



STATE REQUEST FOR BACKGROUND INVESTIGATION FOR ARNG EMPLOYEES OR STATE CONTRACTORS SUPPORTING DoD MISSION



PRIVACY ACT STATEMENT

AUTHORITY: AR 380-67 is the authority for requesting this information.

ROUTINE USES: Any information developed may be disclosed to Federal, state, or local authorities in processing your nomination and those conducting the background check.

INSTRUCTIONS

- This document should be completed and submitted electronically (NO SCANNED COPIES).
- Must include copy of the OPM Position Description (PD) or Performance Work Statement (PWS) from the contract. If it's a classified contract, the application must include DD 254. Attach any supporting document(s) to the form or to the email.
- If SCI access is required for a Contractor, DD 254 generated from ACAVS is required.
- File Naming Convention: STATE LAST NAME DATE. Example: MD JONES 20201030
- Must be signed by an O-5 or GS-13 or higher unless Local Exception is approved by ARNG G-2 PERSEC.

REQUESTING ORGANIZATION

STATE SECURITY MANAGER: (Last, First, MI)	STATE:
PHONE:	EMAIL:

NOMINATED INDIVIDUAL

NAME (Last Name, First Name):			
TITLE/ DUTY POSITION:			
TYPE OF EMPLOYEE:	<input type="checkbox"/> State Employee	<input type="checkbox"/> State Contractor	<input type="checkbox"/> Volunteer
			Click the button to include Attachments
OPM PDT	PWS	DD-254	
YES NO	YES NO	YES NO	

PRE QUALIFYING CONDITIONS

Is the nominated individual a U.S. Citizen?		If No, individual is not qualified for a clearance or interim computer access.		
Has the individual ever had a background check completed for employment with the U.S. Government?	If Yes	Agency	Investigation	Date Completed
Does the nominated individual have a break-in-service of more than 24 months?				

INVESTIGATION REQUESTED

Reason for Investigation:	Investigation Requested:
NOTE: For T3/T3R and T5/T5R requests, submit a copy of the PD that clearly states the clearance requirement. If PD doesn't show the actual clearance requirement, you must submit a LOJ signed by your TAG with the application.	
IF Contractor requires SCI access, provide SCI Contract Monitor:	

JUSTIFICATION

Describe the current position and the specific duties as it supports the DoD mission. Sufficient information is required for approval.

CERTIFICATION

I certify that the nominated individual requires an investigation to perform duties that are in direct support of DA/DoD mission.	
NAME:	RANK: Must be O-5 or GS-13 or higher
SIGNATURE:	
COMMENTS:	

ARNG DISPOSITION

APPROVE/DENY:	SIGNATURE:
COMMENTS:	