

<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">EMAIL SUBMIT</div>	<h2 style="margin: 0;">SSN REDUCTION REVIEW</h2>	DATE COMPLETED: <u>29 Jun 2020</u>
Submission for <i>(Check one)</i> : <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

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|--|---|--|
| 1. Is the form covered by a System of Record Notice (SORN)? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If yes, what is the SORN number? _____ | | |
| b. If no, contact the Privacy Act Officer for instructions. | | |
| 2. Does the form contain a Privacy Act Statement (PAS)? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If yes, has the PAS been approved by a Privacy Act Officer? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. If no, contact the Privacy Act Officer for instructions. | | |
| 3. Is the SSN Field needed? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If no, complete DD67 to request revision of the form. | | |
| 4. Is this form electronic? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| a. If yes, is the SSN field masked or truncated? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. If no, could it be? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5. Is this form part of an IT system? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. If no, Could it be? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 6. Is Justification Memorandum for the Record attached? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Could an alternative to the SSN be used? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

CONTACT INFORMATION - IT System Owner or Form Originator/Sponsor

Name, Code, Mailing Address	Office Telephone Number:
	E-mail Address

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.

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|---|---|-----------------------------|
| 1. Is Privacy Act Statement (PAS) correct? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. If there is not a PAS, is one needed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. If a PAS needed, what is the correct PAS? <i>(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))</i> | | |

AUTHORITY: 10 U.S.C. 5013 Secretary of the Navy; 10 U.S.C. 5041 Headquarters, Marine Corps function, composition; 18 U.S.C. 922 Unlawful Acts; 18 U.S.C. 926B and 926C Carrying of concealed firearms by qualified retired law enforcement officers; DoD Instruction 5525.12 Implementation of the Law Enforcement Officers Safety Act of 2004 (LEOSA); and E.O.9397 (SSN), as amended. SORN NM05580-2, Security Incident System: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570445/nm05580-2/>.

PURPOSE: To determine eligibility of requesters and process applications for DON law-enforcement credentials. The applicant's Social Security Number is solicited solely for the purpose of validating identity.

ROUTINE USE(S): Information will be disclosed to law enforcement authorities and administrative support staff assigned to the issuing agency with a need to know in order to verify Title 18, Section 926B and 926C eligibility requirements and process applications. Additionally, the answers and any information resulting therefrom may be disclosed for use in a criminal or administrative proceeding if the applicant knowingly and willfully provided false statements or information.

DISCLOSURE: Voluntary. However, applicants that fail to provide the requested information will be denied issuance of DON law-enforcement credentials.

4. Is the System of Records Notice (SORN) number cited in Section 1 correct?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. Does a SORN need to be initiated? <i>(Determination of need for SORN will be worked between the originator/owner of form/IT system and Command Privacy Act Office)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Is use of SSN Justification Form complete and approved?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> APPROVED <u>Hakim S. Anbiya</u>	<u>29 Jun 2020</u>
<input type="checkbox"/> DISAPPROVED _____	_____
Privacy Act Officer Printed Name	Privacy Act Officer Signature
	Date

SECTION 3 - COMMAND FORMS MANAGER

<input type="checkbox"/> APPROVED	
<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.

26 Jun 2020

Date

MEMORANDUM FOR THE RECORD

Subj: JUSTIFICATON FOR THE USE OF THE SOCIAL SECURITY NUMBER (SSN)
 SECNAV 5580/1 "DoN LEOSA Credential Application"

(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*)

 Privacy Compliance Officer N04C

 Title and Code

 Commander Navy Installations Command
 Command

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