

**SPOT-ES**

**OMB Control Number  
0704-0460 Package**

**EDIT PERSON**

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**SCREENS with DROPDOWNS**

## EDIT PERSON SCREENS (1 of 3)

### Edit - Personal Information

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

Please enter the person information.


* First Name:	<input type="text"/>	Address 1:	<input type="text"/>
Middle Name:	<input type="text"/>	Address 2:	<input type="text"/>
Last Name:	<input type="text"/>	Country:	<input type="text" value="United States"/>
Suffix:	<input type="text" value="Select a Suffix"/>	State:	<input type="text"/>
SSN:	<input type="text"/>	City:	<input type="text"/>
Date of Birth:	<input type="text"/>	Zip:	<input type="text"/>
Gender:	<input type="text"/>	Home Phone:	<input type="text"/>
Personnel Category:	Company Contractor Personnel	Work Phone:	<input type="text"/>
Place of Birth:	<input type="text"/>	* Primary Email:	<input type="text"/>
* Citizenship:	<input type="text" value="United States"/>		

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### Edit - Passport Information

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

Please enter the passport information.

* What is the passport number?	<input type="text"/>
* When does the passport expire?	<input type="text"/>  (mm/dd/yyyy)
* What country issued the passport?	<input type="text"/>

## EDIT PERSON SCREENS (2 of 3)

### 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:

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

If No, enter the Company Training Center Information:

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 PERSON SCREENS (3 of 3)

**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"

Edit - Personal Information

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

Please enter the person information.

<p>* First Name: <input type="text" value="David"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text" value="Smith"/></p> <p>Suffix: <span style="border: 1px solid black; padding: 2px;">Select a Suffix</span></p> <p>* SSN: <input type="text" value="xx-xx-0021"/></p> <p>* Re-enter SSN: <input type="text" value="xx-xx-0021"/></p> <p>* Date of Birth: <input type="text" value="06/01/1977"/></p> <p>* Gender: <input type="text" value="Male"/></p> <p>Personnel Category: Company Contractor Personnel</p> <p>Place of Birth: <input type="text"/></p> <p>* Citizenship: <input type="text" value="United States"/></p>	<p>Address 1: <input type="text"/></p> <p>Address 2: <input type="text"/></p> <p>Country: <input type="text" value="Select a Country"/></p> <p>State: <input type="text" value="Select a State"/></p> <p>City: <input type="text"/></p> <p>Zip: <input type="text"/></p> <p>Home Phone: <input type="text"/></p> <p>Work Phone: <input type="text"/></p> <p>* Primary Email: <input type="text" value="dsmith@email.com"/></p>
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## EXAMPLE RESPONSES TO "GENDER"

Edit - Personal Information

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

Please enter the person information.

<p>* First Name: <input type="text" value="David"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text" value="Smith"/></p> <p>Suffix: <input type="text" value="Select a Suffix"/></p> <p>* SSN: <input type="text" value="xxx-xx-0021"/></p> <p>* Re-enter SSN: <input type="text" value="xxx-xx-0021"/></p> <p>* Date of Birth: <input type="text" value="06/01/1977"/></p> <p>* Gender: <span style="border: 1px solid black; padding: 2px;">Select a Gender</span></p> <p>Personnel Category: <input type="text" value="Female"/> Personnel</p> <p>Place of Birth: <input type="text"/></p> <p>* Citizenship: <input type="text" value="United States"/></p>	<p>Address 1: <input type="text"/></p> <p>Address 2: <input type="text"/></p> <p>Country: <input type="text" value="Select a Country"/></p> <p>State: <input type="text" value="Select a State"/></p> <p>City: <input type="text"/></p> <p>Zip: <input type="text"/></p> <p>Home Phone: <input type="text"/></p> <p>Work Phone: <input type="text"/></p> <p>* Primary Email: <input type="text" value="dsmith@email.com"/></p>
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## 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:

Middle Name:

\* Last Name:  **Select a Citizenship**

Suffix:

\* SSN:

\* Re-enter SSN:

\* Date of Birth:

\* Gender:

Personnel Category:

Place of Birth:

\* Citizenship:

Address 1:

Address 2:

Country:

State:

City:

Zip:

Home Phone:

Work Phone:

\* Primary Email:

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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:

Middle Name:

\* Last Name:

Suffix:

\* SSN:

\* Re-enter SSN:

\* Date of Birth:

\* Gender:

Personnel Category:

Place of Birth:

\* Citizenship:

Address 1:

Address 2:

Country: **Select a Country**

State:

City:

Zip:

Home Phone:

Work Phone:

\* Primary Email:

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Cancel

## 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:

Middle Name:

\* Last Name:

Suffix:

\* SSN:

\* Re-enter SSN:

\* Date of Birth:

\* Gender:

Personnel Category:

Place of Birth:

\* Citizenship:

Address 1:

Address 2:

Country:

State:

City:

Zip:

Home Phone:

Work Phone:

\* Primary Email:

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calling the SPOT Help Desk.

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?

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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:

\* Language Spoken:

Nearest Duty Station:

Aunt  
Brother  
Daughter  
Father  
Fiance  
Mother  
Other  
Parents  
Sister  
Son  
Spouse  
Uncle

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:

Nearest Duty Station:

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

Cancel Back Skip to Next Step Save Save and Continue

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## 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

Clearance Expiration:  (mm/dd/yyyy)

Security Clearance Issuing Agency:

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## 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

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UNCL

## 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

2. Is the person's DNA on file?

3. Is the person's Panograph on file?