

REQUEST FOR ACCESS

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 for Classified Access, IT Access, Periodic Reinvestigations, and for Mail Handlers.

ROUTINE USE(s): None. The "Request for Access" 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.

I. APPLICANT INFORMATION

RANK/GRADE/NAME (Last, First, Middle):

PERSON CATEGORY: (MIL, DAC, CTR, Vol)

SSN:

DATE OF BIRTH:

CITY OF BIRTH:

STATE OF BIRTH:

COUNTRY OF BIRTH:

SECTION 2: REQUIRED ACCESS

Are you requesting a Periodic Reinvestigation (PR)?

Yes

No

If yes, do you plan to retire or separate in the next 12 months?

Yes

No

ESTIMATED DATE:

Out-Process from JPAS

INTERIM CLEARANCE

SECRET

TOP SECRET

IT-II

IT-III (email)

Position Sensitivity:

Critical Sensitive

Non-Critical Sensitive

Non-Sensitive

Provide justification for the access required: (i.e., MOS, child care)

Has there been more than 2 years break in Federal service?

Yes

No

Citizenship Verified: (Provide copy of verifying document)

Yes

No

Date of Last Federal Service:

Birth Certificate:

Will you be able to complete eQIP in the next 2 weeks?

Yes

No

Certificate of Naturalization:

Date of NATO briefing acknowledgment (TRADOC units only):

Certificate of Citizenship INS Number:

SECTION 3: CONTRACTORS

Contract #:

Task #:

Company Name:

Contract End Date:

SECTION 4: CHILDCARE

List the states where you have lived for the last 5 years

SECTION 5: APPLICANT CONTACT INFORMATION

.MIL EMAIL ADDRESS:

SECONDARY EMAIL:

OTHER:

PRIMARY PHONE:

SECONDARY PHONE:

SECTION 6: SUPERVISOR'S CONTACT INFORMATION

RANK/GRADE/NAME:

TITLE:

EMAIL:

PHONE:

REMARKS:

SECTION 7: SECURITY MANAGER

NAME:

SIGNATURE:

PHONE: