INV FORM 42 (Rev. 10/21) **DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY (EO 13467)** 

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

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F	DEFENSE COUNTERINTE	LLIGENCE AND SECI	URITY AGENCY	
R	FEDERAL INVESTIGATION	NS PROCESSING CEN	ITER	
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			entified below to assist in completing a background in To help us make this determination, we ask that you	
	back of this form and return the form		To help us make this determination, we ask that you	d complete all items
PRIVA	CY ACT STATEMENT: The informati	on you provide, including you	ir identity, will be furnished to the agency requesting	ng the investigation, other agencies as warranted
and to	the person investigated upon his or he	er specific request. AUTHORI	TY: Section 925 of Public Law 115-91; 5 USC 301;	Executive Order 13467, as amended by Executive
			ground information and personal records for inveor assignment to positions with sensitive duties, su	
service	, suitability for federal employment, fir	tness for assignment to work	under contract for or on behalf of the government,	or eligibility for physical or logical access to U.S
			ected may be disclosed to DCSA personnel and shall be needed in the properties of the street and adjusted may be seen the street and adjusted the stre	
			ner verting investigations, determinations, and adju- nformation obtained will also be released to the pe	
otherw	ise exempt. A complete list of the rou	itine uses can be found in the	system of records notice for the Department of De	fense Personnel Vetting Records System, "DUSD
			B-22508/privacy-act-of-1974-system-of-records.  ur agency's inability to conduct a thorough investiga	
			bility or fitness of the person being investigated.	3
			a promise that your identity will be kept confidentia	
of this	form and provide only your contact inf	ormation. Providing additional	I information on this form will void your request for	confidentiality.
			ent for this investigative inquiry. We keep that conse	nt on file. If a copy is required in order to complete
triis ior	m, please indicate this requirement in	writing on the reverse.		
			as possible will help this person a	nd the agency perform their duties
in a	nore timely and efficient n	nanner.		
CASE	NUMBER:	CASE TYPE:	ITEM NUMBER:	
		_		
FUL	L NAME (LAST, FIRST, MIDDLE	)		
OTI	IER NAMES USED			
POS	SITION REQUIRING INVESTIGAT	rion		
THI	S PERSON CLAIMED THE FOLL	.OWING:		

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-infor-mation-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.



221433-9 EXPIRATION DATE: 10/31/24

FORM APPROVED: OMB:0705-0003

## **MARKING INSTRUCTIONS**

**CORRECT MARK:** 

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

**INCORRECT MARKS:** 

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

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• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

## PLEASE COMPLETE THE ITEMS SHOWN BELOW

2	HOW LONG HAVE YOU KNOWN THIS P			
2	HOW EDITOR HAVE TOO KING WITH HIME I	ERSON?		
2	a O YEARS MC	NTHS	b O I DON'T KNO	W THIS PERSON (DON'T COMPLETE OTHER ITEMS)
_	MY ASSOCIATION WITH THIS PERSON	IS/WAS AS A:		
	a COWORKER C	FRIEND e	FORMER SPOUSE	g C RELATIVE
	b NEIGHBOR d	SPOUSE f	INSTRUCTOR	h OTHER (PLEASE EXPLAIN IN ITEM 8)
3	ON THE AVERAGE, I ASSOCIATE(D) WIT	TH THIS PERSON:		
	a ODAILY	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 PERSO	N:		
	a 0 TO 3 MONTHS AGO	c 1 TO 3 YEARS AGO	e (	MORE THAN 5 YEARS AGO
	<b>b</b> 3 TO 12 MONTHS AGO	d 3 TO 5 YEARS AGO		
5	DOES THE INFORMATION ON THE FRO	NT OF THIS FORM CONCERNI	NG THIS PERSON APPEAR TO	BE CORRECT?
	a YES b NO-IT APPEAR	RS TO BE INCORRECT OR INCO	MPLETE (SHOW CORRECT OR ADI	DITIONAL DATA IN ITEM 8)
6	DO YOU HAVE ANY REASON TO QUEST	ON THIS PERSON'S HONEST	Y OR TRUSTWORTHINESS?	
	a NO	С	O I DO NOT KNOW THIS PER	SON WELL ENOUGH TO RESPOND
	b YES (PLEASE EXPLAIN IN ITEM 8	) d	O I WISH TO DISCUSS THE A	DVERSE INFORMATION I HAVE
7	DO YOU HAVE ANY ADVERSE INFORMA	ATION ABOUT THIS PERSON'S	EMPLOYMENT, RESIDENCE	OR ACTIVITIES CONCERNING:
	YES NO	YES NO		YES NO
	a O VIOLATIONS OF THE LAW	d O O ABUSE/ILLEGAL	USE OF DRUGS	f O GENERAL BEHAVIOR OR CONDUCT
	b O FINANCES	e O O MENTAL OR EMO	TIONAL STABILITY	g O OTHER MATTERS
	c O ABUSE OF ALCOHOL			(IF YES, PLEASE EXPLAIN IN ITEM 8)
		I WISH TO DISCUSS THE AD	VERSE INFORMATION I HAVE	,
8				
0	DO YOU DECOMMEND THIS DEDOON E	OR ELICIPII ITY FOR EMPLOY	MENT OD SECUDITY OF EADA	JOE2
9	DO YOU RECOMMEND THIS PERSON F			
9	a YES			NCE? ON WELL ENOUGH TO MAKE A RECOMMENDATION
	a YES b NO (PLEASE EXPLAIN IN ITEM 8)			
	a YES			
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8) INT NAME:			ON WELL ENOUGH TO MAKE A RECOMMENDATION
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8)			
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8) INT NAME: GNATURE:			ON WELL ENOUGH TO MAKE A RECOMMENDATION  DATE
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8) INT NAME:			ON WELL ENOUGH TO MAKE A RECOMMENDATION
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8) INT NAME: GNATURE:	c	O I DON'T KNOW THIS PERS	DATE  DAYTIME TELEPHONE NUMBER
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8)  INT NAME:  GNATURE:  DUR TITLE:	FOR DC	O I DON'T KNOW THIS PERS	DATE  DAYTIME TELEPHONE NUMBER  (NYCLUDE AREA CODE)
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8) INT NAME: GNATURE: PUR TITLE: RESULTS	FOR DC	O I DON'T KNOW THIS PERS	DATE  DAYTIME TELEPHONE NUMBER  (NCLUDE AREA CODE)  SUES/CHARACTERIZATION
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8) INT NAME: GNATURE: PUR TITLE: RESULTS	FOR DC	CSA USE ONLY  IS  1	DATE  DAYTIME TELEPHONE NUMBER  (NOCLUDE AREA CODE)  SUES/CHARACTERIZATION  9 (2) (A) (B) (C) (D) (E) (N)
