

## SECURITY IN-PROCESSING FORM

Total pages submitted with package: \_\_\_\_\_

**PRIVACY ACT STATEMENT:** Authority for collecting the requested information is contained in 50 U.S.C. § 401-441, Executive Order 10450, Executive Order 13526, Executive Order 12968, and ICD 704. DoD's Blanket Routine Uses (found at Appendix C of 32 CFR Part 310) apply to this information. Authority for requesting your Social Security Number (SSN) is Executive Order 9397, as amended. The requested information you provide will be used to confirm your identity in order to verify clearances and access. Your disclosure of the requested information is voluntary. However, failure to furnish the requested information may delay or prevent the processing of your access request.

**IMPORTANT:** PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY AND INDICATE "**UNKNOWN**" OR "**NOT APPLICABLE**" WHEN APPROPRIATE. **INCOMPLETE ANSWERS AND/OR AREAS LEFT BLANK WILL NOT BE ACCEPTED AND WILL CAUSE DELAYS IN YOUR PROCESSING.**

**Section 1: Biographical Information**

1. Provide your full name: If you have only initials in your name, provide them and indicate "Initial only".

Last Name		First Name	Middle Name
2. Rank/Prefix: (e.g., CTRSN, SRA, MSgt, MAJ, Col, Mr., Mrs., etc.) or "N/A."		3. Suffix (Jr, II, III, etc)	
4. Social Security Number (SSN)	5. Gender	6. Birth Date (MM/DD/YYYY)	7. Birth City/Town
8. Birth Country		9. Birth State/Province	
10. Other Names Used: Enter any other names you have used. This includes, but is not limited to: maiden name(s), former name(s), birth name(s), alias(es), nickname(es).			
Last Name		First Name	Middle Name

**Section 2: Affiliation Information**

11. Check-in Location: Enter your duty station. If you have not yet arrived, enter your expected duty station (e.g. Ft. Meade); contact your SSO if unknown.		12. Unit: If military, enter your unit (e.g., 70 IW, NIOC MD, 704 MI BDE, etc.); if contractor or civilian, enter "N/A."	
13. Location Arrival Date/Expected Arrival: Provide the date you arrived at your current check-in location. If you are going through military check-in prior to arriving, provide expected arrival date (MM/DD/YYYY).		14. Service: Enter the branch of service for which you are processing (e.g., Navy, Marine Corps, Army, Air Force, Coast Guard, etc.).	
15. Personnel Category (Affiliation): Select the option that applies to the affiliation type for which you are submitting your check-in: (e.g., Military, Civilian, Contractor)		16. Agency: Enter the agency you are from. (e.g., DIA, DoD, USAF, USN, etc)	
17. Are you checking in as a Reservist/Guardsman? Select "Yes" or "No."  Yes                  No		18. Company: If contractor, enter your company name.	

**Section 3: Contact Information**

19. Current Street Address: Enter your current street address including unit/apartment number, if applicable.		
20. Country: Enter your current country of residence	21. City/Town: Enter your current city/town of residence.	22. State/Province: Enter your current state/province of residence.
23. Postal: Enter your current postal code/zip code of residence.		24. Current Address Start: Enter the date you began residing at your current address (MM/DD/YYYY)
25. Primary Phone #: Include Extension.	26. Secondary Phone #: Include Extension.	27. E-mail Address: Enter your primary e-mail address.

28. Emergency Contact: Provide the name of an immediate family member that should be contacted in the case of an emergency involving you.	29. Emergency Contact Address:	30. Emergency Contact Phone:
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**Section 4: Citizenship Information**

31. Citizenship Status: Select the appropriate box that reflects your citizenship status.

<input type="checkbox"/>	<b>I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth:</b> Select if born in the U.S., a U.S. territory, or commonwealth.
<input type="checkbox"/>	<b>I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country:</b> Select if born abroad to a U.S. citizen(s) and you have been issued a Certificate of Birth Abroad:
<input type="checkbox"/>	<b>I am a naturalized U.S. citizen:</b> Select if you were born outside of the U.S. and are now a naturalized U.S. citizen.
Provide your naturalization certificate number <span style="float: right;">Provide the date the naturalization certificate was issued</span>	
Provide the place (City and State) where the naturalization certificate was issued <span style="float: right;">Provide the country(ies) of prior citizenship</span>	
<input type="checkbox"/>	<b>I am not a U.S. citizen:</b> If you are not a U.S. citizen, select this option.

32. Do you now or have you **EVER** held dual/multiple citizenships?  YES  NO

Complete the following if you answered 'Yes' to having **EVER** held dual/multiple citizenship

1	Provide country of citizenship  Do you currently hold citizenship with this country? YES NO	During what period of time did you hold citizenship with this country? (Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present", whichever is appropriate.)  From Date (Month/Year) Est. To Date (Month/Year) Est.
2	Provide country of citizenship  Do you currently hold citizenship with this country? YES NO	During what period of time did you hold citizenship with this country? (Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present", whichever is appropriate.)  From Date (Month/Year) Est. To Date (Month/Year) Est.

