



DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD ANSC 7001 (04-21)	U.S. COAST GUARD AUXILIARY ENROLLMENT APPLICATION See Privacy Act Statement on page 3 and Instructions on 10 thru 14	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">District</td> <td style="width:33%;">Division</td> <td style="width:33%;">Flotilla</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	District	Division	Flotilla			
District	Division	Flotilla						

SECTION I - PERSONAL DATA OF APPLICANT - Completed by applicant

LAST NAME	FIRST NAME	FULL MIDDLE NAME	SUFFIX
SOCIAL SECURITY NO.	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SPOUSE NAME
MAILING ADDRESS			6-DIGIT OCCUPATION CODE
CITY			ST <input type="text"/> ZIP+ 4
EMAIL 1		EMAIL 2	
HOME	BUSINESS	CELL	
FAX	BOAT	PAGER	
Height: _____(inches) Weight: _____ Hair Color: _____ <input type="text"/> Eye Color: _____ <input type="text"/> Blood Type (if known) _____ <input type="text"/>			
ETHNICITY (OPTIONAL) <input type="checkbox"/> White or Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic American <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian American or Pacific Islander			
Who do you feel is responsible for recruiting you into the Auxiliary? Name _____			

SECTION II - SKILLS BANK INPUT - Completed by applicant

A. Check appropriate answers: 1. Are you willing to travel outside of your home area? Yes no
 2. Are you willing to do CG or AUX administrative missions? Yes no

B. Select days/evenings available for CG support operations.

Days	<input type="checkbox"/> Sun.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.
Nights	<input type="checkbox"/> Sun.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.

C. From the Skills Bank Codes (pages 12-16) enter up to five skills that you possess and are willing to offer.

#1 #2 #3 #4 #5

SECTION III - EMERGENCY CONTACT INFORMATION (Someone not living with you) - Completed by applicant

LAST NAME	FIRST NAME	MI	SUFFIX	RELATIONSHIP
STREET ADDRESS		CITY	ST <input type="text"/>	ZIP + 4
HOME	BUSINESS	CELL		

SECTION IV - FLOTILLA CERTIFICATION AND ATTACHMENTS - see instructions

New Enrollment Re-enrollment Old Member / EMPL ID Number:

New Member Exam completed Date _____ Score _____

Privacy Act Statement read Boating Safety Course Certificate Yes No

Required Attachments: Fingerprint cards (2) Prior clearance document (see SEC X) Citizenship photocopy
 DD-214 copy (see SEC VII)

FLOTILLA COMMANDER NAME	SIGNATURE	DATE
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NOTICE: The copy of this form submitted to DIRAUX/SECCEN **MUST HAVE** original signatures and dates signed in ink.

All previous editions are obsolete

SECTION V - APPLICANT INTERVIEW RECORD - Completed by interviewer

INTERVIEWER CHECKS OFF EACH ITEM AS DISCUSSED.

- What is The Auxiliary? - Persons interested in actively supporting the civilian component of the U.S. Coast Guard. Not a yacht club. A service organization composed of volunteers with emphasis on active support of many Coast Guard missions.
- What Members Can Expect From The Auxiliary - Training, new skills, fellowship, public service. A sense of pride from assisting others.
- What The Auxiliary Expects From Members - Dedication, fellowship, public service, professional conduct and participation.
- Importance of Professional Conduct in All Activities - Review general Coast Guard Auxiliary uniform and appearance policies, including tattooing, body marking and body piercing policies. Direct reflection on the Coast Guard and the Auxiliary. Need for sustaining quality programs and missions. Official Coast Guard/Auxiliary orders. Member training with emphasis on professionalism. Intolerance of sexual discrimination and harassment.
- Every Member is Expected to Participate in Some Program - Examples: patrols, public education, training, recruiting, public affairs, service as elected or staff officer and attendance at flotilla meetings.
- Training And Qualifications Opportunities Are Provided To Help Participation In Auxiliary Programs - Vessel examiners, air and surface operations, Auxiliary speciality courses, radio operator, public affairs, watchstander, instructor, maritime environmental patrols, navigational aids verifier, member services, interpreter, AUXCHEF.
- Personal Costs Involved - Dues, uniforms, other costs. (e.g., mileage and equipment)
- Your Contribution to The Auxiliary - Special/professional skills, time, support of programs, involvement and fellowship.
- Personnel Security Investigation - Unfavorable PSI may result in disenrollment. See PSI Notice on page 3.

SECTION VI - PARENT/GUARDIAN SIGNATURE if Applicant is a Minor

I/We certify that this applicant has no other legal guardian other than me/us and I/we consent to his/her membership in the United States Coast Guard Auxiliary.

PARENT/GUARDIAN SIGNATURE

DATE

SECTION VII - APPLICANT STATEMENT AND SIGNATURE - Completed by applicant

1. Are you currently serving as a member of the U.S. Armed Forces? Yes No If Yes, indicate branch: USA USN USMC USAF USCG If yes, indicate status: Active Duty Reserve National Guard Air National Guard .
2. Have you ever served as a member of the U.S. Armed Forces in the past? Yes No If Yes, indicate branch: USA USN USMC USAF USCG You must attach to this application a copy of your DD-214 (Certificate of Release or Discharge from Active Duty) which shows the entry in the "Reenlistment Code" block.
3. Have you ever been convicted of a violation of any law of the United States, any State, possession or territory, the District of Columbia, or the Commonwealth of Puerto Rico classified as a major misdemeanor or a felony? Yes No If Yes, you must attach to this application a statement of specifics including date, city and State offense occurred, disposition, and any comments including mitigating circumstances, along with a copy of your court documents.
4. Do you have a pending or unresolved criminal court action or judicial proceeding? Yes No If Yes, you must attach to this application a statement of specifics including effective date, city and State offense occurred, along with a copy of your court documents.
5. Are you under criminal restraint, serving a sentence, on parole, probation, or other civil restraint? Yes No If Yes, you must attach to this application a statement of specifics including effective date, city and State offense occurred, along with a copy of your court documents.
6. I affirm under the penalties of perjury as to the truth of all the statements contained in this application and authorize verification for the official use of the U.S. Coast Guard and U.S. Coast Guard Auxiliary. I understand that any false statement contained herein is grounds for my disenrollment from the U.S. Coast Guard Auxiliary.
- I PLEDGE TO SUPPORT THE U.S. COAST GUARD AUXILIARY AND ITS PURPOSES, AND TO ABIDE BY THE GOVERNING POLICIES ESTABLISHED BY THE COMMANDANT OF THE U.S. COAST GUARD.

APPLICANT SIGNATURE

DATE

SECTION VIII - DIRECTOR OF AUXILIARY (DIRAUX) ENDORSEMENT

MEMBER NUMBER

DATE OF ENROLLMENT

BASE ENROLLMENT DATE

APPLICANT IS ACCEPTED

DIRAUX SIGNATURE

DATE

- Director of Auxiliary waiver letter attached, if applicable - see SEC VII.

Note: If applicant is not accepted, explain in detail on a separate sheet of paper and attach

NOTICE: The copy of this form submitted to DIRAUX/SECEN MUST HAVE original signatures and dates signed in ink.

SECTION IX - VERIFICATION OF U.S. CITIZENSHIP - See instructions

SECTION A - To be filled out by applicant:

I attest that I am (Check one of the following)

- A U.S. citizen or national by birth in the U.S. or U.S. territory/possession
 A U.S. citizen, but was not born in the U.S.

SECTION B - To be completed by an Auxiliary Fingerprint Technician (FT) or Citizenship Verifier (CV) or by a Law Enforcement (LE) Officer. *Indicate by checking appropriate box. Photocopy required- see Section IV.*

- Birth Certificate showing that you were born in the United States of America
 FS-240 (Report of Birth Abroad of a Citizen of the United States) Month/Day/Year _____
 Explanation _____
 FS-545 (Certificate of Birth-Foreign Service)
 DS-1350 (Certificate of Birth issued by U.S. Department of State)
 A United States Passport (current or expired) or United States Passport Card (current or expired)
 Passport/Passport Card Number _____ Month/Day/Year Issued _____
 A Certificate of U.S. Citizenship (INS Form N-560 or N-561) Where Issued?
 City _____ State _____ Certificate # _____ Month/Day/Year _____
 A Certificate of Naturalization (INS Form N-550 or N-570) Where Naturalized?
 Court _____ City _____ State _____ Certificate # _____ Month/Day/Year _____

AUXILIARY FT/CV NAME

EMPLID

SIGNATURE

DATE

LAW ENFORCEMENT OFFICER NAME

AGENCY & ID #

SIGNATURE

DATE

SECTION X - PRIOR/CURRENT CLEARANCE DETAILS - Completed by applicant - See instructionsI have have not been issued a security clearance by a federal agency within the past ten (10) years. If yes, SEE INSTRUCTIONS and complete pages 6, 8 & 9.**NOTES****PRIVACY ACT STATEMENT**

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the United States Coast Guard.

1. AUTHORITY which authorized the solicitation of the information: 14 USC Sec 823
2. PRINCIPAL PURPOSE(S) for which information is intended to be used: To establish eligibility for enrollment and a record for the individual in the Auxiliary Database (AUXDATA).
3. THE ROUTINE USES which may be made of the information: Provide identification, address and personal information to the following: (1) Directors of Auxiliary. (2) Members of the Auxiliary.
4. WHETHER OR NOT DISCLOSURE of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but failure to provide information will prevent enrollment of the person in the Auxiliary.

PERSONNEL SECURITY INVESTIGATION STATEMENT

Agreement to undergo the requisite Personnel Security Investigation (PSI) is not a guarantee of membership. An unfavorable PSI determination may result in your disenrollment despite any training, duties, activities you may have performed and/or personal investments in time, effort, resources you may have expended as part of the Auxiliary.

NOTICE: The copy of this form submitted to DIRAUX/SECCEN *MUST HAVE* original signatures and dates signed in ink.

OFI FORM 86C
September 2001

SPECIAL AGREEMENT CHECK (SAC)

U.S. OFFICE OF PERSONNEL MANAGEMENT
Center for Federal Investigative Services

United States Coast Guard - DHS
Agreement :
Number **1-2004**

OPM
USE
ONLY

OPM Codes

Case Number

AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)

1. SUBJECT'S FULL NAME			2. DATE OF BIRTH		
Last Name	First Name	Middle Name (Suffix)	Month	Day	Year

3. PLACE OF BIRTH (Use the two letter code for the State)			4. SOCIAL SECURITY NUMBER		
City	County	State	Country		

5. OTHER NAMES USED AND DATES WHEN USED					
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year
Name	From Month Year	To Month Year	Name	From Month Year	To Month Year

6. SEX (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male	7. SPECIAL AGREEMENT CODES	8. POSITION TITLE
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9. SON H S 1 0	10. SOI H S 1 0	11. IPAC-ALC Number	12. Accounting Data
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13. OTHER INFORMATION REQUIRED BY AGREEMENT

a. CITIZENSHIP
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

(Code N) Bureau of Vital Statistics Complete all blocks as required.

Mother's Full Name	Mother's Maiden Name	Father's Full Name
b.		

(Code I) Complete additional information needed for the INS check. All questions in item 13 (c-e) must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter [None] or [N/A]).

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
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Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
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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
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U.S. Passport

This may be either a current or previous U.S. Passport	Passport Number	Month/Day/Year Issued
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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. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
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14. Name and Title of Requesting Official	Signature of Requesting Official	Telephone Number ()	Date
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Standard Form 85
 Revised December 2013
 U.S. Office of Personnel Management
 5 CFR Parts 731 and 736

Form Approved
 OMB No. 3206-0261

**QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS
 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 or reinvestigation 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 to include publically available electronic 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 the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

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 85, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization with my signature are valid. This authorization is valid for two (2) years from the date signed.

Signature (<i>Sign in ink</i>)		Full name (<i>Type or print legibly</i>)		Date signed (<i>mm/dd/yyyy</i>)
Other names used				Social Security Number
Current street address Apt. #	City (<i>Country</i>)	State	ZIP Code	Home telephone number

PRIOR/CURRENT INVESTIGATION INFORMATION COVER SHEET

Note: The investigation must have been within past ten years.
The SF 86C (pages 8 & 9) must be completed, signed, dated and attached to this cover sheet.

APPLICANT NAME

MEMBER ID NUMBER

TYPE INVESTIGATION (SSBI, NAC, NACLC, ETC)

AGENCY THAT INITIATED INVESTIGATION (MUST BE A FEDERAL AGENCY)

ARE YOU CURRENTLY AN EMPLOYEE OR HAVE YOU EVER BEEN AN EMPLOYEE WITH THE FEDERAL
SERVICE? YES NO

HAVE YOU HAD A BREAK IN FEDERAL SERVICE SINCE YOUR LAST BACKGROUND INVESTIGATION?
 YES NO. IF YES PLEASE PROVIDE ALL BREAKS IN FEDERAL SERVICE DATE(S):

I CERTIFY THAT ALL ABOVE ENTRIES ARE CORRECT TO THE BEST OF MY
KNOWLEDGE.

