

## TASS REQUEST FORM

**Trusted Associate Sponsorship System (formerly CVS Contract Verification System)**  
*This form must be submitted to Exchange CS-FP by the Exchange Contracting Officer only.*

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 40 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 aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0702-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

### **PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.**

Responses should be sent to the Exchange CS-FP at 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, U.S.C. 3013, Secretary of the Army; Title 10 U.S.C. 8013, Secretary of the Air Force; Army Regulation 215-8/Air Force Instruction 34-211(I) Army and Air Force Exchange Service Operations; Army Regulation 380.37, Personnel Security Program; Air Force Instruction 31-501, Personnel Security Program Management; Department of Defense 5200.2-R, "Personnel Security Program; Air Force Instruction 31-401, Information Security Program Manager; E.O. 12065 and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSES:** To assist in the processing of personnel security clearance actions; to record security clearances issued or denied, and to verify for access to classified information or assignment to a sensitive position.

**ROUTINE USES:** Records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Information may be released to Federal agencies based on formal accreditation as specified in official directives; regulations; to Federal, State, Local, and Foreign Law Enforcement, Intelligence, or Security agencies in connection with a lawful investigation under their jurisdiction.

**DISCLOSURE:** Voluntary, however, failure to provide information may result in denial of a Common Access Card; non-enrollment in the Defense Enrollment Eligibility Reporting System (DEERS); refusal to grant access to DoD installations, buildings, facilities, computer systems and networks; and denial of DoD benefits if otherwise authorized.

# TASS REQUEST FORM

## Trusted Associate Sponsorship System (formerly CVS Contract Verification System)

*This form must be submitted to Exchange CS-FP by the Exchange Contracting Officer only.*

### Instructions

1. Before continuing, please read the Agency Disclosure Notice and the Privacy Act Statement on page one.
2. Information you provide will be used by an approved Exchange Trusted TASS Agency for input into the Defense Manpower Data Center (DMDC) official electronic TASS system. The TASS system will provide you sponsorship into the Defense Enrollment and Eligibility Reporting System (DEERS).
3. Provide personal information in Section I "Application Data".
4. If you have been notified that a background investigation must be completed, submit the information in Section II. Your Exchange Contract Official or local Services Business Manager (SMB) will provide directions on what attachments should be included.
5. Information will be verified by your Contract Official or SBM.
6. The rest of the information on this form will be completed by your Contract Official or SBM.
7. Send the completed form to your Contract Official or SBM.
8. Your Contract Official or SBM will forward the completed form to the Exchange Force Protection for verification in the Joint Personnel Adjudication System (JPAS).

### I. APPLICATION DATA

(Full Name) Last:	First:	Middle:	Phone #:
Date of Birth: (DD/MM/YYYY)	Social Security #: (or FIN – Foreign Information #)		E-mail Address:
Contract #:		Contract End Date: (DD/MM/YYYY)	

### II. REQUIRED DOCUMENTS

Must submit one of the following documents with this form (select one)

- LOA (*Letter of Authorization*)     
  LOI (*Letter of Intent*)

Please obtain and provide the following if notified that a background investigation is required.

- Fingerprints     
  Local Police Check     
  OF-306  
*OPM "Declaration of Federal Employment"*

### III. EXCHANGE CONTRACTING OFFICER ONLY

Exchange POC Name:	Phone #:	Facility #:
Contractor's POC Name:	Phone #:	E-mail Address:
Contractor's Company Name:		Company Address:

Comments:

### IV. EXCHANGE CS-FP ONLY

- JPAS Date Updated: \_\_\_\_\_     
  Investigation Type: \_\_\_\_\_  
 e-QIP Date Initiated: \_\_\_\_\_     
  TASS TA: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_

Out Process

JPAS Date Updated: \_\_\_\_\_     
  TASS TA: \_\_\_\_\_

Comments:

\*(Application will not be processed without the required documents.)  
 EXCHANGE FORM 3900-002 (DRAFT)