

REQUEST FOR NCIS CREDENTIALS

AUTHORITY: Privacy Act of 1974, Executive Order 9397, and SECNAVINST 5211.5E, authorizes the collection of this information.
PRINCIPAL PURPOSE(S): Principle Purpose(s): Obtain information necessary to make a determination of eligibility for NCIS credentials and badges.
ROUTINE USE(S): The information provided will not be divulged without your written authorization to any one other than those duly authorized to collect, process, report, analyze, or evaluate the results of the examination or inquiry. This document is property of the Naval Criminal Investigative Service and may contain information that is Privacy Act Sensitive to be used for official purposes only.
DISCLOSURE: You are not required to provide this information, however, failure to do so or any misrepresentation (by answers) may serve as a basis for denial of NCIS credentials.

FROM: _____ (Office Code) **REQUEST DATE:** _____ (dd-mmm-yyyy) **RCVD DATE:** _____ (Code 11A) (dd-mmm-yyyy)

TO: Deputy Assistant Director, Security & Facilities Department (Code 11A)

NAME: Last _____ First _____ M.I. _____ **DoD EDI PN:** _____

STATUS: GS-1811 Other Civilian (Specify) _____
 USMC Special Agent (Rank) _____ Other Military (Rank/Specify) _____

TITLE REQUESTED:

- a. Special Agent
- b. Investigator
 w/ Firearms
- c. Operational Representative
 w/Badge
 w/Firearms
- d. Administrative Representative
- e. Retired Credentials
- f. DoD Law Enforcement Officer ID
(Policy Agreement attached)
- g. Shadow Box

(Non-agent personnel must attach justification if requesting credentials w/firearms or Op Rep badge)

PREVIOUS CREDENTIALS ISSUED: No Yes Number: _____ Issue Date: _____ (dd-mmm-yyyy)

Bearer's Signature

SAC/DAD Printed Name

SAC/DAD Signature

(This section to be completed by Code 11A)

FIRST ENDORSEMENT (Issuance of credentials, badges, & protective service pins)

Date: _____ (dd-mmm-yyyy)

Enclosures: Credential Card No.: _____ Badge No. 1: _____ Badge No. 2: _____
ID Card No.: _____ Protective Service Pin No.: _____

By direction (printed name)

(Signature)

EMPLOYEE CERTIFICATION

(This section to be completed by credentials holder upon receipt of credentials. Return completed form to Code 11A.)

I hereby acknowledge receipt of the permanent credentials, as indicated by the first endorsement noted above. I certify that I am cognizant of the provisions of NCIS-1 Chapter 30, Credentials, Badges and Protective Service Pins (effective edition), as it pertains to the issuance, control, use of, loss of, and disciplinary action concerning same.

SIGNATURE OF BEARER: _____ **DATE:** _____ (dd-mmm-yyyy)

REQUEST FOR NCIS CREDENTIALS

Signature Card for Credentials

Printed Name: _____

- Sign in the box below – DO NOT EXTEND OUTSIDE THE BOX
- Use black medium ink only
- Return to: NCISHQ, ATTN: Code 11A



Signature Card for Credentials

Printed Name: _____

- Sign in the box below – DO NOT EXTEND OUTSIDE THE BOX
- Use black medium ink only
- Return to: NCISHQ, ATTN: Code 11A

