date of Action	Month	Day	Year
<b>G</b> Geographic Location	<b>H</b> Position Code	<b>I</b> Position Title						
<b>J</b> SON	<b>K</b> Location of Official Personnel Folder	None		Other Address				ZIP Code
		NPRC						
	At SON							
<b>L</b> SOI	<b>M</b> Location of Security Folder	None		Other Address				ZIP Code
		At SOI						
	NPI							
<b>N</b> OPAC-ALC Number	<b>O</b> Accounting Data and/or Agency Case Number							
<b>P</b> Requesting Official	Name and Title			Signature		Telephone Number		Date

**Persons completing this form should begin with the questions below.**

<b>1 FULL NAME</b> • 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.	<b>2 DATE OF BIRTH</b>					
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

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

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

<b>6 OTHER IDENTIFYING INFORMATION</b>	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box)
					<input type="checkbox"/> Female <input type="checkbox"/> Male

<b>7 TELEPHONE NUMBERS</b>	Work (include Area Code and extension)	Home (include Area Code)
	Day ( ) Night ( )	Day ( ) Night ( )

<b>8 CITIZENSHIP</b>	Your Mother's Maiden Name
<b>a</b> 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		

# EXHIBIT C

## Questionnaire for Public Trust Positions

**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.

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

<b>#1</b>	Month/Year To	Month/Year	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
			Street Address	Apt. #	City (Country)	State
Telephone Number ( )						
<b>#2</b>	Month/Year To	Month/Year	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
			Street Address	Apt. #	City (Country)	State
Telephone Number ( )						
<b>#3</b>	Month/Year To	Month/Year	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
			Street Address	Apt. #	City (Country)	State
Telephone Number ( )						

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

# EXHIBIT C

## Questionnaire for Public Trust Positions

**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)
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		9 - Other
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.

<b>#1</b>	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 ( )
<b>PREVIOUS PERIODS OF ACTIVITY (Block #1)</b>	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
<b>#2</b>	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 ( )
<b>PREVIOUS PERIODS OF ACTIVITY (Block #2)</b>	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
<b>#3</b>	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 ( )
<b>PREVIOUS PERIODS OF ACTIVITY (Block #3)</b>	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 →

# EXHIBIT C

## Questionnaire for Public Trust Positions

**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

<b>#4</b>	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 ( )

<b>PREVIOUS PERIODS OF ACTIVITY (Block #4)</b>	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

<b>#5</b>	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 ( )

<b>PREVIOUS PERIODS OF ACTIVITY (Block #5)</b>	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

<b>#6</b>	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 ( )

<b>PREVIOUS PERIODS OF ACTIVITY (Block #6)</b>	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

<b>12</b>	<b>YOUR EMPLOYMENT RECORD</b>	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
- 2 - Quit a job after being told you'd be fired
- 3 - Left a job by mutual agreement following allegations of misconduct
- 4 - Left a job by mutual agreement following allegations of unsatisfactory performance
- 5 - Left a job for other reasons under unfavorable circumstances

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 →



# EXHIBIT C

## Questionnaire for Public Trust Positions

<b>16 YOUR MILITARY HISTORY</b>	Yes	No
<b>a</b> Have you served in the United States military?		
<b>b</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								

<b>17 YOUR SELECTIVE SERVICE RECORD</b>	Yes	No
<b>a</b> Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.		
<b>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 \_\_\_\_\_

<b>18 YOUR INVESTIGATIONS RECORD</b>	Yes	No
<b>a</b> 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>b</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.	Yes	No
---	-----	----

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

<b>19 FOREIGN COUNTRIES YOU HAVE VISITED</b>	Yes	No
--	-----	----

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 ➔

# EXHIBIT C

## Questionnaire for Public Trust Positions

<b>20 YOUR POLICE RECORD</b> <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)? (Leave out traffic fines of less than \$150.)					<input type="checkbox"/>	<input type="checkbox"/>
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	

<b>21 ILLEGAL DRUGS</b>				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.					
<b>a</b> 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?				<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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?				<input type="checkbox"/>	<input type="checkbox"/>
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				

<b>22 YOUR FINANCIAL RECORD</b>					Yes	No
<b>a</b> 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.					<input type="checkbox"/>	<input type="checkbox"/>
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code	
<b>b</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.					<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes," provide the information requested below:						
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Oblige	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 ➔

