SPOT-ES

OMB Control Number 0704-0460 Package

EDIT PERSON
~
SCREENS with DROPDOWNS

Edit - Personal Information

| 1. Personal Info | 2. Passport | 3. Next of Kin | 4. Clearance |

Please enter the person information.

* First Name:	Address 1:
Middle Name:	Address 2:
Last Name:	Country: United States
Suffix: Select a Suffix	State:
SSN:	City:
Date of Birth:	Zip:
Gender:	
Personnel Category: Company Contractor Personnel	
Place of Birth:	Home Phone:
* Citizenship: United States	Work Phone:
	* Primary Email:

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Re-verify | Cancel | Skip to Next Step | Save | Save and Continue

Edit - Passport Information

| 1. Personal Info | 2. Passport | 3. Next of Kin | 4. Clearance |

Please enter the passport information.

* What is the passport number?	
* When does the passport expire?	(mm/dd/yyyy)
* What country issued the passport?	

Cancel | Back | Skip to Next Step | Save | Save and Continue

Edit - Next of Kin Information

1. Personal Info | 2. Passport | **3. Next of Kin** | 4. Clearance

Please enter the next of kin information.

* First Name:
Middle Name:
* Last Name:
* Phone Number:
Alternate Phone Number:
* Relationship:
* Language Spoken:
Nearest Duty Station:
Country
City

Cancel | Back | Skip to Next Step | Save | Save and Continue

Edit - Clearance Information

1. Personal Info | 2. Passport | 3. Next of Kin | **4. Clearance**

Please enter the security clearance information.

Security Clearance:
Clearance Expiration: (mm/dd/yyyy)
Security Clearance Issuing Agency:

Cancel | Back | Skip to View Person | Save | Save and Exit

Edit Eligibility Requirements

1. Training | 2. Health | 3. Visa | 4. Personal Equipment | 5. Clearance | 6. Forms

1. Is this person exempt from the training requirement?   ⦿ No ○ Yes   Add Training

If No, enter the Company Training Center Information:

No Company Training Center Information found.

2. Has this person received Personnel Recovery Training?   ⦿ No ○ Yes

Cancel | Save | Save and Continue

Edit Eligibility Requirements

1. Training | **2. Health** | 3. Visa | 4. Personal Equipment | 5. Clearance | 6. Forms

Enter Medical Information:

* 1. What is the person's blood type?
2. Is the person's DNA on file?   ⦿ Yes ○ No
3. Is the person's Panograph on file?   ⦿ Yes ○ No

Cancel | Back | Save | Save and Continue

Edit Eligibility Requirements

| 1. Training | 2. Health | 3. Visa | 4. Personal Equipment | 5. Clearance | 6. Forms |

Select edit to update a country's visa information:

CountryDesc	Visa Number	Expiration Date	Visa Remarks	Edit
	Not Entered	Not Entered	Not Entered	✏
			Not Entered	✏
	Not Entered	Not Entered	Not Entered	✏

Cancel   Back   Continue

Edit Eligibility Requirements

| 1. Training | 2. Health | 3. Visa | 4. Personal Equipment | 5. Clearance | 6. Forms |

Enter Personal Equipment Information:

1. Has the person received government issued OCIE?   ○ Yes ● No

2. Has the person been issued Two Sets of ID Tags?   ○ Yes ● No

This person has not been contractually authorized to carry a weapon:

(Prior to weapon issuance, final authorization is required from the Combatant Commander (CCDR) IAW FAR Clause 52.225-26).

3. Has this person been issued a weapon?   ○ Yes ● No

Cancel   Back   Save   Save and Continue

Edit Eligibility Requirements

| 1. Training | 2. Health | 3. Visa | 4.Personal Equipment | 5. Clearance | 6. Forms |

Enter Security Information:

1. Has the person received Country Clearance?   ○ Yes ● No

2. Has the person received a Theater Clearance?   ○ Yes ● No

Cancel   Back   Save   Save and Continue

Edit Eligibility Requirements

| 1. Training | 2. Health | 3. Visa | 4. Personal Equipment | 5. Clearance | 6. Forms |

Which Forms has the person completed?

1. ISO Prep Form   ○ Yes ● No

2. DD Form 93   ○ Yes ● No

3. TA-50 (if Supporting Unit)   ○ Yes ● No

4. Added to Unit TPFDD (if Supporting Unit)   ○ Yes ● No

5. DD Form 2764 (if Supporting Unit)   ○ Yes ● No

Cancel   Back   Save   Save and Exit

EXAMPLE RESPONSES TO "SUFFIX"

EXAMPLE RESPONSES TO "GENDER"

EXAMPLE RESPONSES TO "CITIZENSHIP"

Edit - Personal Information

1. Personal Info | 2. Passport | 3. Next of Kin | 4. Clearance

Please enter the person information.

* First Name:	David	Address 1:	
Middle Name:		Address 2:	
*Last Name:	Select a Citizenship	Country:	Select a Country
Suffix:	Afghanistan / Akrotiri / Albania	State:	Select a State
* SSN:	Algeria / American Samoa	City:	
* Re-enter SSN:	Andorra / Angola	Zip:	
* Date of Birth:	Anguilla / Antarctica / Antigua and Barbuda		
* Gender:	Argentina / Armenia	Home Phone:	
Personnel Category:	Aruba / Ashmore and Cartier Islands	Work Phone:	
Place of Birth:	Australia / Austria	* Primary Email:	dsmith@email.com
* Citizenship:	Azerbaijan / Bahamas / Bahrain / Baker Island		
	Bangladesh / Barbados / Bassas Da India		

Some fields on this page may [obscured] calling the SPOT Help Desk. [...] lease contact the **Defense Manpower Data Center** to update this data prior to

Belarus / Belgium / Belize / Benin / Bermuda / Bhutan

[Cancel] [Skip to Next Step] [Save] [Save and Continue]

EXAMPLE RESPONSES TO "COUNTRY"

Edit - Personal Information

1. Personal Info | 2. Passport | 3. Next of Kin | 4. Clearance

Please enter the person information.

* First Name:	David	Address 1:	
Middle Name:		Address 2:	
*Last Name:	Smith	Country:	Select a Country
Suffix:	Select a Suffix	State:	Afghanistan / Akrotiri / Albania / Algeria
* SSN:	xxx xx 0021	City:	American Samoa / Andorra
* Re-enter SSN:	xxx xx 0021	Zip:	Angola / Anguilla / Antarctica / Antigua and Barbuda
* Date of Birth:	06/01/1977		
* Gender:	Select a Gender	Home Phone:	Argentina / Armenia / Aruba
Personnel Category:	Company Contractor Personnel	Work Phone:	Ashmore and Cartier Islands / Australia
Place of Birth:		* Primary Email:	Austria / Azerbaijan
* Citizenship:	United States		Bahamas / Bahrain / Baker Island / Bangladesh

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Barbados / Bassas Da India / Belarus / Belgium / Belize / Benin / Bermuda / Bhutan

[Cancel]

6

EXAMPLE RESPONSES TO "STATE"

Edit - Personal Information

| 1. Personal Info | 2. Passport | 3. Next of Kin | 4. Clearance |

Please enter the person information.

* First Name: David

Middle Name:

*Last Name: Smith

Suffix: Select a Suffix

* SSN: xxx - xx - 0021

* Re-enter SSN: xxx - xx - 0021

* Date of Birth: 06/01/1977

* Gender: Select a Gender

Personnel Category: Company Contractor Personnel

Place of Birth:

* Citizenship: Select a Citizenship

Address 1:

Address 2:

Country:

State:

City:

Zip:

Home Phone:

Work Phone:

* Primary Email:

Select a State
Alabama
Alaska
American Samoa
Arizona
Arkansas
Armed Forces Africa
Armed Forces Americas
Armed Forces Canada
Armed Forces Europe
Armed Forces Middle East
Armed Forces Pacific
California
Colorado
Connecticut
Delaware
District of Columbia
Federated States of Micronesia
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine

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Cancel ... and Continue

EXAMPLE RESPONSES TO "WHAT COUNTRY ISSUED THE PASSPORT"

Edit - Passport Information

| 1. Personal Info | 2. Passport | 3. Next of Kin | 4. Clearance |

Please enter the passport information.

* What is the passport number?

* When does the passport expire?

* What country issued the passport?

