

**THIS IS A SAMPLE E-QIP PACKET TO HELP YOU ENSURE THAT YOU HAVE INCLUDED ALL OF THE REQUIRED DOCUMENTS IN YOUR FINAL E-QIP PACKET. YOU WILL ASSEMBLE THIS PACKET AND SEND IT TO PARR AFTER YOU COMPLETE THE ON-LINE QUESTIONNAIRE.**

**PLEASE FOLLOW THE STEP BY STEP INSTRUCTIONS FOR E-QIP PROVIDED FOR YOU ON PARR WEB.**

**CONTACT US VIA EMAIL AT BACKGROUND@PARRINSPECTIONS.COM**

**OR CALL 800-758-0362 IF YOU HAVE QUESTIONS OR NEED ASSISTANCE.**

**THANK YOU.**

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**FEMA INVESTIGATION PACKET CHECKLIST**

This Checklist must be included in each packet submitted.

FEDERAL CONTRACTOR

Name: JOHN Q. INSPECTOR Date: 00-00-0000

Contact Number: (Day) (111)-111-1111 (Evening) (222) 222-2222

Your packet **must contain** the documents listed below.  
Please initial beside each document to verify that it is included.

J.I. e-QIP Signature Pages (3) SF 85P Printed at the end of the on-line process:

- The Signature Form Certifying that your answers are true
- The Authorization For Release of Information
- The Authorization For Release of Medical Information

J.I. FD-258 Applicant Fingerprint Cards (if applicable)

J.I. Signed copy of FEMA Form 121-2-1, Fingerprint Request Form

**The following two forms came as attachments to your e-QIP instruction e-mail along with this checklist and must be included in your packet:**

J.I. Credit Release Authorization (Signed)

J.I. DHS Form 11000-6 (08-04) Non-Disclosure Agreement.

- Be sure to include initials (p.1) and sign (p.3) as instructed, including the signature of a witness. NOTE: "Authorized Entity" on p.1 is "FEMA".

Send the completed packet and this checklist to:

PaRR Inspections  
188 Brooke Rd. Suite 300  
Winchester, Va. 22603  
Attn: e-QIP Coordinator

## Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request [REDACTED]

### SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request [REDACTED]. The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request [REDACTED] Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request [REDACTED] Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code: 78e4b8a5519e9f1855065dcea41e[REDACTED]

Official Archival Copy PDF Hash Code: f42d56e00c768741186668059c[REDACTED]

Date/Time Certified in the e-QIP System: 2010-03-17 [REDACTED]

Applicant's Social Security Number: [REDACTED]

### Questionnaire for Public Trust Positions (SF85P Format)

OMB No. 3206-0005

#### 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 (Sign in ink)

Date (mm/dd/yyyy)

*John Q. Inspector*

*00/00/0000*

## 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 (Sign in ink) <i>John Q. Inspector</i>	Full Name (Type or Print Legibly) JHW QUINCY INSPECTOR	Date Signed (mm/dd/yyyy) 00/00/0000
Other Names Used	Social Security Number 000-00-0000	
Current Address (Street, City) 123 HURRICANE HWY TORNADO CITY	State TX	Zip Code 45678
Home Telephone Number (Include Area Code) (000) 000-0000		

## 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> <i>John Q. Inspector</i>	Full Name <i>(Type or Print Legibly)</i> <i>JOHN QUINCY INSPECTOR</i>	Date Signed <i>(mm/dd/yyyy)</i> <i>00/00/0000</i>
Other Names Used		Social Security Number <i>000-00-0000</i>
Current Address <i>(Street, City)</i> <i>123 HURRICANE HWY TORRADO CITY</i>	State <i>TX</i>	Zip Code <i>45678</i>
Home Telephone Number <i>(Include Area Code)</i> <i>(000) 000-0000</i>		

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FINGERPRINT REQUEST**

**SPONSOR:** All fingerprint requests must be authorized by a Sponsor (Human Capital, COTR, or Branch-level Supervisor). This form must be completed and signed by the Supervisor before it can be accepted at the time of the fingerprint appointment.

