

e-QIP REQUEST FORM

(Electronic Questionnaires for Investigations Processing)

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0135, is estimated to average 30 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §7103, "Secretary of the Army"; 10 U.S.C. §9013, "Secretary of the Air Force"; United States Presidential Executive Order (E.O.) 13526, "Classified National Security"; E.O. 10450, "Security Requirements for Government Employment"; Department of Defense Instruction (DoDI) 5200.01, "DoD Information Security Program and Protection of Sensitive Compartmental Information"; DoDI 5200.02, "DoD Personnel Security Program (PSP)"; Army Regulation (AR) 380-67, "Personnel Security Program"; Air Force Instruction (AFI) 31-501, "Personnel Security Program Management"; AFI 31-401, "Information Security Program Management"; AR 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; 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, 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.

A copy of the **Privacy Impact Assessment (PIA)** for the collection of information may be located at <https://www.aafes.com/about-exchange/public-affairs/FOIA/assessments.htm>

SYSTEM OF RECORD NOTICE (SORN): 1703.03, "Personnel Security Clearance Case Files"; <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>

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.

Ia. EXCHANGE/CONTRACTOR*

Choose One:

Exchange

Contractor

Date of Request: (ex: 25 Jul 2015) _____

Ib. EXCHANGE/CONTRACTOR*

Choose All That Apply:

Non-Sensitive

Sensitive

Remote

II. APPLICANT'S INFORMATION*

(Full Name) Last: _____ First: _____ Middle: _____ Gender: Male

Female

Date of Birth: (ex: 25 Jul 2015)

Social Security #: (9 digits only)

Place of Birth: (City, State) or (City, Country, overseas only)

Work Location (Military Base/HQ Department):

Region:

Position Title:

Phone #:

Email Address:

Is job associated with ...? Choose all that apply:

Childcare

Deployment

Firearms

Other _____

Exchange Hire Date: (ex: 25 Jul 2015) _____

III. PRIOR MILITARY/FEDERAL CONTRACTOR/FEDERAL AGENCY*

Choose One:

Provide Military/Federal Agency/Federal Contractor (within 24 months) _____

No

Yes

From: (Month/Year) _____ To: (Month/Year) _____

IV. EXCHANGE PERSONNEL ONLY*

Supervisor's Name: _____ Phone Number/Email: _____ (Extension #) _____

Human Resource Manager's Name _____ Phone Number/Email: _____ (Extension #) _____

V. EXCHANGE PERSON OF CONTACT (POC) - CONTRACTORS ONLY*

Exchange POC Name: _____ Phone #: _____ Facility # (8-10 Digits): _____

Contractor's POC Name: _____ Phone #: _____ Contract #/PO #: _____

Contracting Company Name: _____ Company's POC Email Address: _____

(City, State) or (City, Country, overseas only)

VI. REQUIRED DOCUMENTS*

Choose Type of Fingerprint Submission and include: Local Police Report and OF 306. Contractors must provide National Background Check.

Electronic Fingerprints Transmission Date: (ex: 25 Jul 2015) _____

Fingerprint Card (SF87 Rev. March 2013)

Resume/Application

OF 306

Local Police Report

Fair Credit Reporting Disclosure and Authorization

National Background Check (Contractors Only)

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

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

VII. EXCHANGE EG-FP ONLY

Initiator/Reviewer/Approver: _____ Date: (dd/mmm/yyyy) _____ Status: _____

Initiator/Reviewer/Approver: _____ Date: (dd/mmm/yyyy) _____ Status: _____

Comments: