



## e-QIP FAQs

(Revised 061108)

### 1. Will e-QIP time me out?

Yes. e-QIP will time you out after 20 minutes if you are not actively using the system without allowing you to 'save' your information. However, you will get a 5-minute warning message before the system times you out at which time you can 'save' your information. If e-QIP times you out, you must log back into e-QIP.

### 2. Can I access e-QIP with my personal computer at home? If so, do I need a special internet browser?

Yes, you can use your personal computer, at home or at the office. e-QIP is designed to be accessible from any computer, anywhere in the world. The browsers and versions that are compatible are identified in the e-QIP Web Browser Requirements and Access Instructions document.

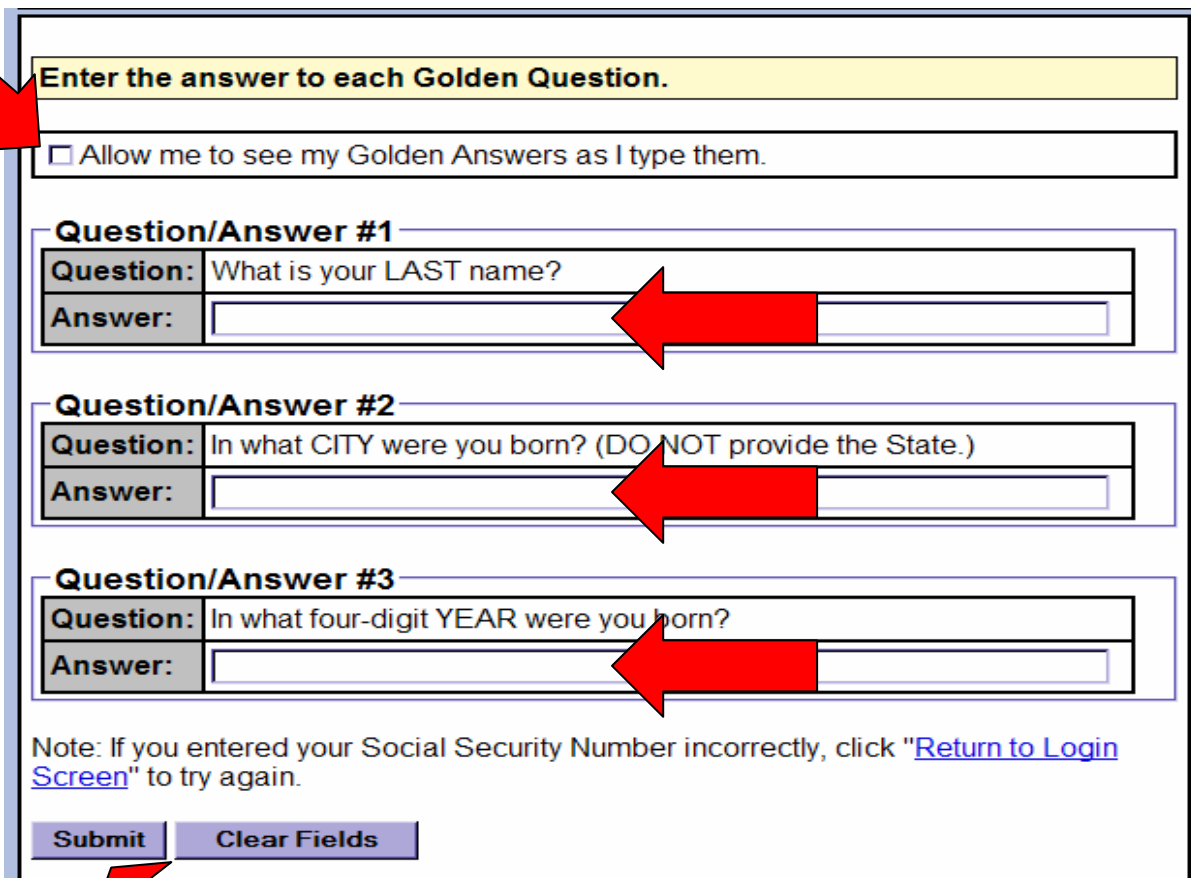
### 3. What is the process for completing my SF-85, SF-85P, SF-85P-S, or SF-86 using e-QIP?

Once you have been notified that you have access, login by entering your social security number and click the 'Submit' button.

The screenshot shows the e-QIP login interface. At the top left is a 'Help' link. The main heading is 'Login' with the subtitle 'Identify Yourself to the e-QIP System'. In the top right corner, it says 'OMB No. 3206 0005'. Below this is a yellow warning box from the U.S. Office of Personnel Management (OPM) stating that only authorized persons can access the data and that unauthorized attempts are a violation of federal law. Underneath is a blue 'Information Message' box that says 'You are now logged out.' The main login area has a yellow instruction box: 'Enter your Social Security number, then click the "Submit" button. Your input will be masked to protect your privacy.' Below this is a 'Social Security Number' input field with three separate boxes for each digit. To the right of the input field is a red callout box that says 'Use tab when entering SSN to move to next box'. At the bottom left are 'Submit' and 'Clear Fields' buttons.

You will be prompted to answer your three Golden Questions. Please follow these steps:

- 1) To view the answers as you type, check the box 'Allow me to see my Golden Answers as I type them.'
- 2) Answer Question #1 "What is your LAST name?"
- 3) Answer Question #2 "In what CITY were you born? (DO NOT provide the State)"
- 4) Answer Question #3 "In what four-digit YEAR were you born?"
- 5) Click the 'Submit' button



**Enter the answer to each Golden Question.**

Allow me to see my Golden Answers as I type them.

**Question/Answer #1**

<b>Question:</b>	What is your LAST name?
<b>Answer:</b>	<input type="text"/>

**Question/Answer #2**

<b>Question:</b>	In what CITY were you born? (DO NOT provide the State.)
<b>Answer:</b>	<input type="text"/>

**Question/Answer #3**

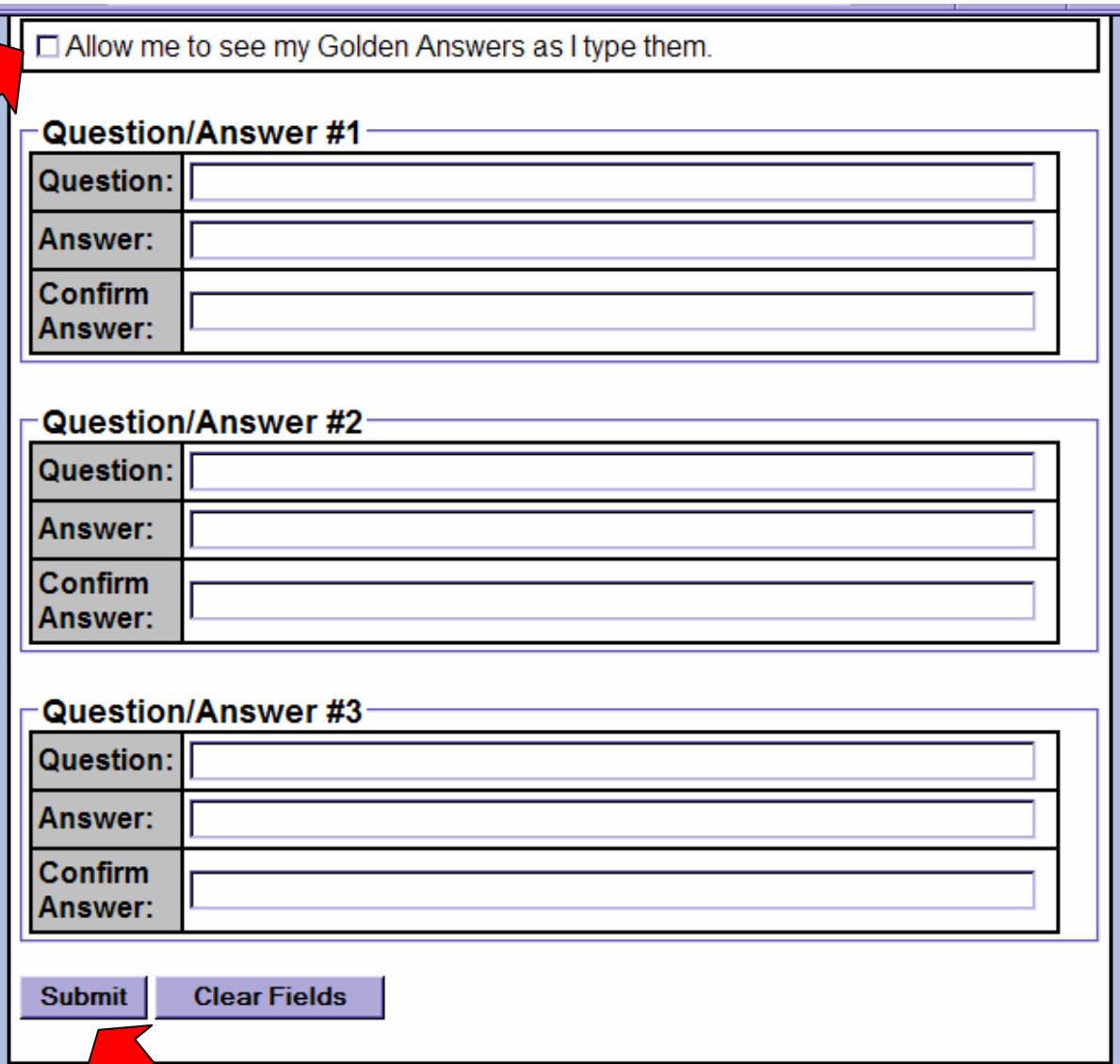
<b>Question:</b>	In what four-digit YEAR were you born?
<b>Answer:</b>	<input type="text"/>

Note: If you entered your Social Security Number incorrectly, click "[Return to Login Screen](#)" to try again.