APPLICANT SIGNATURE

DATE

DIRAUX SIGNATURE

DATE

Standard Form 86C
Revised July 2008
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

STANDARD FORM 86 CERTIFICATION (SF 86C)

Form approved:
OMB No. 3206 0005
NSN 7540-01-500-4881
86-111

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 2. If you have any questions, contact the office that gave you this form.

The Standard Form 86 (SF 86), Questionnaire for National Security Positions, is completed by persons under consideration for or retention in national security positions as defined in 5 CFR 732 and for positions requiring access to classified information, as defined in Executive Order 12968. Depending upon the purpose of your investigation, the United States (U.S.) Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; Sections 3301, 3302, and 9101 of title 5, U.S. Code (U.S.C.); Sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations.

There are many situations where individuals are required to fill out a new SF 86 when the sole purpose is to determine if any information on a previously executed SF 86 has changed. This requires extensive work by the individual even if nothing has changed. The SF 86C is a certification document that allows the reporting of changes in previously reported information on the SF 86. This certification will be in lieu of completing a new SF 86 and will allow the individual to indicate that there have been no changes in the data provided on the most recently filed SF 86 or it will allow the individual to easily provide new or changed information. No investigation will be initiated based solely on the execution of this form.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

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 23 and 27, 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 U.S.C. 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information averages 15 minutes, 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 OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street NW, Washington, DC 20415. Do not send your completed form to this address, send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Standard Form 86C
Revised July 2008
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

STANDARD FORM 86 CERTIFICATION (SF 86C)

Form approved:
OMB No. 3206 0005
NSN 7540-01-500-4881
86-111

INSTRUCTIONS: Type or legibly print your answers in ink (if this form is not legible, it will not be accepted). Complete this form referencing information contained in your most recent SF 86 or information disclosed upon the date of your last background investigation. All questions on this form must be answered. 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 your response(s) consistent with your intent. The United States Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to 5 years of imprisonment.

Do not provide information you have already provided on your most recent SF 86. Any "Yes" responses under Block 2 must be explained in Block 3. If additional space is needed, use a blank sheet of paper. **Each blank sheet of paper you use must contain your name and SSN at the top of the page.** Conclude by **certifying** the accuracy of your answers in Block 4, Certification. If you have any questions, contact the office that gave you the form, or a Government security officer.

Block 1 - Identification

Full name (<i>last, first, middle, maiden</i>)		Social Security Number (<i>SSN</i>)
Date of birth (<i>mm/dd/yyyy</i>)	Place of birth (<i>include City (Country) and State</i>)	
Work telephone number	Home telephone number	E-mail

Block 2 – Questions from the SF 86

INSTRUCTIONS: The following Questions correlate with your SF 86. If you report **no change** to a Question, place an "X" in the **No** box. If there is a **change**, place an "X" in the **Yes** box. All **Yes** answers **must** be explained under Block 3, Explanations/Remarks.

Yes	No	Question
		Question 1. Full Name
		Question 4. Social Security Number
		Question 5. Other Names Used
		Question 9. Citizenship
		Question 10. Citizenship Information
		Question 11. Where You Have Lived
		Question 12. Where You Went to School
		Question 13. Employment Activities
		Question 14. Selective Service Record
		Question 15. Military History
		Question 17. Marital Status
		Question 18. Relatives
		Question 19. Foreign Contacts
		Question 20. Foreign Activities
		Question 21. Mental and Emotional Health
		Question 22. Police Record
		Question 23. Use of Illegal Drugs and Drug Activity
		Question 24. Use of Alcohol
		Question 25. Investigations and Clearance Record
		Question 26. Financial Record
		Question 27. Use of Information Technology Systems
		Question 28. Involvement in Non-Criminal Court Actions
		Question 29. Association Record

Standard Form 86C
Revised July 2008
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

**STANDARD FORM 86 CERTIFICATION
(SF 86C)**

Form approved:
OMB No. 3206 0005
NSN 7540-01-500-4881
86-111

Block 3 – Explanations/Remarks

INSTRUCTIONS: Before each answer, identify the SF 86 Question number associated with your answer. For example, if you have had a change of residence, write "Question 11" and list your new address.

Check this block if additional comments are attached. Place your **name** and **SSN** at the top of each page.

Check this block if your SF 86 is attached.

Block 4 – Certification

I certify that the above information includes all changes to my most recent SF 86 or since my last investigation. Changes, if any, are explained under Block 3. My statements on this form, and on 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 (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information will have a negative affect on my security clearance, employment prospects, or job status up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (*Sign in Ink*)

Date (*mm/dd/yyyy*)

Enter your Social Security Number here 

- 1. GENERAL** - Everyone requesting membership in the U.S. Coast Guard Auxiliary must complete this form.
 - a. Read all instructions carefully.
 - b. This form is used to supply new member personal information for entry into the Auxiliary database.
 - c. Data from this form is reported in detail (with the exceptions of Date of Birth, Social Security Administration Number, and ID card information) on the Flotilla Roster, Member Summary and Status Report among others.
 - d. The use of black versus blue ink is not a SECCEN requirement. **DESPITE THE INSTRUCTIONS TO USE BLACK INK ON THE SF85 FORM AND THE FD-258 FINGERPRINT CARDS, THE OFFICE OF PERSONNEL MANAGEMENT AUTHORIZES THE USE OF BLUE OR BLACK INK FOR COMPLETING THE WRITTEN PORTION OF ALL OF THESE FORMS.**
- 2. FLOTILLA NUMBER** - Completed by Flotilla Commander (FC) or Flotilla Human Resources (FSO-HR) officer. Enter the District, Division and Flotilla number of the unit submitting this application in the area in the upper right corner next to the form name.
- 3. SECTION I - PERSONAL DATA OF APPLICANT** - To be completed by applicant.
 - a. LAST NAME, FIRST NAME, MIDDLE NAME and SUFFIX - Enter full legal name.
 - b. SOCIAL SECURITY ADMINISTRATION NUMBER-Enter SSAN (See 1c above).
 - c. DATE OF BIRTH-Enter DOB using MM/DD/YY numeric format, 06/18/54 (See 1c above) . Membership eligibility begins at 17 years of age.
 - d. GENDER- Check one of the gender boxes.
 - e. SPOUSE NAME-Use spouse's given name - no nicknames.
 - f. MAILING ADDRESS-Enter current mailing address.
 - g. OCCUPATION-Enter code for current or recent occupation from list beginning on page 12. For "Retired", enter "99-0000".
 - h. CITY-Enter name of city where address is located. If residence is outside the United States, also enter country.
 - i. STATE-Use the official two-letter postal code. Leave blank if outside the United States.
 - j. ZIP+4-Enter the full 9 digit ZIP code. Leave blank if outside the United States.
 - k. EMAIL 1 - Enter primary email address if available.
 - l. EMAIL 2 - Enter secondary email address if available.
 - m. HOME/BUSINESS/CELL/FAX/BOAT/PAGER - Enter area code and telephone number(s) or N/A as applicable.
 - n. ID CARD INFORMATION - Enter your height in inches, weight, hair color, eye color and blood type (if known). (See 1c above).
 - o. ETHNICITY (Optional) - Check box which describes your ethnic group.
 - p. RECRUITER - Enter the name of the person you feel is responsible for your recruitment.
- 4. SECTION II - SKILLS BANK INPUT** - To be completed by applicant.
 - a. Check appropriate boxes indicating your willingness to travel and perform administrative missions.
 - b. Select days/evenings that you may have available.
 - c. Enter the six-digit Bureau of Labor Statistics code for up to five areas of expertise you could offer to the Coast Guard, particularly in times of emergency, from list beginning on page 12.
- 5. SECTION III - EMERGENCY CONTACT INFORMATION** (Someone not living with you) - To be completed by applicant.

Enter name, emergency contact's relationship, address and phone numbers with area codes.
- 6. SECTION IV - FLOTILLA CERTIFICATION AND ATTACHMENTS** -To be completed by the FC or FSO-HR. (See 6.f below).
 - a. APPLICATION TYPE-Check whether applicant is a new member or reenrolling. If reenrolling provide previous member ID number. If applicant is or was Active Duty CG, CG Reserve or a civilian employee of the CG, please include Employee ID Number.
 - b. NEW MEMBER EXAM - Enter date and score.
 - c. PRIVACY ACT STATEMENT - Check box after applicant reads.
 - d. BOATING SAFETY COURSE CERTIFICATE - Check yes or no. Note: Only certificates listed in the Auxiliary Manual are acceptable. If the applicant successfully challenges one of our tests, indicate "Yes" even though no certificate is issued.
 - e. REQUIRED ATTACHMENTS - Ensure that all of the listed items are included with the application package, particularly the proof of citizenship photocopy. DD-214 (if applicable) must include "Reenlistment Code".
 - f. FLOTILLA COMMANDER SIGNATURE - The Flotilla Commander must sign and date application.
- 7. SECTION V - APPLICANT'S INTERVIEW RECORD** - To be completed by the interviewer.
 - a. GENERAL - This form is used as a check off sheet to make certain the applicant has been informed of

the membership opportunities and obligations in the U.S. Coast Guard Auxiliary.

b. Interviewer prints name, signs and dates.

8. SECTION VI - PARENT/GUARDIAN STATEMENT - To be completed by applicant's parent or guardian.

Applicants who are 17 must have at least one parent or guardian complete this section. Sign and date using blue or black ink.

9. SECTION VII - APPLICANT STATEMENT AND SIGNATURE - To be completed by the applicant.

Double check accuracy of information provided through the entire form because signature/date in this section reflects applicant's acknowledgement of such.

10. SECTION VIII - DIRAUX ENDORSEMENT - To be completed by the Director of Auxiliary.

Enter new member number, date of enrollment and base enrollment date (MM/DD/YY). Sign and date.

11. SECTION IX - USCG AUXILIARY/SECEN VERIFICATION OF U.S. CITIZENSHIP

Section A to be completed by applicant.

Attest to U.S. citizenship by birth in U.S. or not born in the U.S.

Section B to be completed by Auxiliary Fingerprint Technician or Auxiliary Citizenship Verifier or by Law Enforcement Officer who has viewed the original document that is provided as proof of citizenship.

A Law Enforcement Officer (e.g. policeman, state trooper) may fingerprint and/or verify applicant's citizenship. If an LE official performs either requirement, they must provide their name, their agency name and agency ID number, sign in ink and date. The document referenced for proof of citizenship must be present for viewing, and a photocopy of that original document must accompany this application when submitted to DIRAUX. Photocopy ONLY the first two (2) pages (personal photo and information pages) of a passport. Photocopy both sides of a passport ID card.

12. SECTION X - PRIOR/CURRENT CLEARANCES - To be completed by the applicant & DIRAUX.

Applicable only if a security clearance has been issued to the applicant by a federal agency within the past 10 years. In all cases where this is the case, attach the federal agency source that describes the security clearance that was granted. Complete page 6 - Prior/Current Investigation Information cover sheet, and pages 8 and 9 - SF86C Certification Form and include them with this application, Instructions for SF 86C are included as page 7 of this form. Additional guidance can be obtained from the CG Security Center Service Hotline at (757) 579-6222.

13. NOTES - Enter any pertinent notes.

14. OFI FORM 86C - SPECIAL AGREEMENT CHECK - To be completed by applicant.

American citizens need to fill out 1 through 6 and 13.a & 13.b.

Naturalized citizens need to fill out 1 through 6 and 13.a., 13.b & 13.c

Dual citizens need to fill out 1 through 6 and 13.a., 13.b., 13.c & 13.d Note: If they are not "citizens", either by birth or naturalized, they cannot be Auxiliarists. Make SURE you place an entry in each field; insert "N/A" if not applicable.

1. Your full name must be given. If you are a "Jr.", "Sr.", "III", etc., enter the abbreviation in the space for suffix after the middle name. If you have initials only, enter each initial in the appropriate box and show (IO). If you have no middle name, enter "NMN".
2. Provide the month, day, year of your birth. Example: Enter June 7, 1942 as: "06/07/42".
3. Your place of birth: Enter full name of city/town under CITY. Under COUNTY, give county if born in United States. Using the coding shown below, provide the abbreviation for the State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.

CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 3)

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 Mariana Island	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

4. Provide your Social Security Number.

5. To the extent information is available, list all other names you were known by or are now using. If you are female, and are or have been married, include maiden name, and other married names if married more than once. Provide beginning and ending dates for use of each name. Identify maiden name with "NEE".

6. Check the appropriate box to specify sex as MALE or FEMALE.

13. Other Information Required

- Check appropriate box (note: U.S. citizenship is a requirement for membership; the box indicating "Not a citizen" cannot be checked.) **NOTE:** *If you check the first box, complete items b and d. If you check the second box, complete items b, c, and d.*
- Enter first, middle, and last names of your mother and father. Enter your mother's full maiden name.
- Enter information about one or more proofs of citizenship - *only if the second box in a. was checked.*
- If you have dual citizenship, enter country other than U.S. here.

15. **STANDARD FORM 85 - AUTHORIZATION FOR RELEASE OF INFORMATION** - To be completed by applicant. Enter your full name and other names used, if any, your Social Security Number, and your current address, including your home telephone number with area code. Sign and date.

16. **SKILLS CODES** - These codes are based upon the Standard Occupational Classification System from the U.S. Bureau of Labor Statistics. Use these codes to characterize skills that you possess even if you were never formally employed in that specific occupation.

SKILLS BANK CODES

Management Occupations

11-1010 Chief Executives
 11-1020 General and Operations Managers
 11-1030 Legislators
 11-2010 Advertising and Promotions Managers
 11-2020 Marketing and Sales Managers
 11-2030 Public Relations and Fundraising Managers
 11-3010 Administrative Services and Facilities Managers
 11-3020 Computer and Information Systems Managers
 11-3030 Financial Managers
 11-3050 Industrial Production Managers
 11-3060 Purchasing Managers
 11-3070 Transportation, Storage, and Distribution Managers
 11-3110 Compensation and Benefits Managers
 11-3120 Human Resources Managers
 11-3130 Training and Development Managers
 11-9010 Farmers, Ranchers, and Other Agricultural Managers
 11-9020 Construction Managers
 11-9030 Education and Childcare Administrators
 11-9040 Architectural and Engineering Managers
 11-9050 Food Service Managers
 11-9070 Entertainment and Recreation Managers
 11-9080 Lodging Managers
 11-9110 Medical and Health Services Managers
 11-9120 Natural Sciences Managers
 11-9130 Postmasters and Mail Superintendents
 11-9140 Property, Real Estate, and Community Association Managers
 11-9150 Social and Community Service Managers
 11-9160 Emergency Management Directors
 11-9170 Personal Service Managers
 11-9190 Miscellaneous Managers

Business and Financial Operations Occupations

13-1010 Agents and Business Managers of Artists, Performers, and Athletes
 13-1020 Buyers and Purchasing Agents
 13-1030 Claims Adjusters, Appraisers, Examiners, and Investigators
 13-1040 Compliance Officers
 13-1050 Cost Estimators
 13-1070 Human Resources Workers
 13-1080 Logisticians and Project Management Specialists
 13-1110 Management Analysts
 13-1120 Meeting, Convention, and Event Planners
 13-1130 Fundraisers
 13-1140 Compensation, Benefits, and Job Analysis Specialists
 13-1150 Training and Development Specialists
 13-1160 Market Research Analysts and Marketing Specialists

13-1190 Miscellaneous Business Operations Specialists
 13-2010 Accountants and Auditors
 13-2020 Property Appraisers and Assessors
 13-2030 Budget Analysts
 13-2040 Credit Analysts
 13-2050 Financial Analysts and Advisors
 13-2060 Financial Examiners
 13-2070 Credit Counselors and Loan Officers
 13-2080 Tax Examiners, Collectors and Preparers, and Revenue Agents
 13-2090 Miscellaneous Financial Specialists

Computer and Mathematical Occupations

15-1210 Computer and Information Analysts
 15-1220 Computer and Information Research Scientists
 15-1230 Computer Support Specialists
 15-1240 Database and Network Administrators and Architects
 15-1250 Software and Web Developers, Programmers, and Testers
 15-1290 Miscellaneous Computer Occupations
 15-2010 Actuaries
 15-2020 Mathematicians
 15-2030 Operations Research Analysts
 15-2040 Statisticians
 15-2050 Data Scientists
 15-2090 Miscellaneous Mathematical Science Occupations

Architecture and Engineering Occupations

17-1010 Architects, Except Naval
 17-1020 Surveyors, Cartographers, and Photogrammetrists
 17-2010 Aerospace Engineers
 17-2020 Agricultural Engineers
 17-2030 Bioengineers and Biomedical Engineers
 17-2040 Chemical Engineers
 17-2050 Civil Engineers
 17-2060 Computer Hardware Engineers
 17-2070 Electrical and Electronics Engineers
 17-2080 Environmental Engineers
 17-2110 Industrial Engineers, Including Health and Safety
 17-2120 Marine Engineers and Naval Architects
 17-2130 Materials Engineers
 17-2140 Mechanical Engineers
 17-2150 Mining and Geological Engineers, Including Mining Safety Engineers
 17-2160 Nuclear Engineers
 17-2170 Petroleum Engineers
 17-2190 Miscellaneous Engineers
 17-3010 Drafters
 17-3020 Engineering Technologists and Technicians, Except Drafters
 17-3030 Surveying and Mapping Technicians

Life, Physical, and Social Science Occupations

19-1010 Agricultural and Food Scientists
 19-1020 Biological Scientists
 19-1030 Conservation Scientists and Foresters
 19-1040 Medical Scientists
 19-1090 Miscellaneous Life Scientists
 19-2010 Astronomers and Physicists
 19-2020 Atmospheric and Space Scientists
 19-2030 Chemists and Materials Scientists
 19-2040 Environmental Scientists and Geoscientists
 19-2090 Miscellaneous Physical Scientists
 19-3010 Economists
 19-3020 Survey Researchers
 19-3030 Psychologists
 19-3040 Sociologists
 19-3050 Urban and Regional Planners
 19-3090 Miscellaneous Social Scientists and Related Workers
 19-4010 Agricultural and Food Science Technicians
 19-4020 Biological Technicians
 19-4030 Chemical Technicians
 19-4040 Environmental Science and Geoscience Technicians
 19-4050 Nuclear Technicians
 19-4060 Social Science Research Assistants
 19-4070 Forest and Conservation Technicians
 19-4090 Miscellaneous Life, Physical, and Social Science Technicians
 19-5010 Occupational Health and Safety Specialists and Technicians

Community and Social Service Occupations

21-1010 Counselors
 21-1020 Social Workers
 21-1090 Miscellaneous Community and Social Service Specialists
 21-2010 Clergy
 21-2020 Directors, Religious Activities and Education
 21-2090 Miscellaneous Religious Workers

Legal Occupations

23-1010 Lawyers and Judicial Law Clerks
 23-1020 Judges, Magistrates, and Other Judicial Workers
 23-2010 Paralegals and Legal Assistants
 23-2090 Miscellaneous Legal Support Workers

Educational Instruction and Library Occupations

25-1010 Business Teachers, Postsecondary
 25-1020 Math and Computer Science Teachers, Postsecondary
 25-1030 Engineering and Architecture Teachers, Postsecondary
 25-1040 Life Sciences Teachers, Postsecondary
 25-1050 Physical Sciences Teachers, Postsecondary
 25-1060 Social Sciences Teachers, Postsecondary
 25-1070 Health Teachers, Postsecondary
 25-1080 Education and Library Science Teachers, Postsecondary
 25-1110 Law, Criminal Justice, and Social Work Teachers, Postsecondary
 25-1120 Arts, Communications, History, and Humanities Teachers, Postsecondary
 25-1190 Miscellaneous Postsecondary Teachers
 25-2010 Preschool and Kindergarten Teachers
 25-2020 Elementary and Middle School Teachers
 25-2030 Secondary School Teachers
 25-2050 Special Education Teachers
 25-3010 Adult Basic Education, Adult Secondary Education, and English as a Second Language
 25-3020 Self-Enrichment Teachers
 25-3030 Substitute Teachers, Short-Term
 25-3040 Tutors
 25-3090 Miscellaneous Teachers and Instructors
 25-4010 Archivists, Curators, and Museum Technicians
 25-4020 Librarians and Media Collections Specialists
 25-4030 Library Technicians
 25-9020 Farm and Home Management Educators
 25-9030 Instructional Coordinators
 25-9040 Teaching Assistants
 25-9090 Miscellaneous Educational Instruction and Library Workers

Arts, Design, Entertainment, Sports, and Media Occupations

27-1010 Artists and Related Workers
 27-1020 Designers
 27-2010 Actors, Producers, and Directors
 27-2020 Athletes, Coaches, Umpires, and Related Workers
 27-2030 Dancers and Choreographers
 27-2040 Musicians, Singers, and Related Workers
 27-2090 Miscellaneous Entertainers and Performers, Sports and Related Workers
 27-3010 Broadcast Announcers and Radio Disc Jockeys
 27-3020 News Analysts, Reporters and Journalists
 27-3030 Public Relations Specialists
 27-3040 Writers and Editors
 27-3090 Miscellaneous Media and Communication Workers
 27-4010 Broadcast, Sound, and Lighting Technicians
 27-4020 Photographers
 27-4030 Television, Video, and Film Camera Operators and Editors
 27-4090 Miscellaneous Media and Communication Equipment Workers

Healthcare Practitioners and Technical Occupations

29-1010 Chiropractors
 29-1020 Dentists
 29-1030 Dietitians and Nutritionists
 29-1040 Optometrists
 29-1050 Pharmacists
 29-1070 Physician Assistants
 29-1080 Podiatrists
 29-1120 Therapists
 29-1130 Veterinarians
 29-1140 Registered Nurses
 29-1150 Nurse Anesthetists
 29-1160 Nurse Midwives
 29-1170 Nurse Practitioners
 29-1180 Audiologists
 29-1210 Physicians
 29-1240 Surgeons
 29-1290 Miscellaneous Healthcare Diagnosing or Treating Practitioners
 29-2010 Clinical Laboratory Technologists and Technicians

29-2030 Diagnostic Related Technologists and Technicians
 29-2040 Emergency Medical Technicians and Paramedics
 29-2050 Health Practitioner Support Technologists and Technicians
 29-2060 Licensed Practical and Licensed Vocational Nurses
 29-2070 Medical Records Specialists
 29-2080 Opticians, Dispensing
 29-2070 Medical Records Specialists
 29-2080 Opticians, Dispensing
 29-2090 Miscellaneous Health Technologists and Technicians
 29-9020 Health Information Technologists and Medical Registrars
 29-9090 Miscellaneous Health Practitioners and Technical Workers

Healthcare Support Occupations

31-1120 Home Health and Personal Care Aides
 31-1130 Nursing Assistants, Orderlies, and Psychiatric Aides
 31-2010 Occupational Therapy Assistants and Aides
 31-2020 Physical Therapist Assistants and Aides
 31-9010 Massage Therapists
 31-9090 Miscellaneous Healthcare Support Occupations

Protective Service Occupations

33-1010 First-Line Supervisors of Law Enforcement Workers
 33-1020 First-Line Supervisors of Firefighting and Prevention Workers
 33-1090 Miscellaneous First-Line Supervisors, Protective Service Workers
 33-2010 Firefighters
 33-2020 Fire Inspectors
 33-3010 Bailiffs, Correctional Officers, and Jailers
 33-3020 Detectives and Criminal Investigators
 33-3030 Fish and Game Wardens
 33-3040 Parking Enforcement Workers
 33-3050 Police Officers
 33-9010 Animal Control Workers
 33-9020 Private Detectives and Investigators
 33-9030 Security Guards and Gambling Surveillance Officers
 33-9090 Miscellaneous Protective Service Workers

Food Preparation and Serving Related Occupations

35-1010 Supervisors of Food Preparation and Serving Workers
 35-2010 Cooks
 35-2020 Food Preparation Workers
 35-3010 Bartenders
 35-3020 Fast Food and Counter Workers
 35-3030 Waiters and Waitresses
 35-3040 Food Servers, Nonrestaurant
 35-9010 Dining Room and Cafeteria Attendants and Bartender Helpers
 35-9020 Dishwashers
 35-9030 Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop
 35-9090 Miscellaneous Food Preparation and Serving Related Workers

Building and Grounds Cleaning and Maintenance Occupations

37-1010 First-Line Supervisors of Building and Grounds Cleaning and Maintenance Workers
 37-2010 Building Cleaning Workers
 37-2020 Pest Control Workers
 37-3010 Grounds Maintenance Workers

Personal Care and Service Occupations

39-1010 First-Line Supervisors of Entertainment and Recreation Workers
 39-1020 First-Line Supervisors of Personal Service Workers
 39-2010 Animal Trainers