# EXHIBIT C

## Questionnaire for Public Trust Positions

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

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

### 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> ) (     )

**EXHIBIT C**  
**Questionnaire for Public Trust Positions**

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

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

**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> ) (      )		

**Print Form**

**Save Form**

**Clear Form**

## Declaration for Federal 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

### GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	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" skip 7b and 7c. If "YES" go to 7b.*  
 7b. Have you registered with the Selective Service System?  YES  NO *If "NO" go 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 *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 <small>MM/DD/YYYY</small>	To <small>MM/DD/YYYY</small>	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 10 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.) <i>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.</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>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.</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you now under charges for any violation of law? <i>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.</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
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.) <i>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.</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

## Declaration for Federal 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)*

<b>Appointing Officer:</b>
Enter Date of Appointment or Conversion MM / DD / YYYY

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*(Sign in ink)*

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

**EXHIBIT E**  
**Federal Investigation Notice**

**Page 1 of 4**

**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 agency 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

**EXHIBIT E**  
**Federal Investigation Notice**

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

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**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**

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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.

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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

# EXHIBIT E

## Federal Investigation Notice

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.

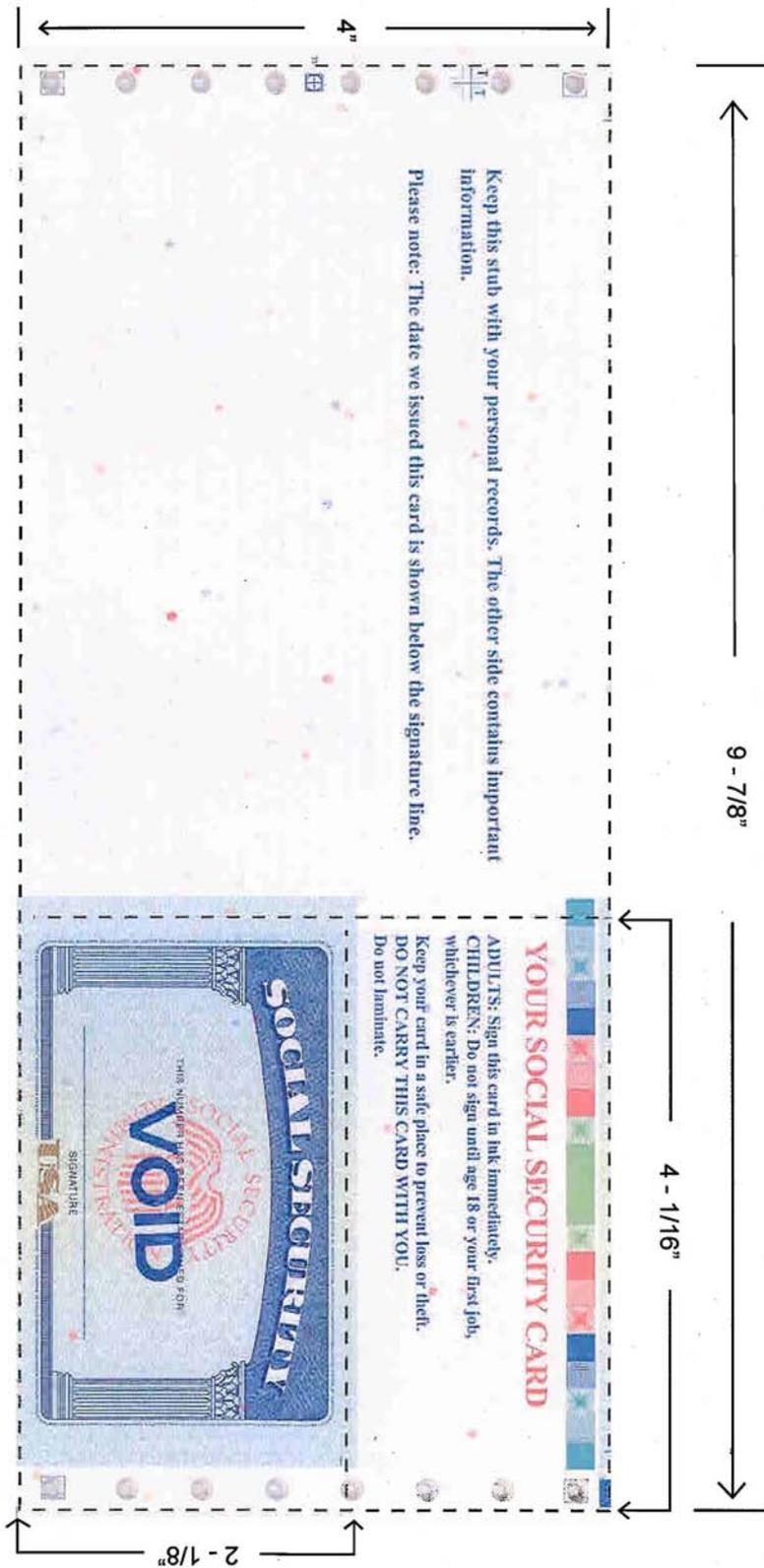
# EXHIBIT E

## Federal Investigation Notice

- 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:

