

INV FORM 42 (Rev. 10/19)
DEFENSE COUNTERINTELLIGENCE
AND SECURITY AGENCY (EO 13467)

INVESTIGATIVE REQUEST FOR
PERSONAL INFORMATION
U.S. GOVERNMENT USE ONLY

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DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY
FEDERAL INVESTIGATIONS PROCESSING CENTER
PO BOX 618
BOYERS, PA 16018-0618

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INSTRUCTIONS: Your contact information was provided by the person identified below to assist in completing a background investigation to help us determine this person's eligibility for employment or security clearance. To help us make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope.

PRIVACY ACT STATEMENT: The information you provide, including your identity, will be furnished to the agency requesting the investigation, other agencies as warranted, and to the person investigated upon his or her specific request. **AUTHORITY:** Section 925 of Public Law 115-91; 5 USC 301; Executive Order 13467, as amended by Executive Order 13869; and, 5 CFR 736. **PRINCIPAL PURPOSE:** To obtain background information and personal records for investigating and determining an individual's initial or continued: eligibility for access to classified national security information or assignment to positions with sensitive duties, suitability for enlistment or appointment into military service, suitability for federal employment, fitness for assignment to work under contract for or on behalf of the government, or eligibility for physical or logical access to U.S. Government systems or facilities. **ROUTINE USES:** The information collected may be disclosed to DCSA personnel and shared externally with other authorized government agency personnel as a routine use when necessary and relevant to personnel vetting investigations, determinations, and adjudications; and, for other purposes permitted under subsection (b) of the Privacy Act of 1974, as amended (5 USC §552a). Information obtained will also be released to the person being investigated upon their request unless otherwise exempt. A complete list of the routine uses can be found in the system of records notice for the Department of Defense Personnel Vetting Records System, "DUSDI 02-DoD" at: <https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records>. **DISCLOSURE:** Disclosure is voluntary. However, failure to provide DCSA access to the requested information may result in our agency's inability to conduct a thorough investigation and may prevent the government from making a determination or adjudication regarding the qualifications, suitability, eligibility or fitness of the person being investigated.

If you have significant information which you feel unable to furnish without a promise that your identity will be kept confidential, please indicate this in writing on the reverse side of this form and provide only your contact information. Providing additional information on this form will void your request for confidentiality.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

Completion and return of this original form as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER:

CASE TYPE:

ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)

OTHER NAMES USED

POSITION REQUIRING INVESTIGATION

THIS PERSON CLAIMED THE FOLLOWING:

PUBLIC BURDEN STATEMENT: The public reporting burden for this collection of information, OMB 0705-0003, is estimated to average 5 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.

MARKING INSTRUCTIONS

CORRECT MARK:



- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

INCORRECT MARKS:



PLEASE COMPLETE THE ITEMS SHOWN BELOW

1 HOW LONG HAVE YOU KNOWN THIS PERSON?
a _____ YEARS _____ MONTHS b I DON'T KNOW THIS PERSON (DON'T COMPLETE OTHER ITEMS)

2 MY ASSOCIATION WITH THIS PERSON IS/WAS AS A:
a COWORKER c FRIEND e FORMER SPOUSE g RELATIVE
b NEIGHBOR d SPOUSE f INSTRUCTOR h OTHER (PLEASE EXPLAIN IN ITEM 8)

3 ON THE AVERAGE, I ASSOCIATE(D) WITH THIS PERSON:
a DAILY c MONTHLY e ONCE EVERY YEAR OR 2
b WEEKLY d TWICE A YEAR f ONCE IN 3 OR MORE YEARS

4 I LAST ASSOCIATED WITH THIS PERSON:
a 0 TO 3 MONTHS AGO c 1 TO 3 YEARS AGO e MORE THAN 5 YEARS AGO
b 3 TO 12 MONTHS AGO d 3 TO 5 YEARS AGO

5 DOES THE INFORMATION ON THE FRONT OF THIS FORM CONCERNING THIS PERSON APPEAR TO BE CORRECT?
a YES b NO—IT APPEARS TO BE INCORRECT OR INCOMPLETE (SHOW CORRECT OR ADDITIONAL DATA IN ITEM 8)

6 DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?
a NO c I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND
b YES (PLEASE EXPLAIN IN ITEM 8) d I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

7 DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:

YES NO	YES NO	YES NO
a <input type="radio"/> <input type="radio"/> VIOLATIONS OF THE LAW	d <input type="radio"/> <input type="radio"/> ABUSE/ILLEGAL USE OF DRUGS	f <input type="radio"/> <input type="radio"/> GENERAL BEHAVIOR OR CONDUCT
b <input type="radio"/> <input type="radio"/> FINANCES	e <input type="radio"/> <input type="radio"/> MENTAL OR EMOTIONAL STABILITY	g <input type="radio"/> <input type="radio"/> OTHER MATTERS
c <input type="radio"/> <input type="radio"/> ABUSE OF ALCOHOL	(IF YES, PLEASE EXPLAIN IN ITEM 8)	

I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

8 FILL IN THIS MARK IF RECORD IS ATTACHED
 IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK
ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S ELIGIBILITY FOR EMPLOYMENT OR SECURITY CLEARANCE. THIS SPACE MAY BE USED TO PROVIDE DEROGATORY AS WELL AS POSITIVE INFORMATION, TO REQUEST CONFIDENTIALITY, AND/OR TO REQUEST A COPY OF THE CONSENT.

9 DO YOU RECOMMEND THIS PERSON FOR ELIGIBILITY FOR EMPLOYMENT OR SECURITY CLEARANCE?
a YES c I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION
b NO (PLEASE EXPLAIN IN ITEM 8)

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

YOUR TITLE: _____ **DAYTIME TELEPHONE NUMBER:** _____
(INCLUDE AREA CODE)

FOR DCSA USE ONLY

RESULTS

- | | |
|--|---|
| <p>AC ACCEPTABLE
 AA ACCEPTABLE/ATTACHED
 PA CONFIDENTIAL/ACCEPTABLE
 (NI) NO PERTINENT INFORMATION
 NR NO RECORD
 (NL) NOT LOCATED
 UC UNABLE TO CONTACT
 RF REFERRED
 RR RECORD</p> | <p>(IS) ISSUES
 (PI) CONFIDENTIAL/ISSUES
 (RI) RECORD INCONCLUSIVE
 FR FEE REQUIRED
 RL RELEASE REQUIRED
 SK SUBJECT UNKNOWN
 NZ NOT AVAILABLE
 DN DISCREPANT</p> |
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ISSUES/CHARACTERIZATION

- | | |
|---|--|
| <p>1 <input type="radio"/> (A) (B) (C) (D) (E) (N)
 2 <input type="radio"/> (A) (B) (C) (D) (E) (N)
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 13 <input type="radio"/> (A) (B) (C) (D) (E) (N)
 14 <input type="radio"/> (A) (B) (C) (D) (E) (N)</p> |
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