

U.S. Department of Justice
United States Marshals Service

**Application for Special Deputation/
Sponsoring Federal Agency Information**

1. Applicant Name (Last, First, MI): _____ 2. Date of Birth: _____ 3. Social Security Number: _____

4. Employer: _____

5. Employer Address - Street: _____ 6. City: _____ 7. State: _____ 8. ZIP Code: _____

9. Work Telephone: _____ 10. E-mail Address: _____

11. Job Title: _____ 12. Job Series (If Federal Employee): _____

Yes No 13. I am a citizen of the United States (includes naturalized citizen).

Yes No 14. I am employed full-time by a federal, state, local or tribal law enforcement agency, or an agency approved by the DOJ.

Yes No 15. I have successfully completed the following basic law enforcement training program or military equivalent (EXCEPTION: Executive Office of United States Attorney). If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion:

Academy: _____ Course Name: _____
Location (City, State): _____ Completion Date (Month/Year): _____

Yes No 16. I had a 5-year break in law enforcement, however, I have completed a law enforcement refresher course within the past year of signing this application (attach certificate):

Agency: _____ Course Name: _____
Location (City, State): _____ Completion Date (Month/Year): _____

Yes No 17. I have at least one year of basic law enforcement experience to include general arrest authority. (If no general arrest authority, provide letter explaining what your authority was or is.)

Academy: _____ Location (City, State): _____
Dates (Month/Year - Month/Year): _____

Yes No 18. I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C. Section 922 (g)(9) Lautenberg Amendment.

Yes No 19. I have qualified with my primary authorized firearm. Give full description (firearm manufacturer, model, caliber):

Description: _____
Qualification Date (Month/Day/Year): _____ (Qualification date must be within 6 months of application date.)

Yes No 20. I have read and I agree to comply with the deadly force policy of either my agency or the Department of Justice.

Yes No 21. I have included a copy of my employer's authorization letter stating that they concur with my participation and that the applicant has no internal investigations pending within the organization.

To be completed by Protection Details only (person/building/assets/artifacts, etc.):

Yes No 22. I have successfully completed the following basic protective services training program. If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion.

Course Name: _____ Location (City, State): _____
Completion Date (Month/Year): _____ (Attach certificate.)

23. I certify that the above statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

Signature of Applicant: _____ Date: _____

SPONSORING FEDERAL AGENCY INFORMATION - To be completed by the sponsoring agency point of contact and signed by the sponsor.

1. Sponsoring Agency Name:		2. Sponsoring District:	
3. Name of Sponsor:		4. Agency Phone Number:	
5. Sponsoring Agency Address - Street:	6. City:	7. State:	8. ZIP Code:
9. Name of District Contact:		10. Telephone:	11. E-mail Address:
12. Name of Sponsored Applicant:		13. Applicant Employer:	
14. Type of Request: <input type="checkbox"/> First Time <input type="checkbox"/> Renewal (Must be submitted 60 days prior to expiration date) - Exp. Date (MM/YY): _____			
15. State sole purpose of Special Deputation. Explain the need and justification for the deputation, to include the name of the task force, operation, or special project.			

Provide full details and supporting documentation for all "NO" answers:

Yes No 16. I have reviewed the Application for Special Deputation / Sponsoring Federal Agency Information (Form USM-3A) submitted by the applicant for Special Deputation and verify that the statements submitted by the applicant are true and correct.

Yes No 17. I have ensured the applicant has read and understood the current deadly force policy from the Sponsoring Agency or from the Department of Justice.

Yes No 18. I have included a copy of the applicant's employer's authorization letter stating that they concur with the applicant's participation and that the applicant has no internal investigations pending within his/her organization.

19. I certify that the above statements are true and accurate and that I have reviewed the applicant's statements. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

Signature of Sponsor: _____ Date: _____

USMS USE ONLY - Provide full details and supporting documentation for all "NO" answers:

Yes No 1. I have attached a copy of the favorable adjudication memorandum from the Personnel Security Branch (PSB) and the date of adjudication. (MANDATORY for unescorted access to USMS space and use of IT systems.)
Date (Month/Day/Year): _____

Yes No 2. I have provided the applicant with a copy of the Memorandum of Understanding (MOU) between the USMS and the applicant's employer.

SDU Staff Only: Approval Disapproval Application Incomplete Other

Signature of Chief, Special Deputation Unit: _____ Date: _____

INSTRUCTIONS TO COMPLETE THIS FORM

1. Applicants must be sponsored by a Federal Law Enforcement Agency.
 2. Renewal requests must be received 60 days prior to the expiration of the current credentials.
 3. Complete all fields. Type or print legibly in blue or black ink. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
 4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.
 5. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.
 6. All telephone numbers must include area codes.
 7. If you need additional space to complete this form, please use a separate blank sheet of paper.
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Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Attn: TOD-Special Deputation Unit, 2604 Jefferson Davis Highway, Alexandria, VA 22301.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.