After logging in the first time, you must complete an Authentication process and change your Golden Questions and Answers. A Warning message will be displayed, as shown below:

<a href="#">Help</a>
<b>Authentication</b> <span style="float: right;">OMB No. 3206-0005</span>
<b>Change your Golden Questions and Answers</b>
<b>WARNING!</b> <b>It is YOUR RESPONSIBILITY to provide Golden Questions to uniquely identify yourself.</b>
<p>You can use your Golden Questions to help the e-QIP system verify your identity. By creating a combination of Golden Questions that ONLY YOU can possibly know all of the correct answers to, you are assuring yourself that nobody (including parents, spouses, and close friends) can impersonate you on the e-QIP system. Please take time to carefully consider who else may possibly know the answer to each possible Golden Question you enter. We would suggest creating questions concerning different time periods in your life. PLEASE REMEMBER THAT IT MAY BE 4 OR 5 YEARS BEFORE YOU RETURN TO THE E-QIP SYSTEM! Make sure you create questions you can still answer in the distant future.</p>
<b>It is YOUR RESPONSIBILITY to protect the answers to your Golden Questions.</b>
<p>The answers to your Golden Questions serve as your password to the e-QIP system. The fields to enter your answers into are NOT password protected, to allow you to more accurately enter your answers. Do not allow someone to see your computer screen while your answers are on the screen. If someone acquires your answers, they will be able to logon the e-QIP system under your identity, allowing them to see and change your personal data.</p>

You will then be prompted to change your Golden Questions and Answers to ensure the security of your data. Be sure these are memorable to you. To view the answers as you type, check the box 'Allow me to see my Golden Answers as I type them'. Once your Golden Questions and Answers have been changed, click the 'Submit' button



Allow me to see my Golden Answers as I type them.

**Question/Answer #1**


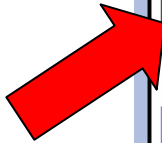
Question:	<input type="text"/>
Answer:	<input type="text"/>
Confirm Answer:	<input type="text"/>

**Question/Answer #2**

Question:	<input type="text"/>
Answer:	<input type="text"/>
Confirm Answer:	<input type="text"/>

**Question/Answer #3**

Question:	<input type="text"/>
Answer:	<input type="text"/>
Confirm Answer:	<input type="text"/>



After changing your Golden questions, e-QIP presents you with the Main Menu. Select the link entitled, "Enter Your Data" from the main menu screen.

Last successful login: This is the first time you have logged into this system.  
Number of unsuccessful login attempts since last successful login: 0

[Help](#) · [Logout](#)

### Select Investigation Request

OMB No. 3206-0005

Choose the Task to Begin

This is the identifying information we have on file for your Social Security Number. If any of this information is incorrect, contact the agency that initiated your Investigation Request.

Identifying Information	
Full Name	DOE, JOHN (~)
Date of Birth	01/01/1980
Place of Birth	CINCINNATI (HAMILTON County), OH

**Complete an Investigation Request**

The following screens will step you through the process for completing an Investigation Request. Click on the link below to begin or continue this process. If you have any questions or concerns, click the "Help" link for more information.

e-QIP Investigation Request #56180	
Form:	Questionnaire for Non-Sensitive Positions (SF85, Version 1995-09)
Agency:	IRS- Cincinnati - SON 2724
Actions:	<a href="#">Enter Your Data</a> » Begin/Continue providing information for the forms associated with this Investigation Request.



After reading all instructions, you can now begin entering your personal data. In order to ensure the completeness of your data, a validation routine will run after each page is submitted. The validation routine will point out any errors and provide detailed instructions on how to satisfy each incorrect or missing item.

Help · Display · Logout      Navigation: SF85 Sections 1-6: Your Identifying Information      Go

**Sections 1-6: Your Identifying Information**      OMB No. 3206-0005  
Comprehensive Details      Form: SF85

Validation Results	
Type	Message
Error	A middle name is required for Full Name, or select No Middle Name if appropriate.
Error	Do not provide a country for Place of Birth when selecting a state or territory.
Error	Provide a response for Other Names Used.

Note: This message indicates problems with the information submitted. Messages labeled "Error" must be corrected. Messages labeled "Warning" must be corrected or explained. Make the changes indicated and click "Save" to revalidate. Click "Save/Continue" if you want to make these changes later.

Provide the following information about your identity.

**Section 1: Full Name**

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name		
	Name	IO/NFN/NMN
Last:	DOE	
First:	JOHN	

When you are satisfied that your form is complete, select the "Display your Data" link from the main menu.

Help · Display · Logout      Navigation: Validate, Review, and Certify      Go

**Validate, Review, and Certify**      OMB No. 3206-0005  
Review Your Data

Click the "Display" link above to open a printable working copy of the data you provided. If you displayed your data before, be sure to close all other working copies you have open to ensure that you are reviewing the current copy. Review the information you provided for completeness and accuracy. If you are ready to certify the data you provided, click the Continue button to advance to the next screen. If you need to make changes, use the Navigation menu above to return to the appropriate sections to make changes.

Continue

After a final review of your data, select the “Certify Investigation Request” button to finish your form.

Help · Display · Logout      Navigation: Validate, Review, and Certify      Go

Validate, Review, and Certify      OMB No. 3206-0005

**Certify Your Investigation Request**

**NOTICE:** AFTER CLICKING THE CERTIFY INVESTIGATION REQUEST BUTTON BELOW, YOU WILL NO LONGER BE ABLE TO MAKE CHANGES TO THE DATA YOU SUBMITTED.

If you reviewed the data you provided for accuracy and are prepared to submit your completed Investigation Request, click the Certify Investigation Request button, which will generate an official, submittable copy of your Investigation Request; otherwise, use the Navigation menu above to return to the appropriate sections to make changes.

**Notice:** This step certifies your Investigation Request but it does NOT transmit it to the initiating agency. *Failure to follow the instructions on the next screen will delay processing of your Investigation Request.*

The document generation process may take 20-30 seconds to complete. Please click this button only once.

**IMPORTANT:** YOUR BACKGROUND INVESTIGATION CANNOT START UNTIL YOUR AGENCY RECEIVES THE SIGNED SIGNATURE FORMS THAT WILL BE PRESENTED TO YOU ON THE NEXT SCREEN.

[Certify Investigation Request](#)

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On the last screen, **make sure to print and sign each form.** Click “Display the Archival Copy of this Investigation Request for Printing” and print a copy of the forms for your records and for returning signature forms to the IRS. *If you do not have printer access, logout of e-QIP and go to a computer with printer access. Then log back into e-QIP to print the forms.*

Help · Return To Menu · Logout      OMB No. 3206-0005

**Release Investigation Request**

Print Signature Forms and Release for Processing

**NOT COMPLETING THESE TASKS WILL DELAY PROCESSING OF YOUR INVESTIGATION REQUEST**

- Carefully follow the instructions provided below in the order displayed.
- If you are unable to complete these steps at this time (e.g. if you do not have access to a printer at your computer), you **MUST** return to e-QIP at a later time to complete the remaining steps.
- Contact your agency if you need assistance with printing these documents.

After you certified the completeness and accuracy of the information in your Investigation Request, e-QIP generated a printable archival copy of the information you provided. You are strongly advised to print a copy for your records. Properly dispose of any working copies that you may have printed while editing and reviewing your information, as those are not considered official. You will need Adobe Acrobat Reader or Adobe Acrobat to view the archival copy. Click the “Help” link for more information.

**Step One**

Click this link to display the archival copy, then print a copy to retain for your records.

[Display the Archival Copy of this Investigation Request for Printing](#)

Next you must print a copy of the signature form(s). The requesting agency must receive the signed form(s) to begin processing your Investigation Request. Print, sign, and submit the form(s) according to the instructions you have been provided. Print to only one side of each sheet of paper. Ensure that the text on the printed copy is legible and that all pages print. The printed text may not contain gaps, extraneous lines, or other errors caused by printer problems. Click the “Help” link for more information.

Sign and date the “Signature Forms” and “Authorization for Release of Information” documents and return to the appropriate IRS office. Please follow the instructions outlined in the letter you received from IRS (requesting completion of these forms) for specific submission information. **Failure to return these forms timely will impact your ability to continue in the hiring process** (be sure to make a copy of signature pages for your records).

Sample Signature Form:

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #55849 for Applicant SSN 007-12-3456	Page 1 of 1 Signature Forms				
<b>Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #55849 SIGNATURE FORMS</b>					
<p>The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request #55849. The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request #55849 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request #55849 Official Archival Copy will be considered official record.</p> <p>Sign and submit all forms in this document to the office that initiated your Investigation Request.</p> <p>Data Hash Code: 8d6886c29799097386eb6a0429e9b2c28d7fd27c Official Archival Copy PDF Hash Code: da49913f033c4c51ffc73e767c4ee985b64e164d Date/Time Certified in the e-QIP System: 2007-09-25 11:18:28.601 Applicant's Social Security Number: 007-12-3456</p> <p><b>Questionnaire for Non-Sensitive Positions (SF85 Format)</b> OMB No. 3206-0005</p> <p><b>Certification That My Answers Are True</b></p> <p>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).</p> <table border="1"><tr><td>Signature (Sign in ink)</td><td>Date</td></tr><tr><td>   </td><td></td></tr></table>		Signature (Sign in ink)	Date	   	
Signature (Sign in ink)	Date				
e-QIP Version 2 e-QIP Investigation Request #66848	PRIVACY ACT INFORMATION e-QIP Document Type CER				



Sample of Authorization for Release of Information form:

Standard Form 85 Format Revised September 1995 United States Office of Personnel Management 5 CFR Parts 731 and 735	Form approved: OMB No. 3208-0026 NSN 7540-00-534-4035 85-111
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**UNITED STATES OF AMERICA**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in black 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 schools, residential management agents, employers, criminal justice 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, and criminal history record information.

**I Understand** that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

**I Authorize** custodians of records and 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 85, and 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 two (2) years from the date signed.

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

e-GIP Version 2  
e-GIP Investigation Request #66849

e-GIP Document Type REL

**After printing** and signing the appropriate signature forms, click on the final link entitled “Release Request/Transmit to Agency”. **NOTE: you will not be able to access your investigation forms after you click “Release Request/Transmit to Agency”.** Be sure you have printed ALL forms, including signature forms, before clicking on “Release Request/Transmit to Agency”.

[Display the Archival Copy of this Investigation Request for Printing](#)

Next you must print a copy of the signature form(s). The requesting agency must receive the signed form(s) to begin processing your Investigation Request. Print, sign, and submit the form(s) according to the instructions you have been provided. Print to only one side of each sheet of paper. Ensure that the text on the printed copy is legible and that all pages print. The printed text may not contain gaps, extraneous lines, or other errors caused by printer problems. Click the "Help" link for more information.

**Step Two**

Click this link to display the signature form(s), then print a copy, sign, and submit the form(s) to the office requesting your investigation.

[Display the Signature Form\(s\) for Printing](#)

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**IMPORTANT: YOUR BACKGROUND INVESTIGATION CANNOT START UNTIL YOUR AGENCY RECEIVES THESE SIGNED SIGNATURE FORMS.**

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When you have completed the steps listed above, you may release your Investigation Request for processing. Performing this step will electronically transmit your Investigation Request to the agency requesting your investigation, and you will no longer have online access to it for printing or review.

**Step Three**

After you complete the previous step, click this button to release and transmit your Investigation Request to the requesting agency.

[Release Request/Transmit to Agency](#)



Version 2.00.06

### 3. Am I required to change my golden questions?

Yes. To protect your personal data from unauthorized disclosure it is highly recommended that you change your golden questions/answers to items that are unique and personally specific to you, but could not easily be guessed by others.

### 4. I cannot login to e-QIP. What should I do?

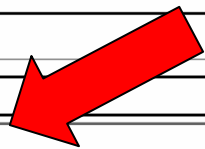
After verifying all system requirements listed in the e-QIP Web Browser Requirements and Access Instructions have been met, contact the IRS Employee Resource Center (ERC) at 1-866-743-5748, select Option 1 and follow the voice prompts for e-QIP assistance.

The screenshot shows the e-QIP login interface. At the top left is a 'Help' link. The main heading is 'Login Identify Yourself to the e-QIP System' with 'OMB No. 3206-0005' on the right. Below this is a yellow box with the text: 'The United States Government U.S. Office of Personnel Management (OPM) Only persons specifically authorized to do so may access this data. Unauthorized attempts to pass this screen, as well as any use of data in this system for purposes other than those authorized by OPM, are a violation of federal law and/or regulation. Violators are subject to disciplinary action and prosecution.' A blue bar with 'Error Message' contains the text 'Login failed. Contact the agency that sponsored you if you need help.' A red arrow points to this message. Below the error bar is a yellow instruction box: 'Enter your Social Security number, then click the "Submit" button. Your input will be masked to protect your privacy.' This is followed by a 'Social Security Number' label and a masked input field (three boxes separated by dashes). At the bottom are 'Submit' and 'Clear Fields' buttons.

**5. When I try to log in, e-QIP displays Golden Questions that I have never created, or that I don't know the answer to. What should I do?**

If you are getting "bogus" Golden Questions that you do not recognize or do not know the answer to, please contact the IRS Employee Resource Center (ERC) at 1-866-743-5748, select Option 1 and follow the voice prompts for e-QIP assistance. The ERC can verify that you currently have an active request in the system or reset your Golden Questions to the default values.

<b>Enter the answer to each Golden Question.</b>	
<input type="checkbox"/> Allow me to see my Golden Answers as I type them.	
<b>Question/Answer #1</b>	
<b>Question:</b>	What is your favorite movie?
<b>Answer:</b>	<input type="text"/>
<b>Question/Answer #2</b>	
<b>Question:</b>	Where were you born?
<b>Answer:</b>	<input type="text"/>
<b>Question/Answer #3</b>	
<b>Question:</b>	What is your favorite color?
<b>Answer:</b>	<input type="text"/>
Note: If you entered your Social Security Number incorrectly, click " <a href="#">Return to Login Screen</a> " to try again.	
<input type="button" value="Submit"/>	<input type="button" value="Clear Fields"/>



**6. I have just logged in and have not entered any data. I do not know where to start from the Main Menu. What should I do?**

To begin entering your personal data, click on the link entitled "Enter Your Data".

Last successful login: This is the first time you have logged into this system.  
Number of unsuccessful login attempts since last successful login: 0

[Help](#) · [Logout](#)

**Select Investigation Request** OMB No. 3206-0005  
Choose the Task to Begin

This is the identifying information we have on file for your Social Security Number. If any of this information is incorrect, contact the agency that initiated your Investigation Request.

Identifying Information	
Full Name	DOE, JOHN (~)
Date of Birth	01/01/1980
Place of Birth	CINCINNATI (HAMILTON County), OH

**Complete an Investigation Request**

The following screens will step you through the process for completing an Investigation Request. Click on the link below to begin or continue this process. If you have any questions or concerns, click the "Help" link for more information.

e-QIP Investigation Request #56180	
Form:	Questionnaire for Non-Sensitive Positions (SF85, Version 1995-09)
Agency:	IRS- Cincinnati - SON 2724
Actions:	<a href="#">Enter Your Data</a> » Begin/Continue providing information for the forms associated with this Investigation Request.

**7. What does the Submit button do?**

The "Submit" button saves any data that you have entered on the current screen.

Enter the answer to each Golden Question.

Allow me to see my Golden Answers as I type them.

**Question/Answer #1**

Question: What is your favorite movie?  
Answer:

**Question/Answer #2**

Question: Where were you born?  
Answer:

**Question/Answer #3**


Question: What is your favorite color?  
Answer:

Note: If you entered your Social Security Number incorrectly, click "[Return to Login Screen](#)" to try again.

## 8. What does the “Reset this Screen” button do?

The “Reset this Screen” button clears (removes) any new data recently entered on a screen that has not been previously saved.

1.	Last:	<input type="text"/>	<input type="text"/>	nee <input type="checkbox"/>	<b>Dates Used</b>		
	First:	<input type="text"/>	<input type="text"/>		Date	Month/Year	Est./Pres.
	Middle:	<input type="text"/>	<input type="text"/>		From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
	Suffix:	<input type="text"/>	<input type="text"/>		To:	<input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="button" value="Add A Blank Entry"/>							
<b>Section 6: Sex</b>							
<b>Sex</b>							
<input type="checkbox"/> Male							
<input checked="" type="checkbox"/> Female							
<b>Additional Comments</b>							
Note: If you need to provide any additional comments about this information, enter them below.							
<input type="text"/>							
<input type="button" value="Save"/> <input type="button" value="Reset this Screen"/>							



## 9. Must I complete each section in order?

No; however you need to be sure to answer all questions. You may skip ahead or go back to any question number by selecting the desired questions from the Navigation Bar located at the top right-hand side of the screen. This opens a drop down menu that contains all the sections of the form. Simply select the desired questions and press the "Go" button to proceed to the selected section.

[Help](#) · [Display](#) · [Logout](#)      Navigation: **SF85 Sections 1-6: Your Identifying Information**

**Sections 1-6: Your Identifying Information**  
Comprehensive Details

Provide the following information about your identity.

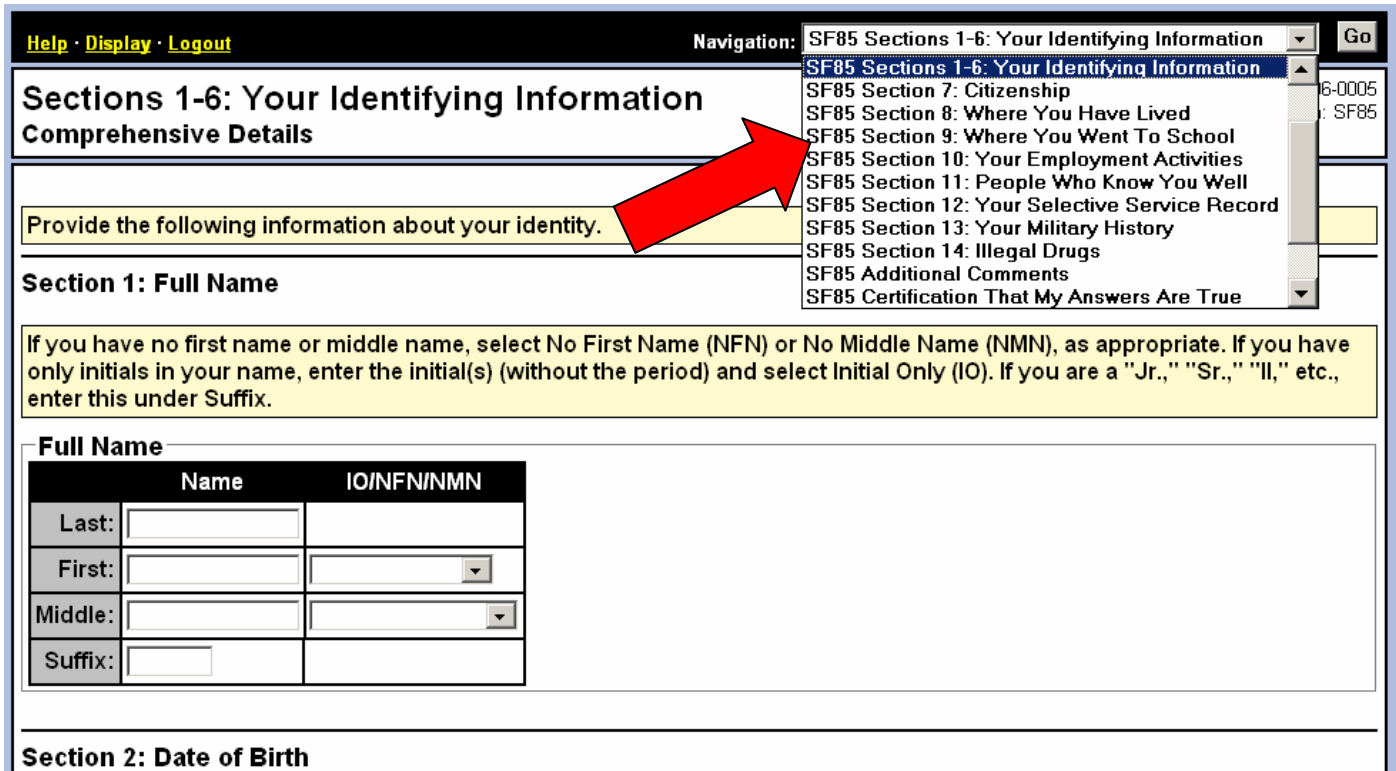
**Section 1: Full Name**

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," "II," etc., enter this under Suffix.

**Full Name**

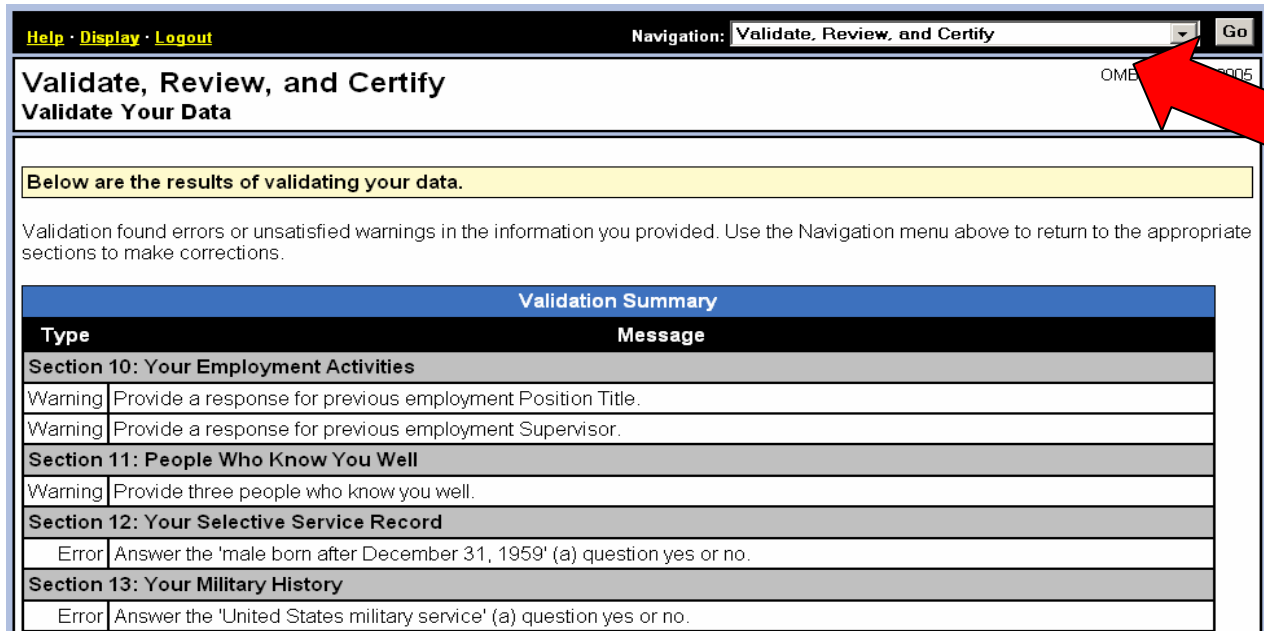
	Name	IO/NFN/NMN
Last:	<input type="text"/>	<input type="text"/>
First:	<input type="text"/>	<input type="text"/>
Middle:	<input type="text"/>	<input type="text"/>
Suffix:	<input type="text"/>	<input type="text"/>

**Section 2: Date of Birth**



## 10. Is there a way to tell which Sections I have completed?

Yes. At any time you can go to the Navigation Bar at the top of the screen and select the “Validate, Certify and Release” link. The system will then display all remaining incomplete Sections and/or errors that must be satisfied before you can submit the form.



Help · Display · Logout      Navigation: **Validate, Review, and Certify**      Go

**Validate, Review, and Certify**      OMB No. 3206-0005

**Validate Your Data**

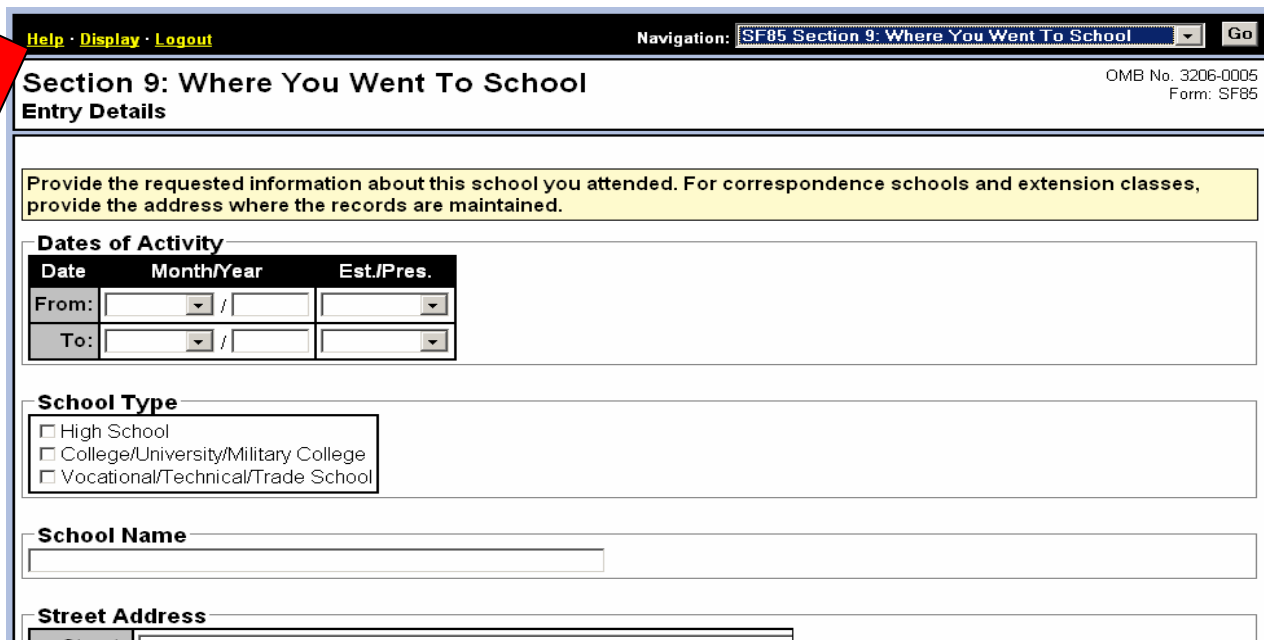
Below are the results of validating your data.

Validation found errors or unsatisfied warnings in the information you provided. Use the Navigation menu above to return to the appropriate sections to make corrections.

Validation Summary	
Type	Message
<b>Section 10: Your Employment Activities</b>	
Warning	Provide a response for previous employment Position Title.
Warning	Provide a response for previous employment Supervisor.
<b>Section 11: People Who Know You Well</b>	
Warning	Provide three people who know you well.
<b>Section 12: Your Selective Service Record</b>	
Error	Answer the 'male born after December 31, 1959' (a) question yes or no.
<b>Section 13: Your Military History</b>	
Error	Answer the 'United States military service' (a) question yes or no.

## 11. Where can I get help for completing a specific question?

Click the “Help” link located in the upper left-hand corner of each page for additional instructions on completing specific questions.



Help · Display · Logout      Navigation: **SF85 Section 9: Where You Went To School**      Go

**Section 9: Where You Went To School**      OMB No. 3206-0005

**Entry Details**      Form: SF85

Provide the requested information about this school you attended. For correspondence schools and extension classes, provide the address where the records are maintained.

**Dates of Activity**

Date	Month/Year	Est./Pres.
From:	<input type="text"/> / <input type="text"/>	<input type="text"/>
To:	<input type="text"/> / <input type="text"/>	<input type="text"/>

**School Type**

High School  
 College/University/Military College  
 Vocational/Technical/Trade School

**School Name**

**Street Address**



## 12. What is the difference between an “Error” and a “Warning” when validating my data?

A “Warning” message alerts you to a potential problem with your data which may require additional explanation. An “Error” must be corrected prior to certifying your completed form.

Help · Display · Logout      Navigation:       Go

**Validate, Review, and Certify**      OMB No. 3206-0005  
**Validate Your Data**

Below are the results of validating your data.

Validation found errors or unsatisfied warnings in the information you provided. Use the Navigation menu above to return to the appropriate sections to make corrections.

Validation Summary	
Type	Message
<b>Section 10: Your Employment Activities</b>	
Warning	Provide a response for previous employment Position Title.
Warning	Provide a response for previous employment Supervisor.
<b>Section 11: People Who Know You Well</b>	
Warning	Provide three people who know you well.
<b>Section 12: Your Selective Service Record</b>	
Error	Answer the 'male born after December 31, 1959' (a) question yes or no.
<b>Section 13: Your Military History</b>	
Error	Answer the 'United States military service' (a) question yes or no.
Error	Answer the 'United States Merchant Marine service' (b) question yes or no.

## 13. When should I validate my data?

You can validate your data at any time while you are entering/editing data; **however, every applicant is required to validate their data on the final screen before they are able to certify their form.**

## 14. Can I certify my form without satisfying any errors and/or warning messages?

No. All “Error” and “Warning” messages must be sufficiently satisfied before you can certify and release your e-QIP request. Forms can be certified if warning messages appear as long as you have reviewed and made sure it is accurate.

## 15. Should I do anything before I certify my data?

After your data has passed validation, you should click on the “Display” link in the upper left-hand corner of the screen to verify your data and to **ensure that your answers are complete and accurate to the best of your knowledge**. Print a copy of the forms for your records and for returning signature forms to the IRS. *If you do not have printer access, logout of e-QIP and go to a computer with printer access. Then log back into e-QIP to print the forms.*

Then select “Validate, Certify and Release” from the Navigation Bar in the top right-hand side of the screen and follow the additional instructions. **After certifying your data, you will not be able to edit or print the form.**

[Help](#) · [Display](#) · [Logout](#)      Navigation: **SF85 Certification That My Answers Are True**

**Certification That My Answers Are True**      OMB No. 3206-0005  
**Certification Statement Preview**      Form: SF85

The following is a preview of the certification document you will sign when you complete this investigation request.

**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
(Do not sign at this time.)	

## 16. I have completed this form in the past on a paper form or in another automated system. Why doesn't the system have my data?

e-QIP can only retrieve data previously entered into the e-QIP system. Data from previously completed paper forms or data from other automated systems has not been loaded into this system.

**17. I have started the form and cannot complete it at this time. What should I do?**

Click the "Save" button at the bottom of the page to save your data. Then click the "Logout" button at the top of the screen to exit the system. Be sure to access e-QIP again to complete the background investigation form.

The screenshot shows a web form titled "Additional Comments" with the subtitle "Any Additional Information You Would Like to Add". At the top left, there are links for "Help", "Display", and "Logout". A red arrow points to the "Logout" link. At the top right, there is a navigation dropdown menu set to "SF85 Additional Comments" and a "Go" button. Below the title, there is a yellow instruction box: "Use the space below to continue answers to all other items and any information you would like to add." The main content area is a large text input field labeled "Additional Comments". Below the text field, there is a note: "Note: If you do not have any additional comments to provide, click 'Save' to continue." At the bottom left, there are two buttons: "Save" and "Reset this Screen". A red arrow points to the "Save" button.