**APPLICANT:** Bring this form (remember to sign on reverse) and two (2) valid and legible forms of identification, one (1) of which must include a photo, to the Badge and Enrollment Office to have your fingerprints collected.

Sponsor must select the appropriate type of fingerprint cards.

**SPONSOR:** (Check one)

Human Capital

COTR

Supervisor

Name	Office/Office Symbol
Signature	Date

**(Applicant must sign the Privacy Act Statement on reverse.)**

**APPLICANT:**

Last Name <b>INSPECTOR</b>	First Name <b>JOHN</b>	Middle Initial <b>Q</b>
Social Security Number <b>000-00-0000</b>	Date of Birth <b>00/00/0000</b>	Place of Birth (City, State) <b>TORNADO CITY, TX</b>
Eye Color <b>BRN</b>	Hair Color <b>BLK</b>	Citizenship <b>USA</b>
Weight <b>180</b>	Height <b>6'1"</b>	
Place of Residence <b>123 HURRICANE HWY</b>		
City <b>TORNADO CITY</b>	State <b>TX</b>	Zip <b>45678</b>
Contract Number/Job Posting Number <b>HSFEHQ-06-D-0570</b>		Contract Expiration Date <b>09-30-2011</b>

Sponsor must select all that apply:

**IS LOGICAL/COMPUTER ACCESS REQUIRED? (Check One)**

YES

NO

Initial Fingerprint Check-Federal Employee or Contractor

**FD-258 Fingerprint Cards**

Background Investigation (SF85P/SF86e-QIP)

Federal Employee

Contractor

**SF87 Fingerprint Cards**

**FD258 Fingerprint Cards**

### PRIVACY ACT INFORMATION

The Privacy Act, 5, U.S.C. 522a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and when uses will be made of the information. You are hereby advised that the authority for soliciting Social Security Numbers (Sun's) is Executive Order 9397. In addition, the authority to collect each individual's "personally identifying" information is authorized under Executive Order 10450, section 2 and 3, Executive Order 12958, and Executive Order 12968, the Robert T. Stafford Relief and Emergency Assistance Act, P.L. 93-288, as amended (42 U.S.C. 5149)(b), and the Privacy Act system of records, the Personnel Security System. The social security numbers and all "personally identifiable" information will be used to identify individuals as required for the purpose of hiring and employment, including background checks. Such "personally identifiable" information is required before each individual can be hired and granted access to agency-controlled facilities, computers, databases, and other agency systems. Although disclosure of social security numbers is not mandatory, failure to do so may impede the processing of each individual's application for employment. In addition, failure to provide complete "personally identifying" information may impede the processing of each individual's application for employment.

John A. Inspector  
Signature

00-00-0000  
Date

#### For Contractors and non government approved organizations:

I have read and acknowledge the above Privacy Act Statement and approve that my information be used to conduct a National Crime Information Center check prior to my access to FEMA facilities. I also agree to provide my fingerprints for the FBI Criminal History check and receive a favorable adjudication of the fingerprint results for continued access to FEMA facilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### For FEMA and Other government agency employees:

I have read and acknowledge the above Privacy Act Statement and approve that my information be used to conduct a National Crime Information Center check prior to my Access to FEMA facilities. I also agree to provide my fingerprints for the FBI Crime History check and receive a favorable adjudication of the fingerprint results for continued access to FEMA facilities. Should I already be employed, an unfavorable adjudication may result in my immediate release and termination from FEMA employment with no further appeal.

### Fingerprint Request FAQ

#### Why are fingerprints collected?

If you are joining FEMA as a new employee or as a contractor and you do **NOT** have a valid Background Investigation, you must have your fingerprints collected.

Current FEMA employees who are upgrading their position sensitivity (Public Trust - Moderate Risk to High Risk, Public to Secret or above, etc.) or are completing a Periodic Re-investigation only must have a new fingerprints taken for the new OPM Background Investigation (SF-87).

