

CONTRACTOR PERSONNEL ACCESS APPLICATION**PLEASE READ THE FOLLOWING INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM****SECTION A - TO BE COMPLETED BY THE USSS RESPONSIBLE OFFICE**

1. NAME OF USSS RESPONSIBLE OFFICE		2. POINT OF CONTACT (Last, First, Middle)		3. TELEPHONE NUMBER (with area code)	
4. SITE(S) TO BE ACCESSED BY CONTRACTOR <input type="checkbox"/> 950 H STREET <input type="checkbox"/> TSD <input type="checkbox"/> BELTSVILLE <input type="checkbox"/> RDS <input type="checkbox"/> WFO <input type="checkbox"/> 1111 18TH STREET			5. FREQUENCY OF ACCESS REQUIRED (circle one) DAILY WEEKLY MONTHLY OTHER		
6. POSITION TO BE HELD - OR - DUTIES TO BE PERFORMED			7. LENGTH OF WORK TO BE PERFORMED <input type="checkbox"/> 0 - 3 months <input type="checkbox"/> 3 - 6 months <input type="checkbox"/> 6 - 9 months <input type="checkbox"/> 1 year		

SECTION B - TO BE COMPLETED BY CONTRACTOR PERSONNEL

1. FULL NAME (last, first, middle)				2. MAIDEN NAME (if applicable)	
3. OTHER ALIAS (last, first, middle)				4. SOCIAL SECURITY NUMBER	
5. DATE OF BIRTH (month/day/year)		6. PLACE OF BIRTH (city, state, country)		7. DRIVERS LICENSE NO. & STATE	
8. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	9. RACE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White
10. PRESENT ADDRESS (street address, city, state, zip code)			Length of time at this address: _____ years _____ months	11. TELEPHONE (area code, number) work: residence: cellular:	
12. MARITAL STATUS		13. SPOUSE'S NAME AND ADDRESS (if applicable)			
14. NAME AND ADDRESS OF EMPLOYER (company)			Length of time worked for this employer: _____ years _____ months	15. NAME OF SUPERVISOR AND TELEPHONE NUMBER (with area code)	
16. DO YOU HOLD U.S. CITIZENSHIP STATUS? YES (circle one) NO			17. ARE YOU A NATURALIZED U.S. CITIZEN? YES (circle one) NO If yes, provide Naturalization date/alien no.: _____ If not a U.S. Citizen, provide alien registration no.: _____		
18. HAVE YOU EVER BEEN ARRESTED? YES (circle one) NO		19. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? YES (circle one) NO		20. ARE THERE ANY PENDING CHARGES AGAINST YOU BEFORE ANY COURTS? YES (circle one) NO	

NOTE: I understand that any false statement on any part of my application may be grounds for denying me access into Secret Service controlled facilities, and/or grounds for prosecution under Title 18 USC 1001.

21. SIGNATURE OF CONTRACTOR PERSONNEL		22. DATE	
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RELEASE STATEMENT

This release when presented by a duly authorized representative of the U. S. Secret Service will constitute my consent and authority to obtain any information relating to my activities from criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail businesses, or other sources of information. The information may include my criminal history record information and financial and credit information.

Specifically, I hereby authorize the release of the following data or records to the U. S. Secret Service by applying my signature on the designated line below.

Federal/State/Local Police & Criminal Records _____
(signature)

This authorization is given in connection with the investigative procedures being conducted relative to my contractual services with the U.S. Secret Service, and/or access to secure areas occupied by the U.S. Secret Service.

Privacy Act Statement: All information requested on the Contractor Personnel Access Application and Release Statement is collected under authority derived from 18 USC 3056 and Executive Order 9397. The routine uses of information requested include referral to other Federal, State and Local agencies for determining suitability for access to secure areas, and/or sensitive, unclassified material of the U.S. Secret Service. Submission of the information is voluntary, however, failure to provide information requested may prohibit processing and cause denial of access to secure areas or sensitive material protected by the U.S. Secret Service. Disclosure of your Social Security Account Number is voluntary. The information is used to identify and separate individuals with similar or identical names or initials. Refusal to disclose your Social Security Number will be no cause for denial of any right, benefit or privilege provided by law.

INSTRUCTIONS:

1. Please **TYPE** or **PRINT** clearly with a dark ball point pen.
2. To apply for access into U.S. Secret Service controlled facilities, Contractor Personnel **must** complete this form in its entirety. (Failure to properly complete this form can result in contractual delays and/or non admittance into U.S. Secret Service controlled facilities.
3. Fill out, sign and return to **U.S. Secret Service, Security Clearance Division, Suite 3800, 950 H Street, NW, Washington, DC 20223**. (Must be completed and signed by individual person applying.)
4. If there are any questions regarding this form, please contact the Security Clearance Division at (202) 406-5830.

PUBLIC BURDEN INFORMATION

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper. Comments and or suggestions concerning the accuracy of this burden estimate and for reducing this burden should be directed to the U.S. Secret Service, Management and Organization Division, Policy Analysis and Organizational Development Branch, Suite 7800, 950 H Street, NW, Washington, DC 20223; and to the Office of Management and Budget, Paperwork Reduction Project (1620-0002), Washington, DC 20503. An agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection of information displays a valid OMB control number.