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8)  INT NAME:  GNATURE:  PUR TITLE:  RESULTS  ACCEPTABLE  ACCEPTABLE	FOR DO	CSA USE ONLY  IS  1	DATE  DAYTIME TELEPHONE NUMBER  (NYCLUDE AREA CODE)  SUES/CHARACTERIZATION  D.E. N. 9 Q. A. B. C. D. E. N.  10 Q. A. B. C. D. E. N.
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8)  INT NAME:  GNATURE:  PUR TITLE:  RESULTS  AC ACCEPTABLE  A ACCEPTABLE/ATTACHED  CONFIDENTIAL/ACCEPTABLE	FOR DO  S  (S ISSUES  (P) CONFIDENTIAL/ISSUE	CSA USE ONLY  IS  1	DATE  DAYTIME TELEPHONE NUMBER  (NYCLUDE AREA CODE)  SUES/CHARACTERIZATION  D E N 9 0 A B C D E N  10 0 A B C D E N  11 0 A B C D E N
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8)  INT NAME:  CHATURE:  RESULTS  AC ACCEPTABLE  A ACCEPTABLE/ATTACHED  CONFIDENTIAL/ACCEPTABLE  NO PERTINENT INFORMATION	FOR DC  S  (IS ISSUES  (P) CONFIDENTIAL/ISSUE  (R) RECORD INCONCLUS  (F) FEE REQUIRED	CSA USE ONLY  IS  1	DATE  DAYTIME TELEPHONE NUMBER  (INCLUDE AREA CODE)  SUES/CHARACTERIZATION  DE N 9 0 A B C D E N  DE N 10 0 A B C D E N  DE N 11 0 A B C D E N  DE N 11 0 A B C D E N  DE N 12 0 A B C D E N
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8)  INT NAME:  GNATURE:  PUR TITLE:  RESULTS  AC ACCEPTABLE  A ACCEPTABLE/ATTACHED  A CONFIDENTIAL/ACCEPTABLE  NO PERTINENT INFORMATION  NO RECORD	FOR DO  S  (IS ISSUES  (P) CONFIDENTIAL/ISSUE  (R) RECORD INCONCLUS  (R) FEE REQUIRED  (R) RELEASE REQUIRED	CSA USE ONLY  IS  1 0 A B C C  2 0 A B C C  4 0 A B C C  5 0 A B C C	DATE  DAYTIME TELEPHONE NUMBER  (INCLUDE AREA CODE)  SUES/CHARACTERIZATION  DE N 9 0 A B C D E N  DE N 10 0 A B C D E N  DE N 11 0 A B C D E N  DE N 12 0 A B C D E N  DE N 12 0 A B C D E N  DE N 13 0 A B C D E N
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8)  INT NAME:  GNATURE:  PUR TITLE:  RESULTS  AC ACCEPTABLE  A ACCEPTABLE/ATTACHED  A CONFIDENTIAL/ACCEPTABLE  NO PERTINENT INFORMATION  NO RECORD  NOT LOCATED	FOR DC  S  (IS ISSUES (P) CONFIDENTIAL/ISSUE (R) RECORD INCONCLUS (F) FEE REQUIRED (R) RELEASE REQUIRED (SK SUBJECT UNKNOWN	CSA USE ONLY  IS  1	DATE  DAYTIME TELEPHONE NUMBER  (N)CLUDE AREA CODE)  SUES/CHARACTERIZATION  D.E. N. 9 0 A B C D E N.  D.E. N. 10 0 A B C D E N.  D.E. N. 11 0 A B C D E N.  D.E. N. 12 0 A B C D E N.  D.E. N. 12 0 A B C D E N.  D.E. N. 13 0 A B C D E N.  D.E. N. 13 0 A B C D E N.  D.E. N. 14 0 A B C D E N.
PR	a YES b NO (PLEASE EXPLAIN IN ITEM 8)  INT NAME:  GNATURE:  PUR TITLE:  RESULTS  AC ACCEPTABLE  A ACCEPTABLE/ATTACHED  A CONFIDENTIAL/ACCEPTABLE  NO PERTINENT INFORMATION  NO RECORD	FOR DO  S  (IS ISSUES  (P) CONFIDENTIAL/ISSUE  (R) RECORD INCONCLUS  (R) FEE REQUIRED  (R) RELEASE REQUIRED	CSA USE ONLY  IS  1 0 A B C C  2 0 A B C C  4 0 A B C C  5 0 A B C C	DATE  DAYTIME TELEPHONE NUMBER  (NCLUDE AREA CODE)  SUES/CHARACTERIZATION  DE N 9 0 A B C D E N  DE N 10 0 A B C D E N  DE N 11 0 A B C D E N  DE N 12 0 A B C D E N  DE N 13 0 A B C D E N  DE N 13 0 A B C D E N  DE N 14 0 A B C D E N