

REQUEST FOR SECURITY ACTION**PRIVACY ACT STATEMENT****AUTHORITY:** 10 U.S.C. Section 3013, Secretary of the Army; AR 600-20, Army Command Policy; and E.O. 9397 (SSN).**PRINCIPAL PURPOSE(s):** Use this form to request an initial security verification, Classified Access, Periodic Reinvestigation, and/or Upgrade.**ROUTINE USE(s):** None. The "Request for Access" as set forth at the beginning of the Army's Compilation of Systems of Record Notices also applies to this system.**DISCLOSURE:** Voluntary. However, failure to provide all the requested information could lead to rejection of compliant request for access.**NOTE:** This form contains Personally Identifiable Information (PII) when filled out, therefore, is protected as Controlled Unclassified Information (CUI).**INSTRUCTIONS:** Security Managers complete Sections 1 - 5.**SECTION 1: APPLICANT INFORMATION**

| | | | |
|---|----------------|---|-------------------|
| RANK/GRADE/NAME (Last, First, Middle): | | | SSN: |
| DATE OF BIRTH: | CITY OF BIRTH: | STATE OF BIRTH: | COUNTRY OF BIRTH: |
| .MIL EMAIL ADDRESS (if no .mil, enter email): | | PHONE: | OTHER: |
| PERSON CATEGORY: <input type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other | | STUDENT: <input type="radio"/> Yes <input type="radio"/> No School: | |

SECTION 2: INVESTIGATION & ACCESS REQUIREMENTS

| | | | | | | | | |
|---|----------------------------------|-------------------------------------|---|-----|--|--|-----|----|
| Is this a Periodic Reinvestigation (PR)? | Yes | No | Is the applicant going to retire or separate in the next 18 months? | Yes | No | Has the applicant been advised they have 2 weeks to complete eQIP? | Yes | No |
| WHAT DOES THE APPLICANT NEED? SELECT ALL THAT APPLY | | | | | | COMMENTS: | | |
| <input type="checkbox"/> In-process | <input type="checkbox"/> Interim | <input type="checkbox"/> Initial | <input type="checkbox"/> Medical | | | | | |
| <input type="checkbox"/> Out-process | <input type="checkbox"/> Secret | <input type="checkbox"/> Top Secret | <input type="checkbox"/> LRC | | | | | |
| <input type="checkbox"/> Indoctrinate | | | | | | | | |
| Is there more than 2 years break in Federal Affiliated Service? | | | Yes | No | Date of last Federal Affiliated Service: | | | |

SECTION 3: CONTRACTORS

| | | | | | |
|-------------|---------|---------------|----------------------|--------------------|-------------------|
| Contract #: | Task #: | Company Name: | Contract Start Date: | Contract End Date: | No. Option Years: |
|-------------|---------|---------------|----------------------|--------------------|-------------------|

SECTION 4: CHILDCARE

| | | |
|---------------------------------------|-----|----|
| Is this a childcare related position? | Yes | No |
|---------------------------------------|-----|----|

SECTION 5: SECURITY MANAGER – I certify the information entered above is accurate, as reflected in the system of record.

| | | |
|-------|------------|--------|
| DATE: | SIGNATURE: | PHONE: |
|-------|------------|--------|

Controlled By:

Controlled By:

Category: PRVCY

Distribution/Dissemination Controls:

POC: