

# The Memory Hole

[www.thememoryhole.org](http://www.thememoryhole.org)

A collection of most forms used by the NSA.

Obtained, scanned, and posted by The Memory Hole.

**Agency:** National Security Agency

**Released:** March 14, 2007

**Posted on The Memory Hole:** July 28, 2008

**FOIA:** Released on paper in response to Freedom of Information Act request 42877B, filed by Russ Kick, 28 May 2003.

**Note:** *The Memory Hole has divided this file into two parts to keep the file sizes manageable. This is the first half. The second half is here:*  
[www.thememoryhole.org/2008/07/nsa-forms/](http://www.thememoryhole.org/2008/07/nsa-forms/)



NATIONAL SECURITY AGENCY  
CENTRAL SECURITY SERVICE  
FORT GEORGE G. MEADE, MARYLAND 20755-6000

FOIA Case: 42877B  
14 March 2007

Mr. Russ Kick  
PO Box 30453  
Tucson, AZ 85751

Dear Mr. Kick:

This responds to your Freedom of Information Act (FOIA) request dated 28 May 2003 for "One blank copy of each form on the unabridged list of forms used by the National Security Agency (this list was sent to me on 13 May 2003 as a response to FOIA case 42754). This request includes those forms listed as cancelled". A copy of your request is enclosed. Your request has been processed under the FOIA and some of the documents you requested are enclosed. Certain information, however, has been deleted from the enclosures and 24 documents (31 pages) have been withheld in their entirety.

Some of the information deleted from the documents was found to be currently and properly classified in accordance with Executive Order 12958, as amended. This information meets the criteria for classification as set forth in Subparagraphs (c) and (g) of Section 1.4 and remains classified TOP SECRET, SECRET and CONFIDENTIAL as provided in Section 1.2 of the Executive Order. The information is classified because its disclosure could reasonably be expected to cause exceptionally grave damage to the national security. Because the information is currently and properly classified, it is exempt from disclosure pursuant to the first exemption of the FOIA (5 U.S.C. Section 552(b)(1)).

In addition, Subsection (b)(2) of the FOIA exempts from disclosure matters related solely to the internal personnel rules and practices of an agency. This exemption has been held to apply to matters that are "predominantly internal," the release of which would "significantly risk circumvention of agency regulations or statutes." Crooker v. Bureau of Alcohol, Tobacco, and Firearms, 670 F.2d 1051, 1074 (D.C. Cir. 1981). The withheld information meets the criteria for exemption (b)(2) protection as that statutory provision has been interpreted and applied by the Federal Judiciary. The information being protected under Subsection (b)(2) also contains a portion of a URL on a document that would reveal how NSA's information network is constructed. The release of such information could expose the network to unauthorized access.

Further, this Agency is authorized by various statutes to protect certain information concerning its activities, as well as the names of its employees. We have determined that such information exists in these documents. Accordingly, those portions are exempt from disclosure pursuant to the third exemption of the FOIA which provides for the withholding of information specifically protected from disclosure by statute. The specific statute applicable in this case is Section 6, Public Law 86-36 (50 U.S. Code 402 note).

Since some of the documents were withheld in their entirety and information was withheld from the enclosures, you may construe this as a partial denial of your request. You are hereby advised of this Agency's appeal procedures. Any person denied access to information may file an appeal to the NSA/CSS Freedom of Information Act Appeal Authority. The appeal must be postmarked no later than 60 calendar days from the date of the initial denial letter. The appeal shall be in writing addressed to the NSA/CSS FOIA Appeal Authority (DC34), National Security Agency, 9800 Savage Road STE 6248, Fort George G. Meade, MD 20755-6248. The appeal shall reference the initial denial of access and shall contain, in sufficient detail and particularity, the grounds upon which the requester believes release of the information is required. The NSA/CSS Appeal Authority will endeavor to respond to the appeal within 20 working days after receipt, absent any unusual circumstances.

In addition, on 20 September 2004 we advised you that we had received your check for \$762.00, which represented an estimate of 16.25 hours of search and duplication of 1000 pages. The actual cost to process your case was \$704.50. This fee represents 16 hours of search (minus 2 hours free) and the duplication of 690 pages (minus 100 pages free). Costs were computed in accordance with DOD Regulation 5400.7-R. The search fee is computed at \$44.00 an hour and duplication is computed at \$.15 per page. A refund of \$57.50 (\$762.00 - \$704.50) will be sent to you under separate cover.

Please be advised that records responsive to your request include documents originating with another government agency. Because we are unable to make determinations as to the releasability of the other agency's information, the subject documents have been referred to the appropriate agency for review and direct response to you.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis F. Giles", written in a cursive style.

LOUIS F. GILES  
Director of Policy

Encls:  
a/s

**Russ Kick**

PO Box 1213 | Cookeville TN 38503  
russ@mindpollen.com | 931-526-8604

28 May 2003

Ms. Pamela N. Phillips  
Chief, FOIA/PA Services  
National Security Agency  
Office of Information Policy, DC321  
Ft. George G. Meade, MD 20755-6248

Dear Ms. Phillips:

This is a request under the Freedom of Information Act.

I hereby request one blank copy of each form on the unabridged list of forms used by the National Security Agency. (This list was sent to me on 13 May 2003 as a response to FOIA case 42754.) This request includes those forms listed as cancelled.

I am a freelance writer and journalist. I am willing to pay for expenses that do not exceed \$75. If this request will be more than this amount, please notify me in advance.

I hope to hear from you within the 20-business-day statutory time period for responses to FOIA requests. If you decide to withhold any information from release, I would like a detailed explanation of the exemptions invoked. (If material is withheld, I am entitled under the law to be given any remaining "reasonably segregable portions" of these documents.)

Thank you for your consideration of my request.

Sincerely,



Russ Kick



## **Help on Abstract of Offers (Form 1409)**

### **Abstract of Offers- Continuation (Form 1410)**

- Page numbering is automatic.
- To create another continuation page, Press a carriage return in the lower right field on the continuation page..



PAGE	OF	PAGES
------	----	-------


[illegible]

STANDARD FORM 1410 (Rev. 9-88)  
Prescribed by GSA, FAR (48 CFR) 53.214(f)

DOCID: 3112189

<b>ACCEPTANCE OF MIPR</b>					
1. TO (Requiring Activity Address) (Include ZIP Code)			2. MIPR NUMBER		3. AMENDMENT NO.
			4. DATE (MIPR Signature Date)		5. AMOUNT (As Listed on the MIPR)
6. The MIPR identified above is accepted and the items requested will be provided as follows: (Check as Applicable) <div style="margin-left: 20px;">             a. <input type="checkbox"/> ALL ITEMS WILL BE PROVIDED THROUGH REIMBURSEMENT (Category I)              b. <input type="checkbox"/> ALL ITEMS WILL BE PROCURED BY THE DIRECT CITATION OF FUNDS (Category II)              c. <input type="checkbox"/> ITEMS WILL BE PROVIDED BY BOTH CATEGORY I AND CATEGORY II AS INDICATED BELOW              d. <input type="checkbox"/> THIS ACCEPTANCE, FOR CATEGORY I ITEMS, IS QUALIFIED BECAUSE OF ANTICIPATED CONTINGENCES AS TO FINAL PRICE. CHANGES IN THIS ACCEPTANCE FIGURE WILL BE FURNISHED PERIODICALLY UPON DETERMINATION OF DEFINITIZED PRICES, BUT PRIOR TO SUBMISSION OF BILLINGS.           </div>					
7. <input type="checkbox"/> MIPR ITEM NUMBER(S) IDENTIFIED IN BLOCK 13, "REMARKS" IS NOT ACCEPTED (IS REJECTED) FOR THE REASONS INDICATED.					
8. TO BE PROVIDED THROUGH REIMBURSEMENT CATEGORY I			9. TO BE PROCURED BY DIRECT CITATION OF FUNDS CATEGORY II		
ITEM NO. <i>a</i>	QUANTITY <i>b</i>	ESTIMATED PRICE <i>c</i>	ITEM NO. <i>a</i>	QUANTITY <i>b</i>	ESTIMATED PRICE <i>c</i>
<b>d. TOTAL ESTIMATED PRICE</b>			<b>d. TOTAL ESTIMATED PRICE</b>		
10. ANTICIPATED DATE OF OBLIGATION FOR CATEGORY II ITEMS			11. GRAND TOTAL ESTIMATED PRICE OF ALL ITEMS		
12. FUNDS DATA (Check if Applicable) <div style="margin-left: 20px;">             a. <input type="checkbox"/> ADDITIONAL FUNDS IN THE AMOUNT OF \$ _____ ARE REQUIRED (See Justification in Block 13)              b. <input type="checkbox"/> FUNDS IN THE AMOUNT OF \$ _____ ARE NOT REQUIRED AND MAY BE WITHDRAWN           </div>					
13. REMARKS					
14. ACCEPTING ACTIVITY (Complete Address)			15. TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL		
			16. SIGNATURE		17. DATE

**ACCIDENT INFORMATION SUMMARY**

OPERATOR'S INFORMATION				
NAME			TELEPHONE (Home - Include Area Code) (Work - Include Area Code)	
ADDRESS			DRIVER'S LICENSE NUMBER	
			EMPLOYER (OPTIONAL)	
VEHICLE INFORMATION				
YEAR	MAKE	MODEL	OWNER (If other than operator of vehicle)	TELEPHONE (Include Area Code)
TAG NUMBER			ADDRESS	
STATE				
INSURANCE INFORMATION				
INSURANCE COMPANY			AGENT	TELEPHONE (Include Area Code)
POLICY NUMBER			ADDRESS	
				
OFFICER AT SCENE (OPTIONAL)				ID#
ZONE / ASSIGNMENT				TELEPHONE
FORM G1508 REIN OCT 2001 NSN: 7540-FM-001-4065			SECURITY CLASSIFICATION (if any)	

**PROTECTIVE SERVICES**  
FORT GEORGE G. MEADE, MARYLAND 20755-6000


**To: Motorist Involved in a Traffic Accident**

Increasingly heavy traffic and the accompanying large number of traffic accidents have made it necessary to discontinue the preparation of reports regarding certain property damage accidents. This policy will permit the Protective Services to respond more promptly to accidents involving serious personal injury and to other emergency calls for service requiring immediate police response.

The Protective Services Force will initiate reports on traffic accidents involving death, personal injury, and hit and run. In addition, Protective Services Officers will take a report on property damage accidents when the vehicle involved is inoperable and must be towed.

For your convenience, a form to facilitate the collection of information which you are likely to need from the other driver for insurance purposes, and which you will need for your own records, is included on the reverse side of this letter.

The Protective Services Officer furnishing this material to you will not conduct an investigation or make any judgement as to the cause of the accident. The Officer's responsibility at the scene of this type of accident is only to insure your safety and restore the normal flow of traffic.

  
Chief, LP2  
Protective Services

(b) (3) - P.L. 86-36

## ACCOUNTING REPORTS TRANSMITTAL

TO	DATE
	SERIAL
	REPORTING PERIOD

THE REPORTS CHECKED BELOW ARE FORWARDED IN ACCORDANCE WITH CURRENT REGULATIONS:

A.	TRANSACTION FOR OTHERS (CSCAA-110)
B.	FAMILY HOUSING OPERATION AND MAINTENANCE COST REPORT (DD-I&L (A) 1134)
C.	INTERNATIONAL BALANCE OF PAYMENTS (CSCFA-239)
D.	EMERGENCY AND EXTRAORDINARY EXPENSE (DD-COMP (Q) 1390)
E.	FINANCIAL REPORT ON STATUS OF ARPA ORDERS (in triplicate)
F.	REPORT ON MINOR CONSTRUCTION AND OPERATIONS MAINTENANCE PROGRAM FACILITIES (DD-I&L (A) 431)
G.	REPORT ON BUDGET EXECUTION (ACCT RPT (M) 1176)
H.	APPROPRIATION STATUS BY FISCAL YEAR PROGRAM AND SUB-ACCOUNTS (ACCT RPT (M) 1002)
I.	REPORT OF REIMBURSABLE TRANSACTION (ACCT RPT (M) 725)
J.	REPORT OF OBLIGATIONS (SF 225)
K.	REPORT ON BUDGET EXECUTION - DEFENSE AGENCIES STOCK FUND
L.	FLASH REPORT ON OBLIGATION STATUS (ACCT RPT (M) 1445) IN DUPLICATE
M.	STATEMENT OF APPROPRIATION ACCOUNT (DD-COMP (Q) 1237)
N.	LISTING OF UNCLEARED INTERFUND TRANSACTIONS
O.	STATEMENT OF APPROPRIATION ACCOUNT (BA 6727A)
P.	FUNDING AUTHORIZATION DOCUMENT
Q.	RCS-DD-COMP (Q) 1390 (Submitted in duplicate)
R.	FOREIGN CURRENCY FLUCTUATION REPORT (DD Comp (M) 1506)
S.	
T.	
U.	
V.	
W.	
X.	
Y.	
Z.	

