

**REQUEST FOR PERSONNEL SECURITY SERVICES
U.S. DEPARTMENT OF AGRICULTURE**

Instructions: Complete ALL of the information below and attach it to the appropriate paperwork. Update webSETS.

The following action is requested on the individual named below:

- INITIAL INVESTIGATION (You must verify in CVS that an existing investigation cannot be used under Reciprocity)
- REINVESTIGATION
- INTERIM SECURITY CLEARANCE
- UPGRADE/DOWNGRADE EXISTING SECURITY CLEARANCE OR SUITABILITY RISK LEVEL (select new designation below)
- INTERNAL TRANSFER OF SUITABILITY/SECURITY DETERMINATION (WITHIN USDA) (**see below)
- RECIPROCITY: TRANSFER INVESTIGATION FROM OUTSIDE OF USDA (No more than 2 yr break in service required.)
- HSPD-12 (DM Contractors only)

EMPLOYEE INFORMATION

1. NAME: (SSN required on Reciprocity requests)	2. JOB STATUS: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER/VOLUNTEER
3. POSITION TITLE:	4. DOB/POB:

JOB INFORMATION

5. USDA AGENCY:	6. DUTY LOCATION:
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POSITION DESIGNATION INFORMATION

7. **NATIONAL SECURITY POSITION (SF-86):** YES NO, GO TO QUESTION #8

POSITION SENSITIVITY LEVEL: SPECIAL-SENS(4) CRITICAL-SENS(3) NON-CRITICAL SENS(2)

LEVEL OF CLEARANCE: TS/SCI(4) TOP SECRET(3) SECRET(2) CONFIDENTIAL(1) NONE(0)

***IF YOU ARE REQUESTING A SECURITY CLEARANCE, THE '**JUSTIFICATION FOR REQUESTED SECURITY CLEARANCE**' FORM (AD-1188) MUST BE ATTACHED UNLESS YOU ARE REQUESTING A REINVESTIGATION FOR THE SAME POSITION/LEVEL OF CLEARANCE.

8. **PUBLIC TRUST POSITION (SF-85P):** YES

POSITION SENSITIVITY LEVEL: HIGH RISK MODERATE RISK LOW RISK (SF-85; HSPD-12; DM only)

9. TYPE OF INVESTIGATION		
TYPE OF INVESTIGATION (PICK ONE)	Priority (A)	Standard (B) or (C)
<input type="checkbox"/> NACI (02B only)		<input type="checkbox"/>
<input type="checkbox"/> MBI (15A or 15 C)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NACL (08B only)		<input type="checkbox"/>
<input type="checkbox"/> ANACI (09B only)		<input type="checkbox"/>
<input type="checkbox"/> PRI (11A or 11C)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BI (25A or 25C)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SSBI-PR (18A or 18C)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PPR (19A or 19C)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SSBI (30A or 30C)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		

10. **REQUIRED ACCOUNTING INFORMATION**

OPAC-ALC:
MISCELLANEOUS OBLIGATION NUMBER:

AGENCY DATA:

11. **SUBJECT'S EMAIL ADDRESS:**

12. **REMARKS/NOTES (include special handling requests or reciprocity related information):**

13. REQUESTED BY: (must be an Agency POC or other person authorized to allocate funds) _____ AUTHORIZING SIGNATURE	14. DATE	15. POINT OF CONTACT: NAME: PHONE:
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