#### What type of fingerprint cards are required?

If your expected length of FEMA service is less than 180 days, select the box for "Initial Fingerprint check - Federal Employee or contractor" If your length of service is greater than 180 days, select the box for "Initial Fingerprint check - Federal Employee or Contractor" **AND** the correct box (distinguish between Contractor and Federal Employee) for the "Background Investigation".

#### What is a valid Background Investigation?

A Background Investigation performed by a Federal Agency that has been verified by FEMA Personnel Security for reciprocity purposes. Factors that influence validity include time (when was this investigation performed) and appropriateness (does the level of investigation match the requirements for FEMA and this position).

#### Questions?

Please contact FEMA Personnel Security with any questions regarding this form or fingerprint collection process at (202) 646-3790.

**UNITED STATES OF AMERICA**  
**AUTHORIZATION TO OBTAIN CONSUMER (CREDIT) REPORT**

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

Instruction for Completing this Release

This release form authorizes the investigator to obtain a copy of your consumer (credit) report from a consumer reporting agency (credit bureau) pursuant to the provisions of the Fair Credit Reporting Act of 1970, as amended (15 U.S.C. Sec. 1681 et seq.). The Federal agency or department receiving the report will use the consumer report to assist in its adjudication of whether you satisfy the criteria to receive access or continued access to classified national security information. Your signature is required before the release form becomes valid.

**AUTHORITY TO RELEASE INFORMATION**

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency or department conducting my background investigation, bearing this release or copy thereof that shows my signature, within five years of its date, to obtain a copy of my consumer report as that term is defined in the Fair Credit Reporting Act (FCRA) of 1970, as amended (15 U.S.C. Sec. 1681 et seq.). I understand that my consumer report will be used to assist in determining whether I satisfy the criteria to receive access or continued access to classified national security information. Furthermore, I understand that, if information in my consumer report leads to the Federal agency or department taking an action adverse to me as defined in the FCRA, that I will be given an opportunity to appeal the action consistent with applicable law, executive order, and agency or department regulation. However, I understand that I may not receive advance notice of an adverse action based in part on the consumer report if the Federal agency or department has reason to believe that advance notification will result in endangering life or physical safety of any person; flight from prosecution; destruction or tampering with evidence; intimidation of potential witnesses; compromise of classified information; or otherwise seriously jeopardize an investigation or official proceeding or unduly delay an ongoing official proceeding.

JOHN Q. INSPECTOR  
(printed name w/ middle initial)

000-00-0000  
(social security number)

John Q. Inspector  
(signature)

00/00/0000  
(date)

123 HURRICANE HWY TORNADO CITY, TX 45678  
(address, include street, apartment number, city, state, and zip code)

Notice: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that the authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Since other people may have the same name and birth data, your SSN will be used to identify you precisely when requesting a copy of your consumer report. Although disclosure of your SSN is not mandatory, your failure to do so may impede completion of your investigation.

**NON-DISCLOSURE AGREEMENT**

I, JOHN Q. INSPECTOR, an individual official, employee, consultant, or subcontractor of or to FEMA (the Authorized Entity), intending to be legally bound, hereby consent to the terms in this Agreement in consideration of my being granted conditional access to certain information, specified below, that is owned by, produced by, or in the possession of the United States Government.

(Signer will acknowledge the category or categories of information that he or she may have access to, and the signer's willingness to comply with the standards for protection by placing his or her initials in front of the applicable category or categories.)

Initials: <u>  JQI  </u>	<b>Protected Critical Infrastructure Information (PCII)</b>
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I attest that I am familiar with, and I will comply with all requirements of the PCII program set out in the Critical Infrastructure Information Act of 2002 (CII Act) (Title II, Subtitle B, of the Homeland Security Act of 2002, Public Law 107-296, 196 Stat. 2135, 6 USC 101 et seq.), as amended, the implementing regulations thereto (6 CFR Part 29), as amended, and the applicable PCII Procedures Manual, as amended, and with any such requirements that may be officially communicated to me by the PCII Program Manager or the PCII Program Manager's designee.

