

TASS REQUEST FORM

Trusted Associate Sponsorship System (formerly CVS Contract Verification System)
This form must be submitted to Exchange EG-FP by the Exchange Contracting Officer only.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0135, is estimated to average 30 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.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §7103, "Secretary of the Army"; 10 U.S.C. §9013, "Secretary of the Air Force;" United States Presidential Executive Order (E.O.) 13526, "Classified National Security;" E.O. 10450, "Security Requirements for Government Employment;" Department of Defense Instruction (DoDI) 5200.01, "DoD Information Security Program and Protection of Sensitive Compartmental Information;" DoDI 5200.02, "DoD Personnel Security Program (PSP);" Army Regulation (AR) 380-67, "Personnel Security Program;" Department of the Air Force Instruction (DAFI) 31-501, "Personnel Security Program Management;" DAFI 31-401, "Information Security Program Management;" AR 215-8/DAFI 34-110(i), "Army and Air Force Exchange Service Operations;" and E.O. 9397, (SSN), as amended.

PRINCIPAL PURPOSES: To assist in the processing of personnel security clearance actions; to record security clearances issued or denied, and to verify for access to classified information or assignment to sensitive positions.

ROUTINE USES: Records may be disclosed outside of DoD pursuant to Title 5 U.S.C. § 552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.dod.mil/Privacy/SORNsindex/BlanketRoutineUses.aspx>. Information may be released to Federal, State, Local, and Foreign Law Enforcement, Intelligence, or Security agencies in connection with a lawful investigation under their jurisdiction.

DISCLOSURE: Voluntary, however, failure to provide information may result in denial of a Common Access Card, non-enrollment in the Defense Enrollment Eligibility Reporting System (DEERS); refusal to grant access to DoD installations, buildings, facilities, computer systems and networks; and denial of DoD benefits if otherwise authorized.

A copy of the **Privacy Impact Assessment (PIA)** for the collection of information may be located at <https://www.aafes.com/about-exchange/public-affairs/FOIA/assessments.htm>.

SYSTEM OF RECORDS NOTICE (SORN): 1703.03, "Personnel Security Clearance Case Files;" <https://pclt.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/Article/4013470/aafes-170303/>

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INSTRUCTIONS

Information collected on this form is used by AAFES Force Protection to input in the Trusted Associate Sponsorship System (TASS) to initiate requests for Common Access Cards (CAC) for contractors. Please follow the instructions listed below when completing this form.

1. Please read the Agency Disclosure Notice and Privacy Act Statement on Page One prior to completing the document.
2. Please place the date of your request in the space at the top right of the form on the next page in the space provided and enter the date as **DD MM YYYY**.
3. Please provide all personal information requested in **Section I** of the form. The applicant should complete this section.
4. **Section II** of this form is to be completed by the Contracting Official (CO) or an AAFES Service Business Manager (SBM). All required documents are to be attached to this form when submitted to Force Protection; otherwise, the request for a CAC will be denied.
5. Please do not enter any information in **Section III**. Your AAFES Contract Official or AAFES Service Business Manager will complete this section.
6. Please do not enter any information in **Section IV**. AAFES Force Protection completes this section of the form.
7. Once you have completed **Section I** of this form, you will need to attach a current national background check, completed Optional Form 306 (OF306, *Declaration of Federal Employment*), and have had your fingerprints taken on a FD 258 or SF87 fingerprint card (which has the appropriate signatures and your demographics). Next, you will need to submit all of your documents to your AAFES Contract Official or Service Business Manager in person or by a traceable mailing method (i.e. Federal Express).
8. All of your documents will be reviewed by your AAFES Contract Official and/or AAFES Service Business Manager for completeness and delivered in person to AAFES Force Protection to process your request for a Common Access Card (CAC). Your AAFES Contract Official and/or AAFES Service Business Manager will inform you of the results and provide additional direction on where and how to obtain your CAC.
9. Once your AAFES contract obligations are completed, you are required to return your Common Access Card (CAC) to your AAFES Contract Official or AAFES Service Business Manager for outsourcing.

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Trusted Associate Sponsorship System (formerly CVS Contract Verification System)
This form must be submitted to AAFES Force Protection through your AAFES Contracting Officer only.

Information collected on this form will be used by AAFES Force Protection for input into the Trusted Associate Sponsorship System (TASS) owned and controlled by the Defense Manpower Data Center (DMDC) allowing sponsorship in the Defense Enrollment and Eligibility Reporting System (DEERS).

Please Read Pages One and Two before Completion

Date of Request: (ex: 25 Jul 2015) _____

I. APPLICANT'S INFORMATION* (to be completed by Applicant)

(Full Name) Last:	First:	Middle:	Sex: Male ☐ Female ☐
Date of Birth: (DD/MMM/YYYY)	Social Security # (or FIN - Foreign Information #):	Place of Birth: (City, State) or (City, Country, overseas only)	
Email Address:		Phone #:	
Have you had previous Military Experience or worked for a Federal Agency as an Employer or Contractor within the last 24 months? If so, please provide the Military Branch or Federal Agency and dates of service.			
Choose One: _____ (Military Branch/Federal Entity) ☐ No ☐ Yes From: (Month/Year) _____ To: (Month/Year) _____			

II. REQUIRED DOCUMENT* (to be completed by the Contract Officer or the Service Business Manager)

Applicant must attach one of the following documents with this form (select document)

☐ LOA (Letter of Authorization) ☐ LOI (Letter of Intent)

These items are required only if a current investigation is needed.

☐ Fingerprints ☐ National Background Check ☐ [OF 306](#) (Declaration of Federal Employment)

III. TO BE COMPLETED BY AAFES CONTRACTING OFFICIAL ONLY*

Exchange POC Name	Phone #	Facility #
Contractor's POC Name	Phone #	Email Address
Contractor's Company Name	Company Address	
Contract #:	Contract End Date: (DD/MMM/YYYY)	
Comments:		

IV. TO BE COMPLETED BY AAFES FORCE PROTECTION ONLY*

In Process

☐ JPAS Date Updated: _____ ☐ Investigation Type: _____
(Example T1, T2, etc.)

☐ eAPP Date Initiated: _____ ☐ TASS TA: _____

☐ eAPP OPM Submission Date _____

Out Process

☐ JPAS Date Updated: _____ ☐ TASS TA: _____

Comments:

*(Application will not be processed without the required documents.)