33. Have you **EVER** been issued a passport (or identity card for travel) by ANY country (including U.S.)?  YES  NO

Provide the passport number and the country in which the passport (or identity card) was issued	Provide the date the passport (or identity card) was issued	Is the passport expired and/or surrendered? If so, as of when?
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**Section 5: Security Questionnaire**

34. Have you ever undergone a polygraph examination? If yes, provide the date and place you underwent **your most recent** polygraph examination. If you have been scheduled, or will be scheduled to undergo a polygraph examination, check NO and provide the date and place of the scheduled examination in the comments below. Provide as much information as possible including the agency that conducted the examination, if known.  YES  NO

35. Have you ever undergone a background investigation? If yes, provide the date your most recent background investigation closed.  YES  NO

36a. Do you have immediate family members (parents, stepparents, full, step, or half siblings, spouse, children, step/adopted children, in-laws, cohabitants, and/or fiancé(e)) who were not born in the U.S., even if deceased or estranged? **If yes, refer to Additional Contact Sheet (ACS) for additional reporting guidance.**  YES  NO

36b. Do you have close and/or continuing contact with a non U.S. citizen or dual U.S. citizen with whom you are bound by affection, kinship, influence, and/or obligation? **If yes, refer to Additional Contact Sheet (ACS) for additional reporting guidance.** YES NO

37. Do you maintain any business, financial (to include foreign bank/investment accounts) or property interest in a foreign country? If yes, provide a written statement detailing the facts surrounding the foreign business, financial or property interest. YES NO

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38. Since your last background investigation, have you been involved in the loss or mishandling of classified information or material? If yes, provide a written statement detailing the facts surrounding the incident and how the issue was resolved.  YES  NO

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39. Since your last background investigation, have you been involved in the misuse of any U.S. government information system(s)? If yes, provide a written statement detailing the facts surrounding the incident and how the issue was resolved.  YES  NO

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40. Since your last background investigation, have **allegations of** criminal conduct been made about you, regardless of whether you were formally charged, prosecuted or convicted? If yes, provide a written statement detailing the facts surrounding the allegations and how the issue was resolved.  YES  NO

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41. Since your last background investigation, have you been involved in any alcohol related incidents; i.e., DUI/DWI, assault, child or domestic abuse, disturbing the peace, or other incidents? If yes, provide a written statement detailing the facts surrounding the incident and how the issue was resolved.  YES  NO

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42. Since your last background investigation, have you experienced financial difficulties that resulted in bankruptcy, repossession, foreclosure, tax lien, wage garnishment, judgment, charge-off(s) or collection account(s)? If yes, provide a written statement detailing the facts surrounding the financial difficulties and how the issue was resolved.  YES  NO

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43. Since your last background investigation, have you possessed, bought, sold, used or transferred any illegal drug or controlled substance, **as defined by Federal statute**? If yes, provide a written statement detailing the facts.  YES  NO

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44. Since your last background investigation, have you been hospitalized receiving inpatient treatment for any period of time for a mental health or alcohol-related condition/concern? Include whether the inpatient treatment received was voluntary or involuntary; the specific date(s) (Month(s), day(s), and year(s)) of treatment and the name of the facility where treatment was provided.  YES  NO

45. Since your last background investigation, have you been ordered to consult with a mental health professional by a court or administrative agency? Include the specific date(s) (Month(s), day(s), and year(s)) of the evaluation(s), the name of the court or administrative agency directing such evaluation(s) and the final disposition of the evaluation(s).  YES  NO

46. Since your last background investigation have you been diagnosed by a medical professional (e.g., physician, psychologist, psychiatrist, or clinical social worker) with a psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? Include the specific diagnosis and the date the diagnosis was made.  YES  NO

47. Since your last background investigation have you:  YES  NO

- Gone on **personal travel** outside of the United States? (leave, religious missions, etc..)
- Attended an unofficial or official language immersion course or studied abroad?
- Attended or participated in any unofficial conferences, trade shows, seminars, or meetings outside the U.S.?

If you respond yes to any of these questions, provide a written statement below detailing the facts.

48. Have you ever been involved in an unreported security-related incident? Include the date(s) of the incident(s), who was involved, the location(s) where it occurred, a detailed description of the circumstances surrounding the incident(s) and an explanation for why the incident(s) was/were not reported.  YES  NO

<p align="center"><b>Candidate Review and Certification</b></p> <p>I verify the information I have provided is true and correct to the best of my knowledge. I understand that any falsification of my SIP forms can be grounds for denial or removal from access.</p>	<p align="center"><b>SSO/Security Representative Review and Certification</b></p> <p>I verify that I have carefully reviewed this form and all attachments in their entirety with the candidate to ensure completeness.</p>
<b>SIGNATURE</b>	<b>SIGNATURE</b>
<b>PRINTED NAME</b>	<b>PRINTED NAME</b>
<b>DATE</b> (MM/DD/YYYY)	<b>DATE</b> (MM/DD/YYYY)