

e-QIP REQUEST FORM

(Electronic Questionnaires for Investigations Processing)

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.

Instructions:

1. Before completing, please read the Disclosure Notice and the Privacy Act Statement on page one.
2. This form will be used as a checklist to be certain all information is collected to complete your official background investigation.
3. **Exchange associates** check the "Exchange" box in Section I and complete Sections I, II, III and IV. Section VI will be complete by your supervisor or HR Representative.
4. **Contractors** check the "Contractor" box in Section I and complete Sections I, II and III. Section V and VI will be completed by your Contract Official.
5. Please follow all directions provided by your HR Representative or Contract Official.
6. Provide all documents listed in section VI to your HR Representative or Contract Official who will review and forward to the appropriate office for processing.

I. EXCHANGE/CONTRACTOR

Choose One: Exchange Contractor Date of Request: (ex: 25Ju/1985)

II. APPLICANT'S INFORMATION

(FULL NAME) LAST:		FIRST:	MIDDLE:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH: (ex: 25 JUL 1985)	SOCIAL SECURITY #:		PLACE OF BIRTH: (City, State) OR (City, County, overseas only)	
Work Location:			Region:	
POSITION TITLE:	PHONE #:	E-MAIL ADDRESS:		
Is your job associated with Firearms? <input type="checkbox"/> NO <input type="checkbox"/> YES			Exchange Hire Date:	

III. PRIOR MILITARY/OTHER FEDERAL AGENCY

Choose One: Military/Federal Agency (within 24 months) NO YES
Service: _____ From: (Month/Year) _____ To: (Month/Year) _____

IV. EXCHANGE PERSONNEL ONLY

SUPERVISOR NAME:	PHONE NUMBER / E-MAIL ADDRESS:	(EXTENSION #)
HUMAN RESOURCE MANAGER NAME:	PHONE NUMBER / E-MAIL ADDRESS:	(EXTENSION #)

V. EXCHANGE CONTRACTING OFFICER ONLY

EXCHANGE POC NAME:	PHONE #:	FACILITY #:
CONTRACTOR'S POC NAME:	PHONE #:	CONTRACT # / PO #:
CONTRACTING COMPANY NAME:	COMPANY'S POC E-MAIL ADDRESS:	

VI. REQUIRED DOCUMENTS*

Choose Type of Fingerprint Submission and Include: Local Police Report and OF 306

- Electronic Fingerprints Transmission Date: (ex: 25 JUL 1985) Fingerprint Card (SF87 Rev. March 2013)
 Resume / Application OF 306 Local Police Report

FedEx this completed form with the hardcopy fingerprint card and police report to:

Exchange (EG/CS-FP)
3911 S. Walton Walker Blvd.
Dallas, TX 75236-1598

VII. EXCHANGE CS-FP ONLY

INITIATOR / REVIEWER / APPROVER:	DATE: (DD/MMM/YYYY)	STATUS:
INITIATOR / REVIEWER / APPROVER:	DATE: (DD/MMM/YYYY)	STATUS:

COMMENTS: