

REQUEST FOR PERSONNEL SECURITY ACTION

AUTHORITY: 10 U.S.C. 8012; 44 U.S.C. 3101; and EO 9397.

PRINCIPAL PURPOSES: To identify investigation, security clearance, unescorted entry requirements, and special access program authorizations.

ROUTINE USES: To request personnel security investigations, record emergency or limited access authorization, entry to restricted areas, and to record special access program authorizations. SSN is used for positive identification of the individual and records.

DISCLOSURE IS VOLUNTARY: Failure to information and SSN could result in assignment to less sensitive duties.

| I. IDENTIFYING INFORMATION | | | |
|---------------------------------------|--|-------------------------------------|---|
| 1. NAME (Last, First, Middle, Maiden) | | 2. ORGANIZATION OR FIRM SPONSOR | |
| 3. GRADE | 4. SSN | 5. CITIZENSHIP | |
| | | <input type="checkbox"/> US CITIZEN | <input type="checkbox"/> IMMIGRANT ALIEN <input type="checkbox"/> NON-US NATIONAL |
| 6. DATE OF BIRTH | 7. PLACE OF BIRTH (City, State, and Country) | | |

| II. INVESTIGATION, CLEARANCE, ELIGIBILITY, ENTRY AND ACCESS REQUIREMENTS | | | |
|--|---|---|---|
| 8. INVESTIGATION REQUIREMENT | | 9. CLEARANCE, ENTRY OR ACCESS REQUIREMENT | |
| <input type="checkbox"/> | NATIONAL AGENCY CHECK(NAC) | <input type="checkbox"/> | ONE-TIME ACCESS <input type="checkbox"/> LIMITED ACCESS |
| <input type="checkbox"/> | NATIONAL AGENCY CHECK-WRITTEN INQUIRIES(NACI) | <input type="checkbox"/> | INTERIM CLEARANCE <input type="checkbox"/> SPECIAL ACCESS |
| <input type="checkbox"/> | BACKGROUND INVESTIGATION(BI) | <input type="checkbox"/> | FINAL CLEARANCE <input type="checkbox"/> UNESCORTED ENTRY |
| <input type="checkbox"/> | SPECIAL BACKGROUND INVESTIGATION(SBI) | <input type="checkbox"/> | TOP SECRET <input type="checkbox"/> PRIORITY A |
| <input type="checkbox"/> | BI PERIODIC REINVESTIGATION(PR) | <input type="checkbox"/> | SECRET <input type="checkbox"/> PRIORITY B |
| <input type="checkbox"/> | SBI PERIODIC REINVESTIGATION(PR) | <input type="checkbox"/> | CONFIDENTIAL <input type="checkbox"/> PRIORITY C |

| III. LOCAL FILES CHECK | | |
|------------------------|--|---------------|
| 10. TO: | | 11. FROM: |
| 12. DATE | 13. TYPED NAME, GRADE AND TITLE OF REQUESTER | 14. SIGNATURE |

| IV. MEDICAL RECORDS CHECK | | |
|--|---|---------------|
| 15. I CERTIFY a medical records check required by DOD 5200.2R/AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information. | | |
| 16. DATE | 17. TYPED NAME AND GRADE OF BASE DIRECTOR, MEDICAL SERVICES | 18. SIGNATURE |

| V. SECURITY POLICE RECORDS CHECK | | |
|--|--|---------------|
| 19. I CERTIFY a security police records check required by AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information. | | |
| 20. DATE | 21. TYPED NAME AND GRADE OF SECURITY POLICE OFFICIAL | 22. SIGNATURE |

| VI. ACCESS AUTHORIZATION | | | | | | | | | |
|---|---|--------------------------|----------------|--------------------------|---------------|--------------------------|----------|----------|--|
| <input type="checkbox"/> | ONE-TIME ACCESS | <input type="checkbox"/> | LIMITED ACCESS | <input type="checkbox"/> | CNWDI | <input type="checkbox"/> | NATO | SIOP-ESI | |
| | | | | <input type="checkbox"/> | CONTINUING | <input type="checkbox"/> | ONE-TIME | | |
| 23. I CERTIFY the named individual requires access to the above special program(s), meets all investigative and clearance requirements, and has been briefed on program responsibilities as outlined in the governing directive. If applicable, emergency or limited access is necessary and will not endanger the national security. | | | | | | | | | |
| 24. DATE | 25. TYPED NAME, GRADE AND TITLE OF APPROVING | | | | 26. SIGNATURE | | | | |
| 27. DATE | 28. TYPED NAME, GRADE AND TITLE OF SPECIAL ACCESS PROGRAM | | | | 29. SIGNATURE | | | | |

| VII. REMARKS | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 30. (If more space is needed, use reverse and show item number being continued) | | | | | | | | | |

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