INV FORM 40 (Rev. 10/19)
DEFENSE COUNTERINTELLIGENCE
AND SECURITY AGENCY (EO 13467)

## GENERAL REQUEST FOR INVESTIGATIVE INFORMATION U.S. GOVERNMENT USE ONLY

F	DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY		
R	FEDERAL INVESTIGATIONS PROCESSING CENTER		
O	PO BOX 618		
M	BOYERS, PA 16018-0618		
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INSTRUCTIONS: We are investigating the person identified below. Please search your records, indicating the results by marking one of the ovals on the reverse of this form. If any pertinent information is contained in your records, please send a photocopy as an attachment to this form. If a photocopy is not available, report the pertinent information in the "remarks" section. Please return the completed form, with any attachments to the Defense Counterintelligence and Security Agency at the address shown above.

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 02-000" 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.

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						
DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION				
DI ACE OF DIDTH						
PLACE OF BIRTH						
PLACE OF BIRTH  ADDITIONAL INFORMATION FOR	YOUR RECORD SEARCH					

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, as whice, receive each mix dd-od-infor-mation-collections described in the 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 MAKE ANY STRAY MARKS ON THIS SHEET.

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

**INCORRECT MARKS:** 







## MARK THE OVAL CORRESPONDING TO THE RESULTS OF YOUR RECORD SEARCH

- (A) RECORD INFORMATION SHOWN BELOW
- (E) RECORD IS ATTACHED
- © NO PERTINENT INFORMATION
- (D) REQUEST DCSA REVIEW
- (Explain in REMARKS section)
- **© RECORD AT ANOTHER LOCATION (Enter address and ZIP** code in REMARKS section)
- (H) NOT LOCATED (Explain in REMARKS section)

PAGE VERIFIED	1 NO RECORD
IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU	U MUST FILL IN THIS MARK.
REMARKS	
PRINT NAME:	\
SIGNATURE:	DATE
YOUR TITLE/ORGANIZATION:	DAYTIME TELEPHONE NUMBER
	(INCLUDE AREA CODE)
	( )

FOR DCSA USE ONLY							
RESULTS	3	ISSUES/CHARACTERIZATION					
ACCEPTABLE	(B) ISSUES	1 (0) (A) (B) (C) (D) (E) (N)	9 (a) (b) (c) (c) (d)				
ACCEPTABLE/ATTACHED	(P) CONFIDENTIAL/ISSUES	2 (Q) (A) (B) (C) (D) (E) (N)	10 (a) (b) (c) (c) (b)				
PA CONFIDENTIAL/ACCEPTABLE	(B) RECORD INCONCLUSIVE	3 (A) (B) (C) (D) (E) (N)	11 (D (A) (B) (C (D) (E) (N)				
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NOT LOCATED	SUBJECT UNKNOWN     ■	6 (A) (B) (C) (D) (E) (N)	14 (0 (A) (B) (C) (D) (E) (N)				
UNABLE TO CONTACT	NOT AVAILABLE	7 (D) (A) (B) (C) (D) (E) (N)					
® REFERRED	ON DISCREPANT						
RB RECORD							