REMARKS

APPROVING OFFICER (Typed Name and Title)	SIGNATURE
--	-----------

SECURITY CLASSIFICATION (if any)

## ACQUISITION CAREER DEVELOPMENT CERTIFICATION REQUEST

PRIVACY ACT STATEMENT: Authority for requesting info is contained in 50 U.S.C. 402 note and P.L. 101-510. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA09 and 12 apply to this information. Authority for requesting SSN is E.O. 9397. Info you provide will be used to identify the indiv and provide certification info utilizing the Cryptologic Acquisition Position Category duties and criteria. Disc of requested info, including your SSN, is voluntary. However, failure to furnish requested info, other than your SSN, may result in the delayed processing of certification.

TO <b>ACDP Office</b>	REQUEST CERTIFICATION IN (Category)	(Level)
--------------------------	-------------------------------------	---------

## GENERAL INSTRUCTIONS

1. Refer to the Acquisition Career Development Program Criteria available at NETSCAPE at: [http://www.s3pages.snsa/Career\\_Development/Panels/ACDP/Index.html](http://www.s3pages.snsa/Career_Development/Panels/ACDP/Index.html) or simply type: **go acdp**.
2. Provide complete information for all entries.
3. Review your Official Personnel Folder (201 File) to ensure accuracy of your entries.
4. Type or use dark ink in preparing the form.
5. Provide one (1) copy of each position category to which you are applying (*indicate level*).
6. Attach supporting documentation for:

**EXPERIENCE:**

Include a copy of an employee profile, and provide detailed information to support your acquisition experience in the appropriate block below.

**EDUCATION:**

(If applicable) Copy of college transcript, highlighting the courses that apply.

**TRAINING:**

Copy of Employee Training Profile (available in CONCERTO on NETSCAPE) or copies of the DAU course Certificates for required course(s).

**NOTE: Requests will be returned if the above documentation is not supplied.**

## PERSONNEL DATA

SOCIAL SECURITY NO.	NAME (Last) (First) (Middle Initial)			
GRADE (Civ) (Mil)	SERVICE	ORGANIZATION	PHONE (Secure) (Non-Secure)	
WORK ROLE/SKILL COMMUNITY	TITLE			

## SUMMARY

(Using the requirements contained in the Acquisition Career Development Program (ACDP) Criteria, briefly summarize how you qualify for certification in the areas of experience, education, and training. The summary should be directly related to the ACDP Criteria requirements of the Category and Level for which you are applying. Supporting documentation is required.)

## I. EXPERIENCE

*(Summarize relevant acquisition experience and inclusive dates)*

[illegible]

NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER
-------------	---------	------	------------------------

**II. EDUCATION**

(List required courses, degrees, and dates for your category)

COURSES	DEGREE	DATES

**III. TRAINING**

(List required courses or equivalents for your category)

COURSE DESIGNATOR	COURSE TITLE

I certify that all entries are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE	DATE
-----------	------



# DOACQUISITION REQUEST BRIEF SHEET

(Instructions on Reverse)

PR, MIPR, EAO NUMBER	AMDT. NO.	DATE OF ACTION	INVCAT	EDC
PROJECT		COST OF THIS PR, MIPR, EAO	FUNDING (Appropriation and Fiscal Year)	
IS THIS INITIATIVE TRACKED UNDER NSAC 25-5/5000?		IF NSAC 5000 PROVIDE:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT NSAC 5000 IDENTIFY:		
		NSAC 25-5/5000 REQ NO.		
		PRIOR PLANNING		
		APPROVED PLANNING	DATE (Plan)	
		DATE (Plan)      (Last Revision)	DATE/SERIAL NO. OF EXEMPTION	

## ORIGINATING ORGANIZATION'S USE

DESCRIPTION:

REQUIREMENT APPROVAL (Same level as PR, MIPR, or EAO) (Typed/Printed Name)	(Title)	(Signature)	(Date)
---	---------	-------------	--------

## DF1 USE

DATE RECEIVED IN DF1	ACTION OFFICER	PHONE	RECOMMEND APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO
FUNDING IN <input type="checkbox"/> FINPLAN <input type="checkbox"/> PRES BUDGET <input type="checkbox"/> NOT AVAILABLE	WALK THRU <input type="checkbox"/> YES <input type="checkbox"/> NO		
RELEASED TO/DATE	SIGNATURE	PR SIGNATURE LEVEL	

COMMENTS

## DDP USE

DDP APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE
RECOMMEND D/DIR APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS
DATE RELEASED TO DF1	
DATE RELEASED TO CERTIFYING OFFICE	

## ACQUISITION REQUEST BRIEF SHEET INSTRUCTIONS

The Acquisition Request Brief Sheet (ARBS), Agency Form A5062, is required for all PRs, MIPRs, and EAOs, including amendments, which amount to \$300K and over. The ARBS is used by the DF organization to assist in the processing of such requests. The ARBS is divided into three sections. The top section (*originating organization's use*) is completed by the originating Agency Organization. When the origin of funding or the NSA/CSS Circular 25-5 and 5000 status for a transaction is unknown, contact the Program Manager or Sponsor to help you complete this information. The remaining two sections will be filled in by the DF1 organization. A properly completed ARBS greatly facilitates the review process. ARBS preparation and instructions for originating organizations are as follows:

a. PR, MIPR OR EAO NUMBER - Enter the number assigned by the Agency organization as it appears in Block 2 of the PR, Block 5 of the MIPR, or Block 4 of the EAO.

b. AMDT NO. - If this is the first PR, MIPR or EAO for this request, enter BASIC; if it is an amendment to a BASIC PR, MIPR or EAO, enter the appropriate amendment number.

c. DATE OF ACTION - Enter the date as shown in Block 3 of the PR, Block 4 of the MIPR, or Block 2 of the EAO.

d. INVCAT - Enter the Investment Category Number funding this request.

e. EDC - Enter the Expense Detail Code funding this request.

