

EMAIL SUBMIT	SSN REDUCTION REVIEW	DATE COMPLETED: <u>30 Oct 2015</u>
Submission for (Check one): <input checked="" type="checkbox"/> FORM <input type="checkbox"/> IT SYSTEM		
Form Number: <u>5580/1</u>	Requiring Document: <u>DoDI 5525.12</u>	
Form Revision Date: _____		

SECTION 1

**TO BE COMPLETED BY FORM ORIGINATOR/SPONSOR. Forms that collect and retrieve by SSN/PII must be covered by a System of Record Notice (SORN), be call for within a requiring document, and have Privacy Act Officer approval for Privacy Act Statements. Return completed packages that contain the SSN Reduction Review Form, Justification, and if need the DD 67 and the SSN Elimination Plan to the cognizant forms manager. If SECNAV/OPNAV/NAVSO send to DON Forms Manager OPNAV. DONFORMS.DNS51@navy.mil, If NAVMC forms send to the USMC Forms Manager, SMB.HQMC.ARDE@USMC.MIL**

1. Is the form covered by a System of Record Notice (SORN)?  YES     NO
  - a. If yes, what is the SORN number?    NM05580-2 (pending publication)
  - b. If no, contact the Privacy Act Officer for instructions.
2. Does the form contain a Privacy Act Statement (PAS)?  YES     NO
  - a. If yes, has the PAS been approved by a Privacy Act Officer?  YES     NO
  - b. If no, contact the Privacy Act Officer for instructions.
3. Is the SSN Field needed?  YES     NO
  - a. If no, complete DD67 to request revision of the form.
4. Is this form electronic?  YES     NO
  - a. If yes, is the SSN field masked or truncated?  YES     NO
  - b. If no, could it be?  YES     NO
5. Is this form part of an IT system?  YES     NO
  - a. If yes, what is the IT System name and DITPR DON ID? \_\_\_\_\_
  - b. If yes, does the IT System mask or truncate the display of the SSN on the form?  YES     NO
  - c. If no, Could it be?  YES     NO
6. Is Justification Memorandum for the Record attached?  YES     NO
7. Could an alternative to the SSN be used?  YES     NO

CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor

Name, Code, Mailing Address <u>LtCol Durham, HQMC(PS), Pentagon, 4A324, Washington DC, 20350-3000</u>	Office Telephone Number: <u>(703) 692-4249</u>
	E-mail Address <u>jan.durham@usmc.mil</u>

SECTION 2 TO BE COMPLETED BY PRIVACY ACT OFFICER

**To verify information given in Section 1 is accurate, is in compliance with Privacy Act Regulations, and meets requirements of the SSN Reduction Plan.**

1. Is Privacy Act Statement (PAS) correct?  YES     NO
2. If there is not a PAS, is one needed?  YES     NO
3. If a PAS needed, what is the correct PAS? (Originator/owner of form/IT system will work with the Privacy Act Officer to draft a PAS if needed) (Field will expand to fit typed data))
4. Is the System of Records Notice (SORN) number cited in Section 1 correct?  YES     NO
5. Does a SORN need to be initiated?  YES     NO  
*(Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office)*
6. Is use of SSN Justification Form complete and approved?  YES     NO

<input checked="" type="checkbox"/> APPROVED	<u>Deborah Contaoi</u>	<u>12 Apr 2016</u>
<input type="checkbox"/> DISAPPROVED	Privacy Act Officer Printed Name	Privacy Act Officer Signature
	_____	_____
		Date

SECTION 3 - COMMAND FORMS MANAGER

<input type="checkbox"/> APPROVED	<u>Ernest W. Williams</u>	<u>23 Feb 2017</u>
<input type="checkbox"/> DISAPPROVED	Forms Manager Printed Name	Forms Manager Approval Signature
	_____	_____
		Date:

**NOTES:**  
 (1) If Disapproved, sponsor/originator will need to provide a plan to include milestones and timeline of the elimination of the SSN usage.  
 (2) SSN Reduction Packages for forms will be kept by the cognizant form manager in the forms's history/case file.  
 (3) SSN Reduction Packages for IT Systems will be kept by the cognizant CIO office.

22 Jan 2015

Date

## MEMORANDUM FOR THE RECORD

Subj: JUSTIFICATON FOR THE USE OF THE SOCIAL SECURITY NUMBER (SSN)

TBD "DoN LEOSA Applicant Information Form"

*(Form number and name or IT system name and DITPR DON ID number)*

The National Defense Authorization Act (NDAA) of FY2013 amended Title 18 U.S.C. making Department of Defense (DoD) Law Enforcement Officers (LEO) eligible to participate in the Law Enforcement Officers Safety Act (LEOSA). The LEOSA grants qualified active, retired and separated law enforcement officers the authority to carry a concealed privately owned firearm while in an off duty status. Guidance for the implementation of the LEOSA within the DoD is articulated in DoD Instruction (DoDI) 5525.12. A key implementation measure within DoDI 5525.12 is the requirement for DoD components to issue photographic identification to qualified, as defined by Title 18 U.S.C. §926B (current) and §926C (retired/separated), law enforcement officers. Possession of agency issued photographic identification is required of all LEOs choosing to exercise their LEOSA concealed carry privileges.

With a command endorsement, active duty Military Police, Master at Arms and civilian police officers currently performing law enforcement within the Department of the Navy (DoN) are considered qualified as a consequence of their assigned duties and will be issued photographic identification accordingly. To determine qualifications of retired/separated personnel the DoN established a standardized application process that permits individuals to voluntarily submit personally identifiable information (PII) to substantiate eligibility to participate. This information is used to determine an individual's compliance with Title 18 U.S.C., §926C requirements; specifically, that they are not federally prohibited from possessing a firearm, they have a minimum of ten years law enforcement experience and they have no misdemeanor domestic violence or felony convictions. Information collected on the DoN LEOSA Application Form, which includes an individual's social security number, is an instrumental component of this process. The social security number provides LEOSA administrators with a unique, highly recognized, personal identifier that is common among all active, retired, and separated personnel. The social security number provides the most accurate and efficient means of validating criminal history, identity, and law enforcement experience. To use anything other than the social security number increases opportunities for inappropriate issuance of law enforcement identification which violates the law, tarnishes the reputation of the Naval Service, and creates potential risks to public safety.

\_\_\_\_\_  
Signature (*Flag, SES, or by direction*)\_\_\_\_\_  
Director, Security Division (PS)\_\_\_\_\_  
Title and Code\_\_\_\_\_  
HQMC, PP&O\_\_\_\_\_  
Command

*Note: Justification must include operational necessity, cost, etc. explanation and impact if SSN were to be eliminated)*