39-2020 Animal Caretakers
 39-3010 Gambling Services Workers
 39-3020 Motion Picture Projectionists
 39-3030 Ushers, Lobby Attendants, and Ticket Takers
 39-3090 Miscellaneous Entertainment Attendants and Related Workers
 39-4010 Embalmers and Crematory Operators
 39-4020 Funeral Attendants
 39-4030 Morticians, Undertakers, and Funeral Arrangers
 39-5010 Barbers, Hairdressers, Hairstylists and Cosmetologists
 39-5090 Miscellaneous Personal Appearance Workers
 39-6010 Baggage Porters, Bellhops, and Concierges
 39-7010 Tour and Travel Guides
 39-9010 Childcare Workers
 39-9030 Recreation and Fitness Workers
 39-9040 Residential Advisors
 39-9090 Miscellaneous Personal Care and Service Workers

Sales and Related Occupations

41-1010 First-Line Supervisors of Sales Workers
 41-2010 Cashiers
 41-2020 Counter and Rental Clerks and Parts Salespersons
 41-2030 Retail Salespersons
 41-3010 Advertising Sales Agents
 41-3020 Insurance Sales Agents
 41-3030 Securities, Commodities, and Financial Services Sales Agents
 41-3040 Travel Agents
 41-3090 Miscellaneous Sales Representatives, Services
 41-4010 Sales Representatives, Wholesale and Manufacturing
 41-9010 Models, Demonstrators, and Product Promoters
 41-9020 Real Estate Brokers and Sales Agents
 41-9030 Sales Engineers
 41-9040 Telemarketers
 41-9090 Miscellaneous Sales and Related Workers

Office and Administrative Support Occupations

43-1010 First-Line Supervisors of Office and Administrative Support Workers
 43-2010 Switchboard Operators, Including Answering Service
 43-2020 Telephone Operators
 43-2090 Miscellaneous Communications Equipment Operators
 43-3010 Bill and Account Collectors
 43-3020 Billing and Posting Clerks
 43-3030 Bookkeeping, Accounting, and Auditing Clerks
 43-3040 Gambling Cage Workers
 43-3050 Payroll and Timekeeping Clerks
 43-3060 Procurement Clerks
 43-3070 Tellers
 43-3090 Miscellaneous Financial Clerks
 43-4010 Brokerage Clerks
 43-4020 Correspondence Clerks
 43-4030 Court, Municipal, and License Clerks
 43-4040 Credit Authorizers, Checkers, and Clerks
 43-4050 Customer Service Representatives
 43-4060 Eligibility Interviewers, Government Programs
 43-4070 File Clerks
 43-4080 Hotel, Motel, and Resort Desk Clerks
 43-4110 Interviewers, Except Eligibility and Loan
 43-4120 Library Assistants, Clerical
 43-4130 Loan Interviewers and Clerks
 43-4140 New Accounts Clerks
 43-4150 Order Clerks
 43-4160 Human Resources Assistants, Except Payroll and Timekeeping
 43-4170 Receptionists and Information Clerks
 43-4180 Reservation and Transportation Ticket Agents and Travel Clerks
 43-4190 Miscellaneous Information and Record Clerks
 43-5010 Cargo and Freight Agents
 43-5020 Couriers and Messengers
 43-5030 Dispatchers
 43-5040 Meter Readers, Utilities

Office and Administrative Support Occupations (cont.)

43-5050 Postal Service Workers
 43-5060 Production, Planning, and Expediting Clerks
 43-5070 Shipping, Receiving, and Inventory Clerks
 43-5110 Weighers, Measurers, Checkers, and Samplers, Recordkeeping
 43-6010 Secretaries and Administrative Assistants
 43-9020 Data Entry and Information Processing Workers
 43-9030 Desktop Publishers
 43-9040 Insurance Claims and Policy Processing Clerks
 43-9050 Mail Clerks and Mail Machine Operators, Except Postal Service
 43-9060 Office Clerks, General
 43-9070 Office Machine Operators, Except Computer
 43-9080 Proofreaders and Copy Markers
 43-9110 Statistical Assistants
 43-9190 Miscellaneous Office and Administrative Support Workers

Farming, Fishing, and Forestry Occupations

45-1010 First-Line Supervisors of Farming, Fishing, and Forestry Workers
 45-2010 Agricultural Inspectors
 45-2020 Animal Breeders
 45-2040 Graders and Sorters, Agricultural Products
 45-2090 Miscellaneous Agricultural Workers
 45-3030 Fishing and Hunting Workers
 45-4010 Forest and Conservation Workers
 45-4020 Logging Workers

Construction and Extraction Occupations

47-1010 First-Line Supervisors of Construction Trades and Extraction Workers
 47-2010 Boilermakers
 47-2020 Brickmasons, Blockmasons, and Stonemasons
 47-2030 Carpenters
 47-2040 Carpet, Floor, and Tile Installers and Finishers
 47-2050 Cement Masons, Concrete Finishers, and Terrazzo Workers
 47-2060 Construction Laborers
 47-2070 Construction Equipment Operators
 47-2080 Drywall Installers, Ceiling Tile Installers, and Tapers
 47-2110 Electricians
 47-2120 Glaziers
 47-2130 Insulation Workers
 47-2140 Painters and Paperhangers
 47-2150 Pipelayers, Plumbers, Pipefitters, and Steamfitters
 47-2160 Plasterers and Stucco Masons
 47-2170 Reinforcing Iron and Rebar Workers
 47-2180 Roofers
 47-2210 Sheet Metal Workers
 47-2220 Structural Iron and Steel Workers
 47-2230 Solar Photovoltaic Installers
 47-3010 Helpers, Construction Trades
 47-4010 Construction and Building Inspectors
 47-4020 Elevator and Escalator Installers and Repairers
 47-4030 Fence Erectors
 47-4040 Hazardous Materials Removal Workers
 47-4050 Highway Maintenance Workers
 47-4060 Rail-Track Laying and Maintenance Equipment Operators
 47-4070 Septic Tank Servicers and Sewer Pipe Cleaners
 47-4090 Miscellaneous Construction and Related Workers
 47-5010 Derrick, Rotary Drill, and Service Unit Operators, Oil and Gas
 47-5020 Surface Mining Machine Operators and Earth Drillers
 47-5030 Explosives Workers, Ordnance Handling Experts, and Blasters
 47-5040 Underground Mining Machine Operators
 47-5050 Rock Splitters, Quarry
 47-5070 Roustabouts, Oil and Gas
 47-5080 Helpers--Extraction Workers
 47-5090 Miscellaneous Extraction Workers