Initials: <u>  JQI  </u>	<b>Sensitive Security Information (SSI)</b>
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I attest that I am familiar with, and I will comply with the standards for access, dissemination, handling, and safeguarding of SSI information as cited in this Agreement and in accordance with 49 CFR Part 1520, "Protection of Sensitive Security Information," "Policies and Procedures for Safeguarding and Control of SSI," as amended, and any supplementary guidance issued by an authorized official of the Department of Homeland Security.

Initials: <u>  JQI  </u>	<b>Other Sensitive but Unclassified (SBU)</b>
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As used in this Agreement, sensitive but unclassified information is an over-arching term that covers any information not otherwise indicated above, which the loss of, misuse of, or unauthorized access to or modification of could adversely affect the national interest or the conduct of Federal programs, or the privacy to which individuals are entitled under Section 552a of Title 5, as amended, but which has not been specifically authorized under criteria established by an Executive Order or an Act of Congress to be kept secret in the interest of national defense or foreign policy. This includes information categorized by DHS or other government agencies as: For Official Use Only (FOUO); Official Use Only (OUO); Sensitive Homeland Security Information (SHSI); Limited Official Use (LOU); Law Enforcement Sensitive (LES); Safeguarding Information (SGI); Unclassified Controlled Nuclear Information (UCNI); and any other identifier used by other government agencies to categorize information as sensitive but unclassified.

I attest that I am familiar with, and I will comply with the standards for access, dissemination, handling, and safeguarding of the information to which I am granted access as cited in this Agreement and in accordance with the guidance provided to me relative to the specific category of information.

I understand and agree to the following terms and conditions of my access to the information indicated above.

1. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of information to which I have been provided conditional access, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.
2. By being granted conditional access to the information indicated above, the United States Government has placed special confidence and trust in me and I am obligated to protect this information from unauthorized disclosure, in accordance with the terms of this Agreement and the laws, regulations, and directives applicable to the specific categories of information to which I am granted access.
3. I attest that I understand my responsibilities and that I am familiar with and will comply with the standards for protecting such information that I may have access to in accordance with the terms of this Agreement and the laws, regulations, and or directives applicable to the specific categories of information to which I am granted access. I understand that the United States Government may conduct inspections, at any time or place, for the purpose of ensuring compliance with the conditions for access, dissemination, handling and safeguarding information under this Agreement.

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4. I will not disclose or release any information provided to me pursuant to this Agreement without proper authority or authorization. Should situations arise that warrant the disclosure or release of such information I will do so only under approved circumstances and in accordance with the laws, regulations, or directives applicable to the specific categories of information. I will honor and comply with any and all dissemination restrictions cited or verbally relayed to me by the proper authority.

5. (a) For PCII - (1) Upon the completion of my engagement as an employee, consultant, or subcontractor under the contract, or the completion of my work on the PCII Program, whichever occurs first, I will surrender promptly to the PCII Program Manager or his designee, or to the appropriate PCII officer, PCII of any type whatsoever that is in my possession.

(2) If the Authorized Entity is a United States Government contractor performing services in support of the PCII Program, I will not request, obtain, maintain, or use PCII unless the PCII Program Manager or Program Manager's designee has first made in writing, with respect to the contractor, the certification as provided for in Section 29.8(e) of the implementing regulations to the CII Act, as amended.

(b) For SSI and SBU - I hereby agree that material which I have in my possession and containing information covered by this Agreement, will be handled and safeguarded in a manner that affords sufficient protection to prevent the unauthorized disclosure of or inadvertent access to such information, consistent with the laws, regulations, or directives applicable to the specific categories of information. I agree that I shall retain all information to which I have had access or which is in my possession 1) upon demand by an authorized individual; and or 2) upon the conclusion of my duties, association, or support to DHS; and or 3) upon the determination that my official duties do not require further access to such information.

