

Request for Determination or Advisory (See instructions on reverse)					OPM -USE ONLY					
					OPM Case #					
					Credit Income To					
1. Subject's Name (Last)		(First)		(Middle)		2. SSN		3. DOB		
4. Other Names Used				5. POB (City, County, Country)				State	6. Sex M F	
7. Investigation Code		8. Submitting Office Number (SON)						Address		
9. Requesting Official's Signature					Printed Name		Date		Telephone Number (include area code)	
									Commercial	Facsimile
PART A: EXAMINING OFFICE AND AGENCY USE										
10. All announcements and position titles for which this determination will be used										
11. Passover Request										
<input type="checkbox"/> a. SF 62 attached <input type="checkbox"/> b. The sensitivity level of the position is: _____ <input type="checkbox"/> c. The public trust level of the position is: _____										
12. Identification of applications and related materials, statement of issues requiring suitability determination and other information pertinent to the determination or advisory being requested. Annotate whether this is a competitive service position, and confirm that the applicant is eligible and within reach.										
PART B: OPM-USE										
13. Passover requests <input type="checkbox"/> a. Not sustained (see item 18) <input type="checkbox"/> b. Eligible for further certification <input type="checkbox"/> c. Sustained <input type="checkbox"/> d. Suspend pending further investigation										
14. Acceptability relative to known suitability matters					Final Determination					
Issue Characterization Level <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					<input type="checkbox"/> 1. Acceptable		<input type="checkbox"/> 3. Ineligible for failure to reply			
					<input type="checkbox"/> 2. Ineligible on suitability		<input type="checkbox"/> 4. Cancel all applications and eligibilities			
15. Debarment Action										
<input type="checkbox"/> a. None <input type="checkbox"/> b. Debarred from competing in examination for, or accepting appointments to, positions in the competitive Federal service until _____										
16. Application is						17. Applicant notification				
<input type="checkbox"/> a. Attached <input type="checkbox"/> b. Retained in OPM's Investigative File						<input type="checkbox"/> a. Applicant has been notified of the action <input type="checkbox"/> b. Applicant has not been notified of the action				
18. Other action or remarks										
19. Signature of OPM Representative					Title		File		Date (mm/dd/yyyy)	

INSTRUCTIONS FOR COMPLETING THIS FORM

GENERAL: This form is used to make a passover request or to request a suitability determination, debarment consideration, or advisory concerning suitability matters. This form should be typed and all information appropriate to your request should be furnished in the spaces provided. Make sure that any required attachments are secured to this form. Submit original of this form and any attachments to: OPM-FIPC, Suitability Branch, P.O. Box 618, Boyers, PA 16018. Any questions concerning completion of this form should be directed to OPM-FIPC.

EXAMINING OFFICES (OPM AND AGENCY): Use this form to (1) request a determination of general suitability for Federal employment and (2) send a request to pass over a preference eligible (also requires an SF-62). Submit only when an eligible applicant is currently within reach or will soon be within reach for certification. Make sure that requests meet referral guidelines.

PERSONNEL, SECURITY, AND SUBMITTING OFFICES: Use this form to request an advisory on suitability matters.

INSTRUCTION FOR SPECIFIC ITEMS

ITEM	INSTRUCTIONS												
1	The subject's full name must be given in the following order - LAST, FIRST, MIDDLE. If the subject is a "Sr.", "Jr.", "III", etc., skip one space after last name and enter appropriate designation. If the subject has initials only, enter each initial in the appropriate block. If the subject has no middle name, enter NMN on the block under "MIDDLE".												
	EXAMPLES:	NORMAL ENTRY	DOE SR	JOHN	CARR	INITIALS ONLY	DOE	A	C	NO MIDDLE NAME	DOE	JOHN	NMN
2	Provide the subject's Social Security Number (SSN).												
3	Provide the month, day, and year of subject's birth in that order. EXAMPLE: Enter June 7, 1970 as 06/07/1970.												
4	Refer to the applications and other documents submitted by the agency. To the extent this information is available, show all other names the subject was known by or is now using. If the subject is female, and is or was married, include maiden name and other married names if married more than once.												
5	Place of Birth (POB: Enter full name of city/town and county (or foreign equivalent). Enter name of foreign country if born outside of the U.S.A. and its territories. Using the coding shown below, provide abbreviation for State if born in the U.S.A. or its territories. EXAMPLE: The city of Knoxville, County of Knox, State of Tennessee would be shown as KNOXVILLE KNOX TN.												
CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 5)													
	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			
	America Samoa	AS	District of Columbia		DC	Guam	GU	Northern Mariana Islands		CM			
	Puerto Rico	PR	Trust Territory		TT	Virgin Islands	VI						
6	If subject is Male, put an "X" under "M". If subject is Female, put an "X" under "F".												
7	Examining Offices choose one: 40 - Applicant -OR- 42 - Passover Other Offices must enter: 91 - Advisory (Suitability/Security) (NOTE: Additional types of cases may be developed and assigned as needed by the OPM.)												
8	Enter the SON assigned by OPM.												
9	Complete the requested information.												
10	For examining office use.												
11	For examining office use with an agency passover request. Check box a. to confirm that an SF-62 is attached to this form. Fill in the appropriate position sensitivity and public trust levels for b and c. If the agency failed to identify the position sensitivity level and public trust level, the examining office must obtain this information from the agency before referring.												
12	For examining office, personnel, security, and submitting office use.												
13 thru 19	These items are for use by the OPM.												