f. PROJECT - Enter the project name or cover name associated with this request. If no cover/project name has been assigned, give a brief description (e.g., *Recorder Purchase, Chip Production, DEC Hardware Maintenance, etc.*).

g. COST OF THIS PR, MIPR OR EAO - Enter the cost of this request as shown in Block 17/19 of the PR, Block 12g of the MIPR, or Block 11f of the EAO.

h. FUNDING - Enter the appropriation type (*RDT&E, PROC, or O&M*) and the fiscal year(s) for the funds being used for this request (e.g., *FY92 O&M, FY92-FY93 RDT&E, etc.*).

i. IS THIS INITIATIVE TRACKED UNDER NSA/CSS CIR. 25-5 OR 5000? Check YES if this transaction is for an initiative tracked under NSA/CSS CIR. 25-5 or 5000, and complete the block titled IF NSA/CSS CIR. 5000 PROVIDE. Check NO if the request is for an initiative NOT tracked under NSA/CSS CIR. 25-5 or 5000, and proceed to the information block titled IF NOT NSA/CSS 5000 IDENTIFY.

j. IF NSA/CSS CIR. 5000 PROVIDE:

(1) NSA/CSS CIR. 25-5 OR 5000 REQ NUMBER - Enter the NSA/CSS Cir. 25-5 or 5000 Requirement Number assigned to this initiative.

(2) TITLE OF APPROVED PLANNING - Enter the title of the approved planning: System Acquisition Plan (SAP), Operational Requirements Document/Acquisition Program Baseline (ORD/APB), Program Management Plan (PMP) or Rapid Technology Management Plan (RTMP).

(3) DATE OF PLAN - Enter the date of the approved plan (*indicate Amendment No. where appropriate*). The date should be on the cover page or signature page of the approved plan.

(4) DATE OF LAST REVISION - If applicable, enter the date of the most current revision of the approved plan.

k. IF NOT NSA/CSS CIR. 5000 IDENTIFY:

(1) PRIOR PLANNING - Identify the planning documentation that describes the need for this request (e.g., *Program Baseline Statement (PBS-1), CBJB Reference, Project Plan, Regulation, Congressional Language, etc.*).

(2) DATE OF PLAN - Enter the date of the planning document for this initiative.

(3) DATE/SERIAL NO. OF EXEMPTION - Enter the date and serial number of the memorandum that granted a waiver from NSA/CSS Cir. 5000.

l. DESCRIPTION - Explain what this initiative will buy (*including the vendor*), why it is necessary, and who the customer is. The description should include associated efforts. Specify if this is a follow-on action; address likely future actions.

m. REQUIREMENT APPROVAL - Enter same level signature as required for Block 24 of the PR, Block 9 of the MIPR, or Block 13 of the EAO.

DATE	DAY OF WEEK	TOUR OF DUTY	SECTOR	TAG NUMBER	VEHICLE NUMBER	SHOTGUN	BEAT
PORTABLE TELEPHONE NUMBER	MILEAGE (Start)	(Finish)	VEHICLE AND EQUIPMENT OK? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST MISSING OR DEFECTIVE EQUIPMENT			
NAME AND NUMBER OF RELIEF							

[illegible]

(continued)

[illegible]

**DOCID: 3112333**

SECURITY CLASSIFICATION

**ADDENDUM TO TRANSPORTATION AGREEMENT  
(Overseas Employees)**

PRIVACY ACT STATEMENT: Auth: GNSA08, GNSA09, and P.L. 86-36; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Information will be used principally and routinely to record a home leave point destination of employee assigned overseas. Discl of Info: Voluntary. Effect on individual if info not provided: Individual will be paid travel expenses incurred not to exceed constructed cost to permanent residence in U.S. on home leave, irrespective of actual destination.

**HOME LEAVE POINT DESIGNATION**

FULL ADDRESS (Places which may be designated are your permanent place of residence as shown in your Transportation Agreement. Headquarters area, or place of residence of your children, parents, parents-in-law, brothers, sisters, brothers-in-law or sisters-in-law).

**RELATIONSHIP TO RELATIVE**

FULL ADDRESS (You may request designation of a home leave point other than as indicated above. The requested location must be one in which you have an established interest as shown by State voting registration, property ownership, or payment of State and local taxes).

**REASONS (Be specific)**

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SIGNATURE

APPROVAL

# **ADDITIONAL USER REPRESENTATIVE** **STU-III PRIVILEGE REGISTRATION REQUEST** *(Continuation to Form L6682)*

Send Completed Forms To: EKMS Central Facility  
P.O. Box 718  
Finksburg, MD 21048-0718

<b>F.</b> FOR CENTRAL FACILITY USE ONLY <i>(DO NOT Write in          This Section)</i>	TRACKING NUMBER							
<b>G.</b> MANAGING COMMAND AUTHORITY (CA) INFORMATION	COMMAND AUTHORITY ID (Six-digit ID of Command Authority responsible for the STU-III privilege. The Command Authority specified must be registered with the EKMS Central Facility)							
<b>H.</b>  STU-III  PRIVILEGES	TRANSACTION TYPE <i>(Choose One ONLY)</i>		USER REP/EKMS ID LAST NAME	DAO CODE/REF NO.	AUTHORIZED KEY TYPE <i>(Choose One Section ONLY)</i>	MAX. CLASS. TYPE 1 PRODUCT ONLY <i>(Choose One)</i>	CLASS 6 CODE- OPT.	ORDERING CLASS.RESTRIC. LEVELS
	ADD	ID	DAO CODE	Type 2, Type 1 Seed Type 1 Operational <input type="checkbox"/> EKMS STU-III	U		U	
	MODIFY	NAME	REF. NO.	Type 2, Type 1 Seed <input type="checkbox"/> EKMS STU-III	S		S	
	DELETE			Type 2 Only	TS		TS	
	ADD	ID	DAO CODE	Type 2, Type 1 Seed Type 1 Operational <input type="checkbox"/> EKMS STU-III	U		U	
	MODIFY	NAME	REF. NO.	Type 2, Type 1 Seed <input type="checkbox"/> EKMS STU-III	S		S	
	DELETE			Type 2 Only	TS		TS	
	ADD	ID	DAO CODE	Type 2, Type 1 Seed Type 1 Operational <input type="checkbox"/> EKMS STU-III	U		U	
	MODIFY	NAME	REF. NO.	Type 2, Type 1 Seed <input type="checkbox"/> EKMS STU-III	S		S	
	DELETE			Type 2 Only	TS		TS	
	ADD	ID	DAO CODE	Type 2, Type 1 Seed Type 1 Operational <input type="checkbox"/> EKMS STU-III	U		U	
	MODIFY	NAME	REF. NO.	Type 2, Type 1 Seed <input type="checkbox"/> EKMS STU-III	S		S	
	DELETE			Type 2 Only	TS		TS	
	ADD	ID	DAO CODE	Type 2, Type 1 Seed Type 1 Operational <input type="checkbox"/> EKMS STU-III	U		U	
	MODIFY	NAME	REF. NO.	Type 2, Type 1 Seed <input type="checkbox"/> EKMS STU-III	S		S	
	DELETE			Type 2 Only	TS		TS	
	ADD	ID	DAO CODE	Type 2, Type 1 Seed Type 1 Operational <input type="checkbox"/> EKMS STU-III	U		U	
	MODIFY	NAME	REF. NO.	Type 2, Type 1 Seed <input type="checkbox"/> EKMS STU-III	S		S	
	DELETE			Type 2 Only	TS		TS	
	ADD	ID	DAO CODE	Type 2, Type 1 Seed Type 1 Operational <input type="checkbox"/> EKMS STU-III	U		U	
	MODIFY	NAME	REF. NO.	Type 2, Type 1 Seed <input type="checkbox"/> EKMS STU-III	S		S	
	DELETE			Type 2 Only	TS		TS	

<b>I.</b> MANAGING COMMAND AUTHORITY APPROVAL	SIGNATURE (Individual in Section B)	
	PRINTED/TYPED NAME	DATE

**ADJUNCT FACULTY PROGRAM APPLICATION**  
**(Form P4513)**

**INSTRUCTIONS**

Thank you for inquiring about the National Cryptologic School (NCS) Adjunct Faculty Program. An application is attached.

Please list specific courses you want to apply for (*e.g., ED-101*). Applicants must complete form in its entirety (*both front and back*). In addition, provide any other documentation that will help the course manager determine how much experience and training you have that relates to the course(s) you are applying for (*e.g., resume, college transcripts, etc.*). The review by the course manager will take about two weeks and then a member of the adjunct team will call or e-mail you to inform you of the status of your application.

If completed on-line, print a hard copy of the application and have your supervisor sign the form. Return two copies of the signed application plus any attachments to E123, FANX II, Room A2A015. Application is available in FrameMaker and FormFlow via the Web at urn '**go forms**.' If you have any questions, please feel free to call 968-8153s or (410) 859-6234.

To learn more about the program, please see our Homepage in NETSCAPE at the following address:  
[http://www.ncs.s.nsa/Career\\_Development/Community\\_Service/Adjunct\\_Faculty/index.html](http://www.ncs.s.nsa/Career_Development/Community_Service/Adjunct_Faculty/index.html) **OR**  
*go adjunct-faculty*

SECURITY CLASSIFICATION (if any)

**ADJUNCT FACULTY PROGRAM  
APPLICATION**

**NOTE: Verification of course completion may be required. Include all information that will assist NCS personnel in determining your interests and abilities for serving as an Adjunct Faculty member. Return completed forms to E123, FANX II, Room A2A015**

PRIVACY ACT STATEMENT: Auth for collecting information requested on this form is contained in 50 U.S.C 402 note and 50 U.S.C. 1601-1614. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA 12 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. The requested information will be used by the Agency to evaluate the applicant's suitability for the Adjunct Faculty Program. Your disclosure of the requested information, including your SSN is voluntary. Failure to furnish your SSN may delay processing of your application. Failure to provide the other requested information may preclude applicant from being considered for the Adjunct Faculty program.

NAME (Last)		(First)	(MI)	GRADE/RANK (Mil Svc)		SSN
SERVICE	DUTY ORG	TELEPHONE NUMBER (Secure)		(Non-Secure)	SID	COMPLETE MAILING ADDRESS/ BLDG/ROOM NO.
ARE YOU TO PCS WITHIN THE NEXT SIX MONTHS?		PCS ORG.			REPORTING DATE (YYYYMMDD)	
<input type="checkbox"/> YES <input type="checkbox"/> NO						
COMPLETE PCS MAILING ADDRESS						

CHECK SPECIFIC FUNCTION YOU WANT TO APPLY FOR

☐ INSTRUCTOR ☐ BRIEFER ☐ COURSE MANAGER**SPECIFIC NCS COURSE(S) THAT YOU ARE APPLYING TO TEACH, MANAGE OR BRIEF**

(NOTE: If the course is under development, please provide the name and phone number of the NCS point of contact)

COURSE NO.	TITLE	DATE COMPLETED (YYYYMMDD)

	LOCATION	DATE COMPLETED (YYYYMMDD)
HAVE YOU COMPLETED ED-101? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU COMPLETED ED-160? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**OTHER RELEVANT COURSE COMPLETED (Military and Civilian)**

TITLE/NUMBER	LOCATION	DATE COMPLETED (YYYYMMDD)

CURRENT JOB DESCRIPTION

SIGNATURE	SUPERVISOR CONCURRENCE	DATE (YYYYMMDD)
	APPLICANT	DATE (YYYYMMDD)



---

SECURITY CLASSIFICATION (if any)

---

EDUCATION/TRAINING (Include Joint or Senior Service Colleges; Degree; Major Field of Study; Date; also include any substantial work done towards a degree, but for which no degree was awarded).

---

RELEVANT WORK EXPERIENCES (Please give dates and descriptions)

---

PRIOR TEACHING EXPERIENCE AND/OR INSTRUCTOR TRAINING (Please provide details/specifics of what, when, where, etc. If you do **NOT** have prior teaching experience, enter "Not Applicable.")

