



REQUEST FOR SECURITY CLEARANCE/ SUITABILITY TRUSTWORTHINESS INVESTIGATION FOR ARNG STATE EMPLOYEES SUPPORTING DoD MISSIONS.

Section I: Requesting Organization

Circle One

State Clearance Program POC:	Name:	Approved:	Yes/No
State Clearance Program POC (cont):	Email:	Phone:	
Commander	Name:	Approved:	Yes/No

Section II: Individual To Receive Security Clearance or Suitability /Trustworthiness Investigation

Applicant's Full Name (first, middle, last):	
Title:	
Agency/Department & Location/Address:	
Work Phone:	
Cell Phone:	
Email Address:	
Home Mailing Address:	
Social Security Number:	
Date of Birth (MM/DD/YYYY):	
Place of Birth (City/State):	

Section III: Pre-Qualifying Conditions

Yes/No

Is the applicant a US citizen?	
Does the applicant currently hold a security clearance? If so, what level/agency?	
Has the applicant held a clearance within the past 10 years? If so, what level/agency?	
- If yes, has the applicant separated within the past 24 months?	
(If separated within the past 24 months, provide documentation reflecting date of separation)	

Section IV: Justification

Select One

Describe your current position and specific duties in support of a DoD mission that justify the need for a level clearance or for a suitability/trustworthiness investigation.

Section V: Commander's Certifying Statement and Signature

I certify that the state employee requires a security clearance or a suitability/trustworthiness investigation to perform duties that are in direct support of a DoD mission.

Additional Comment (if needed):

Name/Rank: _____ Signature: _____

Section VI: Privacy Act Information

NOTICE: The Privacy Act, 5 U.S.C. 522a, 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 Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above, 2) determine that your access to the information indicated has terminated, or 3) certify that you have witnessed a briefing or debriefing. Although disclosure of your SSN is not mandatory, your failure to do so may impede such certifications or determinations.

Once Reviewed & Approved, the Army National Guard State Security Manager Should Email This Form To The applicable Supporting Army Installation Security Office