6. I hereby agree that I will not alter or remove markings, which indicate a category of information or require specific handling instructions, from any material I may come in contact with, in the case of SSI or SBU, unless such alteration or removal is consistent with the requirements set forth in the laws, regulations, or directives applicable to the specific category of information or, in the case of PCII, unless such alteration or removal is authorized by the PCII Program Manager or the PCII Program Manager's designee. I agree that if I use information from a sensitive document or other medium, I will carry forward any markings or other required restrictions to derivative products, and will protect them in the same manner as the original.

7. I hereby agree that I shall promptly report to the appropriate official in accordance with the guidance issued for the applicable category of information, any loss, theft, misuse, misplacement, unauthorized disclosure, or other security violation, I have knowledge of and whether or not I am personally involved. I also understand that my anonymity will be kept to the extent possible when reporting security violations.

8. If I violate the terms and conditions of this Agreement, such violation may result in the cancellation of my conditional access to the information covered by this Agreement. This may serve as a basis for denying me conditional access to other types of information, to include classified national security information.

9. (a) With respect to SSI and SBU, I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result, or may result from any disclosure, publication, or revelation of the information not consistent with the terms of this Agreement.

(b) With respect to PCII I hereby assign to the entity owning the PCII and the United States Government, all royalties, remunerations, and emoluments that have resulted, will result, or may result from any disclosure, publication, or revelation of PCII not consistent with the terms of this Agreement.

10. This Agreement is made and intended for the benefit of the United States Government and may be enforced by the United States Government or the Authorized Entity. By granting me conditional access to information in this context, the United States Government and, with respect to PCII, the Authorized Entity, may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement. I understand that if I violate the terms and conditions of this Agreement, I could be subjected to administrative, disciplinary, civil, or criminal action, as appropriate, under the laws, regulations, or directives applicable to the category of information involved and neither the United States Government nor the Authorized Entity have waived any statutory or common law evidentiary privileges or protections that they may assert in any administrative or court proceeding to protect any sensitive information to which I have been given conditional access under the terms of this Agreement.

11. Unless and until I am released in writing by an authorized representative of the Department of Homeland Security (if permissible for the particular category of information), I understand that all conditions and obligations imposed upon me by this Agreement apply during the time that I am granted conditional access, and at all times thereafter.

12. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions shall remain in full force and effect.

13. My execution of this Agreement shall not nullify or affect in any manner any other secrecy or non-disclosure Agreement which I have executed or may execute with the United States Government or any of its departments or agencies.

14. These restrictions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by Executive Order No. 12958, as amended; Section 7211 of Title 5, United States Code (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 USC 421 et seq.) (governing disclosures that could expose confidential Government agents); and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, and 952 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 USC 783(b)). The definitions, requirements, obligations, rights, sanctions, and liabilities created by said Executive Order and listed statutes are incorporated into this agreement and are controlling.

15. Signing this Agreement does not bar disclosures to Congress or to an authorized official of an executive agency or the Department of Justice that are essential to reporting a substantial violation of law.

16. I represent and warrant that I have the authority to enter into this Agreement.

17. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me any laws, regulations, or directives referenced in this document so that I may read them at this time, if I so choose.

DEPARTMENT OF HOMELAND SECURITY  
**NON-DISCLOSURE AGREEMENT**  
Acknowledgement

Typed/Printed Name:	Government/Department/Agency/Business Address	Telephone Number:
JOHN Q. INSPECTOR	123 HURRICANE HWY TORNADO CITY, TX. 45678	(567)890-1234

I make this Agreement in good faith, without mental reservation or purpose of evasion.

Signature:

*John Q. Inspector*

**WITNESS:**

Typed/Printed Name:	Government/Department/Agency/Business Address	Telephone Number:
JANE B. APPLICANT	456 TORNADO TERRACE TORNADO CITY, TX 23456	(321)654-9870

Signature:

*Jane B. Applicant*

This form is not subject to the requirements of P.L. 104-13, "Paperwork Reduction Act of 1995" 44 USC, Chapter 35.