

**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:
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**SECTION 4: CHILDCARE**

Is this a childcare related position?	Yes	No
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**SECTION 5: SECURITY MANAGER** – I certify the information entered above is accurate, as reflected in the system of record.

DATE:	SIGNATURE:	PHONE:
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Controlled By:

Controlled By:

Category: PRVCY

Distribution/Dissemination Controls:

POC: