



# REQUEST FOR BACKGROUND INVESTIGATION FOR ARNG STATE EMPLOYEES OR STATE CONTRACTORS SUPPORTING DOD MISSION

### PRIVACY ACT STATEMENT

**AUTHORITY:** AR380-67 *AR 380-67 is the authority for this form.*

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

### REQUESTING ORGANIZATION

State Security Manager:		Email Address:	
Phone:		State	

### NOMINATED INDIVIDUAL

Name: (Last Name, Full Name)			
Title/Job Position:			
Type of Employee:	State Employee	State Contractor	Volunteer
			OPM PDT YES NO
			PWS YES NO
			DD-254 YES NO

### PRE-QUALIFYING CONDITIONS

Is Nominated Individual a US Citizen?		If No cannot have clearance or interim computer access		
Has the individual ever had a background check completed for employment with US Government?		If Yes	Agency	Investigation
Does the nominated individual have a break in service of more than 24 months?				Date Completed

### INVESTIGATION REQUESTED

Reason for Investigation:		Investigation Requested:	
IF Contractor requires SCI access, SCI Contract Monitor:			

### JUSTIFICATION

Describe the current position and the specific duties in support of a DoD mission that require a background investigation:

### CERTIFICATION

I certify that the nominated requires an investigation to perform duties that are in direct support of DA/DoD mission

Name:		Rank:	Must be 0-5 or GS-13 or higher
Signature:			
Other Comments:			

### ARNG DISPOSITION

Approve/Deny	Signature:	
Comments:		

### INSTRUCTIONS

- This document should be completed and submitted electronically (NO SCANS)
- Must include copy of the OPM PDT or PWS from the contract. If classified contract must include DD 254
- If SCI access is required for Contractor, DD 254 generated from ACAVS is required
- File Naming Convention: datestatename Example: 20131218MDJONES
- Must be signed by O-5 or GS-13 or higher