Select an Issuing Country
Afghanistan
Akrotiri
Albania
Algeria
American Samoa
Andorra
Angola
Anguilla
Antarctica
Antigua and Barbuda
Argentina
Armenia
Aruba
Ashmore and Cartier Islands
Australia
Austria
Azerbaijan
Bahamas
Bahrain
Baker Island
Bangladesh
Barbados
Bassas Da India
Belarus
Belgium
Belize
Benin
Bermuda
Bhutan

Skip to Next Step | Save | Save and Continue

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EXAMPLE RESPONSES TO "RELATIONSHIP"

Edit - Next of Kin Information

| 1. Personal Info | 2. Passport | 3. Next of Kin | 4. Clearance |

Please enter the next of kin information.

* First Name:

Middle Name:

* Last Name:

* Phone Number:

Alternate Phone Number:

* Relationship:
- Select a Relationship
- Aunt
- Brother
- Daughter
- Father
- Fiance
- Mother
- Other
- Parents
- Sister
- Son
- Spouse
- Uncle

* Language Spoken:

Nearest Duty Sta

Cancel | Back | Skip to Next Step | Save | Save and Continue

EXAMPLE RESPONSES TO "LANGUAGE SPOKEN"

Edit - Next of Kin Information

| 1. Personal Info | 2. Passport | 3. Next of Kin | 4. Clearance |

Please enter the next of kin information.

* First Name:

Middle Name:

* Last Name:

* Phone Number:

Alternate Phone Number:

* Relationship:

* Language Spoken:
- Select a Language
- Afrikaans
- Alurian
- Arabic
- Arkian
- Assyrian
- Asturian
- Basque Language-Euskara
- Bengali
- Berber
- Bhojpuri
- Brazilian Portugese
- Buhi
- Bulgarian
- Catalan
- Chichewa
- Chinese
- Church Slavonic
- Degaspregos
- Dongxiang
- Dutch
- English
- Estonian
- Farsi
- French
- German
- Greek
- Gujarati
- Hausa
- Hawaiian

Nearest Duty Sta

Cancel | Back | Skip to Next Step | Save | Save and Continue

UNCL...AL USE ONLY

EXAMPLE RESPONSES TO "SECURITY CLEARANCE"

Edit - Clearance Information

| 1. Personal Info | 2. Passport | 3. Next of Kin | **4. Clearance** |

Please enter the security clearance information.

Security Clearance:

Select a Clearance Type
Confidential
Ineligible
Interim Confidential
Interim Secret
Interim Top Secret
Interim Top Secret/Interim SCI
NACI
NATO - Confidential
NATO - Secret
NATO - Top Secret
None
Secret
Top Secret
Top Secret/Interim SCI
Top Secret/SCI

Clearance Expiration: (mm/dd/yyyy)

Security Clearance Issuing Agency:

Cancel | Back | Skip to View Person | Save | Save and Exit

Security Notice | Privacy Statement | Accessibility Statement

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UNC[...] USE ONLY

EXAMPLE RESPONSES TO "SECURITY CLEARANCE ISSUING AGENCY"

Edit - Clearance Information

| 1. Personal Info | 2. Passport | 3. Next of Kin | **4. Clearance** |

Please enter the security clearance information.

Security Clearance: Select a Clearance Type

Clearance Expiration: (mm/dd/yyyy)

Security Clearance Issuing Agency:

Select an Issuing Agency
AFCAF
Canadian International Development Agency
CCF
CCS
DIA
DISCO
DOD Central Adjudication Facility (DOD CAF)
DoNCAF
DSS
NATO
NSA
OPM
State Department
US Agency for International Development (USAID)

ack | Skip to View Person | Save | Save and Exit

Security Notice | Privacy Statement | Accessibility Statement

SPOT Version 8.6.

UNC[...]

EXAMPLE RESPONSES TO "BLOOD TYPE"

Edit Eligibility Requirements

| 1. Training | **2. Health** | 3. Visa | 4. Personal Equipment | 5. Clearance | 6. Forms |

Enter Medical Information:

* 1. What is the person's blood type?

Select a Blood Type
A+
A-
AB+
AB-
B+
B-
Not Provided
O+
O-

2. Is the person's DNA on file?

3. Is the person's Panograph on file?

Cancel | Back | Save | Save and Continue