

PSIP Required Information Worksheet

PERSON INFORMATION

SSN: _____ RANK / PREFIX: _____
LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ SUFFIX: _____
DATE OF BIRTH: _____ CITY OF BIRTH: _____ STATE OF BIRTH: _____ COUNTRY OF BIRTH: _____
US CITIZENSHIP: _____ PROOF OF CITIZENSHIP: _____ DOCUMENT NUMBER: _____

INVESTIGATION INFORMATION

			POSITION CLEARANCE REQUIRED	CURRENT CLEARANCE	INVESTIGATION CLOSED DATE	ADDITIONAL DOCUMENT REQUIRED			
MILITARY	CIVILIAN	CONTRACTOR				TDA	MTOE	PD	UPGRADE

All TS/SCI Position Upgrade Requests, Require An Upgrade Memorandum Signed By GO/SES. All Upgrade Memorandum will be Concurred or Non-concurred by the Brigade and MIRC Security Managers before being submitted for GO/SES signature.

REASON FOR ACCESS: _____ Position MOS: _____ Position MOS Title: _____

Paragraph/Line Number: _____

SOI: A334 SON: 647J ALC: 21008711 SERVICE / AGENCY: ARMY IT LEVEL: _____

FINGERPRINTS

SUBMITTED: _____ TYPE OF FINGERPRINT TAKEN _____ DATE SUBMITTED _____

SUBJECT CONTACT INFORMATION

DISA E-MAIL ADDRESS: _____ PRIMARY PHONE: _____
SECONDARY E-MAIL ADDRESS: _____ SECONDARY PHONE: _____

BDE NAME _____ UNIT NAME: _____ UNIT UIC: _____

COMMANDER CONTACT INFORMATION

RANK: _____ FIRST AND LAST NAME: _____ TITLE: _____
DISA EMAIL ADDRESS: _____ PRIMARY PHONE: _____

SECURITY MANAGER CONTACT INFORMATION

RANK: _____ FIRST AND LAST NAME: _____ PRIMARY PHONE: _____
DISA EMAIL ADDRESS: _____

BDE SECURITY MANAGER CONTACT INFORMATION

RANK: _____ FIRST AND LAST NAME: _____ PRIMARY PHONE: _____
DISA EMAIL ADDRESS: _____

PSIP APPLICANT AGREEMENT

You also have been briefed and understand the following:

_____ I understand that I will have 5 days from the date I receive the email from the PSIP Center of Excellence (CoE) to enter the required data & submit the required forms to the PSI-CoE. Failure to meet this suspense will result in notification of my chain of command. After 15 days I understand that I will be terminated from the system.

_____ I understand that I am responsible for submitting all required documents and fingerprints to the PSI-CoE before my investigation can be released to Office of Personnel Management.

_____ I understand if I fail to complete my on-line e-QIP form, a memorandum from the first O-5 in my chain of command will be required for me to be re-invited into the e-Qip program again.

_____ I understand if I fail to complete my on-line e-QIP form a second time, a memorandum from the first O-6 in my chain of command will be required for me to be re-invited into the e-Qip program again.

_____ I understand that I am responsible for contacting the PSI-CoE help desk if I have any problems concerning my application process. The PSI-CoE help desk number is 410 278-4194 or their email address is usarmy.apg.inscom.mbx.psip-questions@mail.mil. A PSI-CoE customer support center representative is available to assist you from 0800-2400 Monday- Tuesday; 0800-1800 Wednesday; 0800-1800; 1300-2400 Thursday; 0800-2200 Friday (all times are EST).

Printed Name

Signature

Date

Privacy Act Statement

The Privacy Act of 1974, Section 552a Title 5, U.S.C., requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Executive Orders 10450, 12333, and 9397. Your SSN will be used to identify you when it is necessary to certify your level of access to classified information in accordance with the Army Personnel Security Program. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possible result in the denial of your being granted access to classified information.