

MCRC FROST CALL 011-02 DATED 11 January 2002

From: Commanding General, Marine Corps Recruiting Command

Subj: CHANGE TO PROCEDURES FOR SUBMISSION OF ELECTRONIC  
PERSONNEL SECURITY QUESTIONNAIRE (EPSQ) TO OPM FOR  
OFFICER ACCESSIONS

Ref: (a) Office of the Assistant Secretary of Defense  
(OASD) C3I Memo dated April 30, 2001  
(b) MCRC Frost Call 001-00 dated 28 Oct 99  
(c) MCRC Frost Call 041-00 dated 15 Sep 00  
w/Addendum dated 25 Sep 00  
(d) MCRC Frost Call 021-01 dated 11 May 01

Encl: (1) Agency Use Information Sheet  
(2) Instructions for completing the Agency Use  
Information Blocks  
(3) Instructions for FD-258 Fingerprint Card

1. Purpose. To notify all levels within the Marine Corps Recruiting Command of the implementation of new submission procedures for Electronic Personnel Security Questionnaire (EPSQ) for Officer Accessions.

2. Background. The SF-86/EPSQ is currently submitted on new Marine Corps accessions per references (a) and (b). Due to the requirement for most officers to have a secret clearance, HQMC Security section has allocated funds and requested that National Agency Check with Local Agency Check and Credit Check (NACLAC) investigations be submitted to OPM on all Marine Officer Accessions. All SF-86/EPSQ work will be forwarded to OPM.

4. Action. Effective 1 Feb 2002 all MCRC Officer Selection Stations will submit Electronic Fingerprint Cards (FD-258), (NACLAC) for Secret investigations to OPM, as directed by reference (a). **No Marine Officer applicant will be commissioned if the FD-258 Fingerprint Card, a completed, validated, printed, and signed copy of the SF-86/EPSQ, and the Agency Use Information Sheet (see enclosures) have not been mailed to OPM.**

a. NACLAC. All NACLAC requests for will be submitted to OPM in a paper format. To capture the essential information in order to complete the investigation an EPSQ will be utilized. The current EPSQ will be filled out, validated, printed, signed and submitted to OPM along with the FD 258 (Fingerprint Card) and the Agency Use Information Sheet. The OSO will then ensure

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that Enclosure (1) is annotated using the instructions contained in Enclosures (2) and (4). The OSO will then securely staple the Agency Use Information Sheet, the FD-258 Fingerprint Card, and the printed EPSQ together and mail to OPM.

The address for OPM is:

**U.S. Office of Personnel Management  
Federal Investigations Processing Center  
P.O. Box 700  
1137 Branchton Road  
Boyers, PA 16018-0618**

b. EPSQ's will be mailed to OPM at the following times:

(1) OCC Candidates - the date the candidate ships to Officer Candidate School (OCS).

(2) PLC Candidates - the date the Request for Appointment (RFA) is submitted to District.

5. The contents of this Frost Call will be incorporated into the next formal change to MCO P1100.73B Military Personnel Procurement Manual (MPPM).

6. Point of contact is Capt W. H. Nordberg, MCRC G-3(OP), at (703) 784-9449.



D. L. MCMANUS  
By direction

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: *The EPSQ is for internal DOD use only, and is pending OMB approval.*

### Agency Use Information (SF86)

<b>A</b> Type of Investigation	<b>B</b> Extra Coverage	<b>C</b> Sensitivity Level	<b>D</b> Access	<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 NPRC At SON	Other Address			Zip Code
<b>L</b> SOI	<b>M</b> Location of Security Folder	None At SOI NPI	Other Address			Zip Code
<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	

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided.

### Subject of Investigation (Identifying Information)

<b>FULL NAME</b> * If you have only initials in your name, use them and state (IO) * If you are a "JR.", "SR", "II", etc., enter this in the box after your middle name * If you have no middle name, enter "NMN"			
Last Name	First Name	Middle Name	Jr., II, etc.
Maiden Name Used List your maiden name and the "To and From" dates of when it was used.			
Maiden Name	Month/Year		Month/Year
	To		To

### Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information below for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

#1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (County) of School				State	Zip Code
#2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (County) of School				State	Zip Code

Appointee/Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

August 2000

**INSTRUCTIONS FOR COMPLETING FD-258 FINGERPRINT CARD  
FOR SUBMISSION TO OPM**

The following data is required:

1. **NAME** Enter Full Name (Last, First, Middle)
2. **ORI** The ORI number for OPM is: **USOPM000Z**
3. **DOB** Enter DOB (Month, Day, Year)
4. **SEX** MALE/FEMALE
5. **POB** Enter POB (City, State,)
6. **OCA** Leave blank for initial submissions. Enter OPM case serial number for resubmissions of unclassifiable prints
7. **SSN** Enter SSN (000 00 0000)
8. **SIGNATURE OF PERSON FINGERPRINTED**
9. **DATE** Date fingerprints were taken (Month, Day, Year)
10. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS**
11. **EMPLOYER AND ADDRESS** Enter as displayed below:  

<b>SON:</b> MEPS ID# followed by letter "M"	<b>ALC:</b> DSS-MIL
<b>SOI:</b> DD70	<b>ACCT:</b> (Optional)

**MAIL CARDS TO:**

**OPM:IS: Federal Investigations Processing Center  
PO BOX 700  
1137 BRANCHTON ROAD  
BOYERS, PA 16018-0618**

Instructions for completing the Agency Use Information Sheet

A Type of Investigation

Enter "08B"

B. Extra Coverage

Leave Blank

C. Sensitivity Level

Enter "2"

D. Access

Enter "2"

E. Nature of Action Code

Enter "MIL"

F. Date of Action

Leave Blank

G. Geographic Location

Leave Blank

H. Position Code

Leave Blank

I. Position Title

Leave Blank

J. SON

Enter MEPS I.D. #

**K. Location of OPF**

Leave Blank

**L. SOI**

Enter "NV00"

**N. OPAC-ALC Number**

Enter "DSS-MIL"

**O. Accounting Data**

Enter "UIC/RUC"

**P. Requesting Official**

ENTER THE NAME, TITLE, COMMAND, AND SIGNATURE OF OFFICIAL REQUESTING THE INVESTIGATION, THE DATE AND COMMERCIAL TELEPHONE INCLUDING AREA CODE. THIS IS THE PERSON OPM WILL CONTACT CONCERNING SPECIFIC CASE RELATED SUBMISSION PROBLEMS.