Installation, Maintenance, and Repair Occupations

49-1010 First-Line Supervisors of Mechanics, Installers, and Repairers
 49-2010 Computer, Automated Teller, and Office Machine Repairers
 49-2020 Radio and Telecommunications Equipment Installers and Repairers
 49-2090 Miscellaneous Electrical and Electronic Equipment Mechanics, Installers, and Repairers
 49-3010 Aircraft Mechanics and Service Technicians
 49-3020 Automotive Technicians and Repairers
 49-3030 Bus and Truck Mechanics and Diesel Engine Specialists
 49-3040 Heavy Vehicle and Mobile Equipment Service Technicians and Mechanics
 49-3050 Small Engine Mechanics
 49-3090 Miscellaneous Vehicle and Mobile Equipment Mechanics, Installers, and Repairers
 49-9010 Control and Valve Installers and Repairers
 49-9020 Heating, Air Conditioning, and Refrigeration Mechanics and Installers
 49-9030 Home Appliance Repairers
 49-9040 Industrial Machinery Installation, Repair, and Maintenance Workers
 49-9050 Line Installers and Repairers
 49-9060 Precision Instrument and Equipment Repairers
 49-9070 Maintenance and Repair Workers, General
 49-9080 Wind Turbine Service Technicians
 49-9090 Miscellaneous Installation, Maintenance, and Repair Workers

Production Occupations

51-1010 First-Line Supervisors of Production and Operating Workers
 51-2010 Aircraft Structure, Surfaces, Rigging, and Systems Assemblers
 51-2020 Electrical, Electronics, and Electromechanical Assemblers
 51-2030 Engine and Other Machine Assemblers
 51-2040 Structural Metal Fabricators and Fitters
 51-2050 Fiberglass Laminators and Fabricators
 51-2060 Timing Device Assemblers and Adjusters
 51-2090 Miscellaneous Assemblers and Fabricators
 51-3010 Bakers
 51-3020 Butchers and Other Meat, Poultry, and Fish Processing Workers
 51-3090 Miscellaneous Food Processing Workers
 51-4020 Forming Machine Setters, Operators, and Tenders, Metal and Plastic
 51-4030 Machine Tool Cutting Setters, Operators, and Tenders, Metal and Plastic
 51-4040 Machinists
 51-4050 Metal Furnace Operators, Tenders, Pourers, and Casters
 51-4060 Model Makers and Pattern Makers, Metal and Plastic
 51-4070 Molders and Molding Machine Setters, Operators, and Tenders, Metal and Plastic
 51-4080 Multiple Machine Tool Setters, Operators, and Tenders, Metal and Plastic
 51-4110 Tool and Die Makers
 51-4120 Welding, Soldering, and Brazing Workers
 51-4190 Miscellaneous Metal Workers and Plastic Workers
 51-5110 Printing Workers
 51-6010 Laundry and Dry-Cleaning Workers
 51-6020 Pressers, Textile, Garment, and Related Materials
 51-6030 Sewing Machine Operators
 51-6040 Shoe and Leather Workers
 51-6050 Tailors, Dressmakers, and Sewers
 51-6060 Textile Machine Setters, Operators, and Tenders
 51-6090 Miscellaneous Textile, Apparel, and Furnishings Workers
 51-7010 Cabinetmakers and Bench Carpenters
 51-7020 Furniture Finishers
 51-7030 Model Makers and Patternmakers, Wood
 51-7040 Woodworking Machine Setters, Operators, and Tenders
 51-7090 Miscellaneous Woodworkers
 51-8010 Power Plant Operators, Distributors, and Dispatchers

51-8020 Stationary Engineers and Boiler Operators
 51-8030 Water and Wastewater Treatment Plant and System Operators
 51-8090 Miscellaneous Plant and System Operators
 51-9010 Chemical Processing Machine Setters, Operators, and Tenders
 51-9020 Crushing, Grinding, Polishing, Mixing, and Blending Workers
 51-9030 Cutting Workers
 51-9040 Extruding, Forming, Pressing, and Compacting Machine Setters, Operators, and Tenders
 51-9050 Furnace, Kiln, Oven, Drier, and Kettle Operators and Tenders
 51-9060 Inspectors, Testers, Sorters, Samplers, and Weighers
 51-9070 Jewelers and Precious Stone and Metal Workers
 51-9080 Dental and Ophthalmic Laboratory Technicians and Medical Appliance Technicians
 51-9110 Packaging and Filling Machine Operators and Tenders
 51-9120 Painting Workers
 51-9140 Semiconductor Processing Technicians
 51-9150 Photographic Process Workers and Processing Machine Operators
 51-9160 Computer Numerically Controlled Tool Operators and Programmers
 51-9190 Miscellaneous Production Workers

Transportation and Material Moving Occupations

53-1040 First-Line Supervisors of Transportation and Material Moving Workers
 53-2010 Aircraft Pilots and Flight Engineers
 53-2020 Air Traffic Controllers and Airfield Operations Specialists
 53-2030 Flight Attendants
 53-3010 Ambulance Drivers and Attendants, Except Emergency Medical Technicians
 53-3030 Driver/Sales Workers and Truck Drivers
 53-3050 Passenger Vehicle Drivers
 53-3090 Miscellaneous Motor Vehicle Operators
 53-4010 Locomotive Engineers and Operators
 53-4020 Railroad Brake, Signal, and Switch Operators and Locomotive Firers
 53-4030 Railroad Conductors and Yardmasters
 53-4040 Subway and Streetcar Operators
 53-4090 Miscellaneous Rail Transportation Workers
 53-5010 Sailors and Marine Oilers
 53-5020 Ship and Boat Captains and Operators
 53-5030 Ship Engineers
 53-6010 Bridge and Lock Tenders
 53-6020 Parking Attendants
 53-6030 Transportation Service Attendants
 53-6040 Traffic Technicians
 53-6050 Transportation Inspectors
 53-6060 Passenger Attendants
 53-6090 Miscellaneous Transportation Workers
 53-7010 Conveyor Operators and Tenders
 53-7020 Crane and Tower Operators
 53-7030 Dredge Operators
 53-7040 Hoist and Winch Operators
 53-7050 Industrial Truck and Tractor Operators
 53-7060 Laborers and Material Movers
 53-7070 Pumping Station Operators
 53-7080 Refuse and Recyclable Material Collectors
 53-7120 Tank Car, Truck, and Ship Loaders
 53-7190 Miscellaneous Material Moving Workers

Military Specific Occupations

55-1010 Military Officer Special and Tactical Operations Leaders
 55-2010 First-Line Enlisted Military Supervisors
 55-3010 Military Enlisted Tactical Operations and Air/Weapons Specialists and Crew Members

Retired

99-0001 Retired