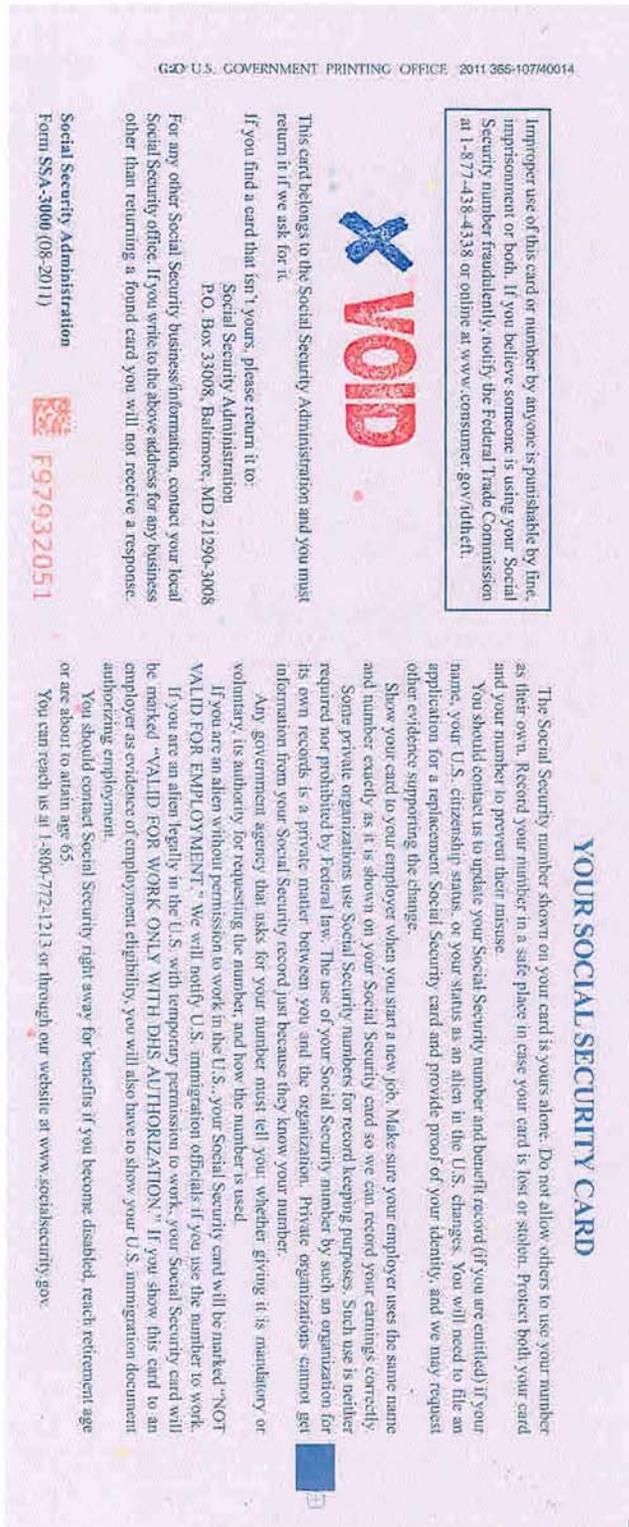
FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's creditors and others not listed below	Federal Trade Commission Consumer Response Center-FCRA Washington , DC 20580 202-326-3761
National banks, Federal branches/agencies of foreign banks (word "National" or initials "N.A" appear in or after banks 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

**EXHIBIT F**  
**Social Security Card Sample - Face**



# EXHIBIT F Social Security Card Sample - Back

Position for GPO imprint number



Position for GPO imprint number and 2-D barcode  
 NOTE: Back prints in Pantone 287 with the exception of a sequential 9-digit alphanumeric number printing in red fl.  
 NOTE: 2-D barcode is located on the left side of the 9-digit alphanumeric number and printed in red fl.

# EXHIBIT G Pallet Specifications