---

REMARKS

<b>ADVANCE CHANGE/STUDY NOTICE (ACSN)</b>		1. DATE (YYYYMMDD)	Form Approved OMB No. 0704-0188
<p>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Service, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.</p>			2. PROCURING ACTIVITY NUMBER
4. ORIGINATOR			3. DODAAC
a. TYPED NAME (First, Middle Initial, Last)	b. ADDRESS (Street, City, State, Zip Code)		5. ACSN NUMBER
6. ITEM AFFECTED (Identify contracts, systems, subsystems, and, when possible, contract and items, or components affected by change.)			
7. NEED FOR CHANGE (Explain: (1) how and when need was recognized, e.g., test results, field reports, engineering review meeting; (2) impact of not making change, e.g., safety hazard, mission failure, high maintenance costs, schedule slippage; and (3) how change will improve system, e.g., increased reliability, reduced weight, decreased cost, substantially improved performance.)			
8. DESCRIPTION OF CHANGE/STUDY (Describe hardware modification or study recommended to correct a problem or to capitalize on an improvement opportunity. Rough sketches or diagrams may be attached to amplify this description.)			
9. ALTERNATIVES TO SUGGESTED CHANGE/STUDY (Explain relative desirability of each alternative way to meet need for change, including costs.)			
10. BUDGETARY COST ESTIMATES (Enter rough cost estimates for RDT&E and production. If preferred, ranges of estimates, one of which can be checked by the contractor, may be listed in lieu of a single estimate.)			
11. PROGRAM OFFICE			
a. TYPED NAME (First, Middle Initial, Last)	b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)
12. CONTRACT ADMINISTRATION OFFICE			
a. TYPED NAME (First, Middle Initial, Last)	b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)
13. CONTRACTOR			
a. TYPED NAME (First, Middle Initial, Last)	b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)

SECURITY CLASSIFICATION (if any)

**Please provide one copy of your orders when submitting this form. Failure to provide orders will delay processing your request.**

**ADVANCE OF PAY REQUEST**

Privacy Act Statement: Authority for collecting information requested on this form is contained in 50 U.S.C. Section 402 note; 5 U.S.C. 5927; and Executive Order 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses found in GNSA08 and GNSA09 apply to this information. Authority for requesting your Social Security Number (SSN) is Executive Order 9397. The requested information will be used to provide a pay advance in conjunction with a permanent change-of-station (PCS). Your disclosure of requested information, including SSN, is voluntary. However, failure to furnish the requested information, other than SSN, may delay or prevent processing of your request.

EMPLOYEE NAME (Last)		(First)	(MI)	SOCIAL SECURITY NUMBER
AGENCY		PAY GRADE		GROUP
CURRENT POST / COUNTRY OF ASSIGNMENT / LOCALITY CODE				ARRIVAL DATE (YYYY-MM-DD)
ADVANCES	NUMBER OF PAYPERIODS TO BE REPAID WITHIN	AMOUNT		IF "SPECIFIED", ENTER AMOUNT
		<input type="checkbox"/> MAXIMUM		\$
		<input type="checkbox"/> SPECIFIED		

**EMPLOYEE STATEMENT AND SIGNATURE:** The information given on this application is true and correct to the best of my knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in the conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (including fines and imprisonment) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.

EMPLOYEE'S SIGNATURE	DATE

**CERTIFYING OFFICIAL:** The above request is certified as correct and proper for payment.

AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE	DATE

FORM F7264 REV AUG 2001 (Supersedes F7264 JUN 2001 which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**ADVISORY SERVICE REQUEST***(Reference: PMM 30-2, Chapter 313)*

TO: CHIEF, NCREC (M322)	FROM:	DATE
-------------------------	-------	------

Services of the following individual are required. The information below is provided to assist in the initial processing.

NAME (Last)	(First)	(MI)	DATE OF BIRTH (YYYY-MM-DD)	SSN
<input type="checkbox"/> WAE \$ PER DAY <input type="checkbox"/> WOC (without compensation)				CAPACITY <input type="checkbox"/> CONSULTANT <input type="checkbox"/> EXPERT

NAME AND ADDRESS OF BUSINESS AFFILIATION

ADDRESS WHERE CORRESPONDENCE SHOULD BE DIRECTED

RESUME OF SKILL (Indicate field of activity in which individual possesses exceptional competence and/or skill)

LEVEL OF CLEARANCE REQUIRED	INDIVIDUAL HAS CURRENT CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LEVEL	INDICATE WHO HOLDS CLEARANCE	
	YES	NO		YES	NO
WILL INDOCTRINATION BE REQUIRED ON FIRST VISIT TO NSA/CSS? (If "NO" explain in remarks)			HAS INDIVIDUAL AGREED TO THIS APPOINTMENT?		
HAS INDIVIDUAL AGREED TO POLYGRAPH PROCESSING IN ORDER TO FACILITATE HIS CLEARANCE?					
WORK WILL BE PERFORMED			AT NSA/CSS		
			IN THE FIELD		
TYPE OF BADGE DESIRED <input type="checkbox"/> PURPLE RETENTION BADGE					
PERSON TO CONTACT (for additional information)			ORGANIZATION	PHONE (Secure)	(Non-Secure)

REMARKS

AUTHORIZING OFFICIAL (Title, Chief Key Component)

(signature)

**ADVISORY SERVICE REQUIREMENTS**

(Reference: PMM 30-2, Chapter 313)

TO CHIEF, NCREC (M322)	THRU	FROM	DATE (YYYY-MM-DD)
INDIVIDUAL WHO WILL PERFORM SERVICES (Last)	(First)	(MI)	INDIVIDUAL'S IMMEDIATE SUPERVISOR
			PHONE NUMBER

**PART I - UNCLASSIFIED DUTIES OR SERVICES/LAW CITATION OR DEFENSE ISSUANCE, If Advisory Group Appointment**  
(Describe in sufficient detail (1) to permit a positive determination that the position actually is that of an expert or consultant, (2) to enable the General Counsel to determine whether a possible conflict of interest might exist, and (3) to explain the need for the proposed appointment to the Secretary of Defense). IF INDIVIDUAL IS TO BE A MEMBER OF AN ADVISORY GROUP ESTABLISHED BY LAW OR BY DOD DIRECTIVE OR INSTRUCTION, CITE LAW OR DEFENSE ISSUANCE IN LIEU OF THE LIST OF DUTIES OR SERVICES.

