

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