

PSIP REQUIRED INFORMATION

SSN: _____

Birth Date: _____ (MM/DD/YYYY)

Rank/Prefix (Dr., Ms, Mrs., Mr.): _____

Last Name: _____

First Name: _____

Middle Name: _____ Initial Only / No Middle Name

Postfix/Suffix (i.e.: II, III, Jr.): _____

Country of Birth: _____

State of Birth: _____

City of Birth: _____

US Citizenship Proof: Birth Certificate / Certificate of Citizenship-INS/ Certificate of Naturalization / DS-1350 / FS-545 / Passport / FS-240 /

Documentation Number: _____

Investigation Information:

Role: Military / Civilian / Contractor

Clearance Required: Secret / Top Secret / Suitability / PRP / None

IT Level: I / II / III / None (*Hint: Normal users are "III"*)

Periodic Reinvestigation: Yes / No

Additional Access Required: SCI / NATO / SAP / CRYPTO / PRP* **Reason for Access:** _____

** Place type of PRP in the comments field (PRP type will drive the type of investigation required). PRP Types: Critical Nuclear, Controlled Nuclear, Chemical, or Biological with BSAT or Biological without BSAT).*

SOI: _____ **IPAC Code:** _____ **Branch of Service:** _____

Expedite Request? Yes / No **Justification:** _____

Fingerprints Submitted: None / Electronic / Manual **Date:** _____

Subject Contact Information:

Email Address (AKO preferred): _____

Secondary Email Address: _____

Primary Phone: _____ Comm / DSN / Overseas

Secondary Phone: _____ Comm / DSN / Overseas

Organization/Unit Name: _____ **Organization/Unit UIC:** _____

Location of Local/Temporary Personnel Folder: _____

Location of Local/Temporary Security Folder: _____

Supervisor's Contact Information:

Rank/Prefix: _____ **First Name:** _____ **Last Name:** _____

Title: _____ **E-mail Address:** _____

Phone: _____ Comm / DSN / Overseas

VOLUNTEER: Complete highlighted sections

VOLUNTEER COORDINATOR: Complete Supervisor Section