ESTIMATE OF WORKING DAYS (Include Saturday and Sunday, if work will be performed on those days; a part of a day will be counted as one day; also include the number of days spent in traveling between the Agency for which compensation will be paid by the Agency)	FISCAL YEAR (YYYY)	NUMBER OF DAYS
AUTHORIZING OFFICIAL (Chief, Key Component)	(Signature)	

**PART II - JUSTIFICATION FOR APPOINTMENT**

*(Do not complete if individual is a prospective member of an Advisory Group)*

STATE NEED FOR ESTABLISHING FUNCTION *(if new)*, OR NEED FOR ADDITIONAL PERSONNEL SUPPORT OF FUNCTION *(if already being performed)*

STATE REASONS REQUIRED SERVICES CANNOT BE OBTAINED THROUGH USE OF NORMAL EMPLOYMENT PROCEDURES

STATE REASONS THE FUNCTION PROPOSED FOR APPOINTEE CANNOT BE PERFORMED BY PRESENT EMPLOYEES OR CONSULTANTS OF THE AGENCY

NUMBER OF OTHER PERSONNEL IN THE ORGANIZATIONAL ENTITY TO WHICH THE APPOINTEE WILL BE ASSIGNED WHO ARE NOW PERFORMING A FUNCTION WHICH IS SIMILAR TO THAT PROPOSED FOR THE APPOINTEE.

CIVILIANS <i>(Full time)</i>	<i>(Part time)</i>	MILITARY	CONSULTANTS

REMARKS

**DOCID: 3111624**  
**AGREEMENT TO TRANSFER RECORDS TO  
 THE NATIONAL ARCHIVES OF THE UNITED STATES**

1. INTERIM CONTROL NO. (NARA Use Only)

**TERMS OF AGREEMENT**

The records described below and on the attached \_\_\_\_\_ pages are deposited in the National Archives of the United States in accordance with 44 U.S.C. 2107. The transferring agency certifies that any restrictions on the use of these records are in conformance with the requirements of 5 U.S.C. 552.

In accordance with 44 U.S.C. 2108, custody of these records becomes the responsibility of the Archivist of the United States at the time of transfer of the records. It is agreed that these records will be administered in accordance with the provisions of 44 U.S.C. Chapter 21, 36 CFR XII, 36 CFR Part 1256 and such other rules and regulations as may be prescribed by the Archivist of the United States (the Archivist). Unless specified and justified below, no restrictions of the use of these records will be imposed other than

the general and specific restrictions on the use of records in the National Archives of the United States that have been published in 36 CFR Part 1256 or in the Guide to the National Archives of the United States. The Archivist may destroy, donate, or otherwise dispose of any containers, duplicate copies, unused forms, blank stationery, nonarchival printed or processed material, or other nonrecord material in any manner authorized by law or regulation. Without further consent, the Archivist may destroy deteriorating or damaged documents after they have been copied in a form that retains all of the information in the original document. The Archivist will use the General Records Schedule and any applicable records disposition schedule (SF 115) of the transferring agency to dispose of nonarchival materials contained in this deposit.

**2A. AGENCY APPROVAL**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**3A. NARA APPROVAL**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**2B. NAME, TITLE, MAILING ADDRESS**

**3B. NAME, TITLE, MAILING ADDRESS**

**RECORDS INFORMATION**

**4A. RECORDS SERIES TITLE**

**4B. DATE SPAN OF SERIES**

(Attach any additional description.)

**5A. AGENCY OR ESTABLISHMENT**

**5B. AGENCY MAJOR SUBDIVISION**

**5C. AGENCY MINOR SUBDIVISION**

**5D. UNIT THAT CREATED RECORDS**

**5E. AGENCY PERSON WITH WHOM TO CONFER ABOUT THE RECORDS**

Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**6. DISPOSITION AUTHORITY:**

**7. IS SECURITY CLASSIFIED INFORMATION PRESENT?**

☐ NO ☐ YES

LEVEL: ☐ Confidential ☐ Secret ☐ Top Secret  
 SPECIAL MARKINGS: ☐ RD/FRD ☐ SCI ☐ NATO  
☐ Other \_\_\_\_\_

INFORMATION STATUS: ☐ Segregated ☐ Declassified

**8. CURRENT LOCATION OF RECORDS**

\_\_\_\_\_ Agency (Complete 8A only)

\_\_\_\_\_ Federal Records Center (Complete 8B only)

**8A. ADDRESS**

**9. PHYSICAL FORMS**

☐ Paper Documents ☐ Posters  
☐ Paper Publications ☐ Maps and Charts  
☐ Microfilm / Microfiche ☐ Arch / Eng Drawings  
☐ Electronic Records ☐ Motion / Sound / Video  
☐ Photographs ☐ Other (specify): \_\_\_\_\_

**10. VOLUME:**

**CONTAINERS:**

Cu. Mtr. \_\_\_\_\_ (Cu. Ft. \_\_\_\_\_) Number \_\_\_\_\_ Type \_\_\_\_\_

**11. DATE RECORDS ELIGIBLE FOR TRANSFER TO THE ARCHIVES**

**12. ARE RECORDS FULLY AVAILABLE FOR PUBLIC USE?**

☐ YES ☐ NO (If no, attach limits on use and justification.)

**13. ARE RECORDS SUBJECT TO THE PRIVACY ACT?**

☐ YES ☐ NO (If yes, cite Agency System Number and Federal Register volume and page number of most recent notice and attach a copy of this notice.)

**14. ATTACHMENTS**

☐ Agency Manual Excerpt ☐ Listing of Records Transferred  
☐ Additional Description ☐ NA Form 14097 or Equivalent  
☐ Privacy Act Notice ☐ Microform Inspection Report  
☐ Other (specify): \_\_\_\_\_ ☐ SF(s) 135

**8B. FRC ACCESSION NUMBER**

**CONTAINER NUMBER(S)**

**FRC LOCATION**

**NARA PROVIDES**

**15. SHIPPING INSTRUCTIONS TO AGENCIES / REMARKS REGARDING DISPOSITION**

RG

**16. RECORDS ACCEPTED INTO THE NATIONAL ARCHIVES OF THE UNITED STATES**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**17. NATIONAL ARCHIVES ACCESSION NO.**

**GENERAL:** This form may be initiated by the transferring agency or the National Archives and Records Administration (NARA). Prepare a separate SF 258 for each series or SF 115 item being transferred.

**WHEN INITIATED BY AN AGENCY:** The agency completes blocks 2 and 4 through 14 using the instructions below. Block 2 must be signed and dated. Send the original to the appropriate address 60 days before the records are to be transferred to the National Archives.

**WHEN INITIATED BY NARA:** NARA completes blocks 1 and 4 through 14 and sends the original to the transferring agency's records officer. The agency completes block 2, and completes or corrects blocks 4 through 14. Block 2 must be signed and dated. The agency sends the original to the appropriate address 60 days before the records are to be transferred to the National Archives.

**MAILING ADDRESS:** Mail the completed form to either the address below or to the appropriate National Archives regional archives.

Accessions Control Staff (NN-E)  
Office of the National Archives  
National Archives and Records Administration  
8601 Adelphi Road  
College Park, MD 20740-6001

If you do not know the address of the appropriate regional archives, telephone the Accessions Control Staff at 301-713-6655

★ ★ ★

1. **INTERIM CONTROL NUMBER:** Leave blank. NARA will fill in.

2. **AGENCY APPROVAL:** The agency records officer having the delegated authority to transfer the records with NARA should sign and date the form here (2A) and provide his/her name, title and mailing address (2B).

3. **NARA APPROVAL:** When a proposal to transfer records to the National Archives of the United States is approved, the appropriate NARA official completes 3A and 3B.

4A/B. **RECORDS SERIES TITLE/DATE SPAN OF SERIES:** The information provided should include a record series title, a statement of how the records are arranged, dates of coverage, and sufficient detail to describe the body of records being transferred. If access to the records is gained or facilitated through an index, box list, or other finding aid, include it with the records being transferred. Indicate the appropriate disposition authority number if the index is scheduled separately. If the records are in a Federal records center (FRC) attach each applicable SF 135, Records Transmittal and Receipt. For electronic records, describe any related documentation.

5. Fully identify the unit (5D) that created or organized the records. Usually this is not the agency's records management office. Place the creating unit within its organizational hierarchy (5A-5C) For example, the responsible unit is a branch (5D), within a division (minor subdivision) (5C), within an office (major subdivision) (5B), and within the agency or major component of a department (5A). Block 5A should be the official or legal name of the agency or bureau as published in the *U.S. Government Manual*. In block 5E include the name and telephone number (including the area code) of a person who should be contacted if NARA has any questions about the records. If the originating agency no longer exists, provide the name of the contact person at the successor agency.

6. **DISPOSITION AUTHORITY:** This citation must be included. It can be either the item number assigned to the records within a records disposition schedule (SF 115) approved by NARA or the item number assigned to the records within an agency records disposition manual based on a NARA-approved SF 115. If the agency manual number is used, attach a copy of the pertinent pages from the agency manual.

7. **IS SECURITY CLASSIFIED INFORMATION PRESENT?** If the records contain security classified information, check "Yes" and indicate the highest level of classification present. Indicate any additional

applicable national security special access restrictions (e.g., Sensitive Compartmented Information - SCI or North Atlantic Treaty Organization - NATO). Restricted Data and Formerly Restricted Data - RD/FRD - refers to information subject to the Atomic Energy Act of 1954. Check "Segregated" to indicate that security classified records have been segregated from unclassified records or information subject to special access restrictions has been segregated from other classified information. Check "Declassified" to indicate whether any records have been declassified, and provide both the authority for declassification and a description of the declassified records.

8. **CURRENT LOCATION OF RECORDS:** Check the appropriate box for the current location of the records. If the records currently are in a Federal records center, complete 8B. If the records are located in the transferring agency or other location, complete 8A.

8A. For records located in the transferring agency or other location, provide a complete address.

8B. For records located in a Federal records center, name the center, provide the FRC accession number and container number(s), and the FRC location.

9. **PHYSICAL FORM(S):** Check all the boxes that apply to the records included in the transfer.

10. **VOLUME:** Include both the cubic feet of the records and the number and type of containers holding the records. For example:

Cu. ft. 15; Number 15; Type FRC boxes.

Provide separate volume figures for each physical type of records, continuing on a separate sheet as necessary.

11. **DATE RECORDS ELIGIBLE FOR TRANSFER TO THE ARCHIVES:** Indicate the date the records are eligible for deposit in the National Archives. This date is determined by the disposition instructions for each item in the approved SF 115 or agency manual.

12. **ARE THE RECORDS FULLY AVAILABLE FOR PUBLIC USE?** If the records are exempt from release pursuant to the FOIA, 5 U.S.C. 552(b)(1)-(9) and (c)(1)-(3), this must be fully justified. List all exemptions that apply. If exemption (b)(1) is cited, complete block 7 accordingly. If (b)(3) is cited, include the full citation for the relevant statute. If the records are subject to copyright, identify affected items and the copyright holder.

13. **ARE THESE RECORDS SUBJECT TO THE PRIVACY ACT?** The National Archives is required to notify the public, through the *Federal Register*, when it takes custody of records subject to the provisions of the Privacy Act, 5 U.S.C. 552a. The originating agency should use this block to indicate whether the records covered by this SF 258 are part of a Privacy Act "system of records" and include a citation to and a copy of the Privacy Act notice published by the agency for the system. NARA will use the transferring agency's notice to inform the public, through the *Federal Register*, that the records have been transferred to the National Archives and that no further modification of them is possible.

14. **ATTACHMENTS:** Check the appropriate box(es) and indicate the attachment(s) being submitted with this form.

15. **SHIPPING INSTRUCTIONS TO AGENCIES/REMARKS REGARDING DISPOSITION:** NARA uses this space to provide shipping instructions relating to transfers.

16. **RECORDS ACCEPTED INTO THE NATIONAL ARCHIVES OF THE UNITED STATES:** The appropriate NARA representative signs block 16 after the records have been received at a NARA facility and NARA has confirmed that the records received are the records described in block 4. Transfers to NARA are not final until NARA has signed block 16. NARA sends the agency a copy of the completed form.

17. **NATIONAL ARCHIVES ACCESSION NO.:** NARA assigns this unique, permanent control number to each transfer of records.



**AIR SAMPLING WORKSHEET**

ORGANIZATION	BUILDING	ROOM	REPORT SERIAL NUMBER
SUPERVISOR	PHONE NUMBER	DATE (Sampling)	(Shipping)
EMPLOYEE NAME	PHONE NUMBER		
JOB TITLE	COSC		
EXPOSURE INFORMATION			
Number Exposed:	Duration (Hours/Day):	Frequency (Days/Week):	
PPE (Type and effectiveness)		WEATHER CONDITIONS <input type="checkbox"/> N/A	PHOTO <input type="checkbox"/> YES <input type="checkbox"/> NO
		PUMP CHECKS (Time)	

**JOB DESCRIPTION, OPERATION, WORK LOCATION(S), VENTILATION, AND CONTROLS**

continue on Page 2

**SAMPLING DATA**

Pump Number				
Sample Number				
Sample Type (TWA, STEL, C)				
Sample Media				
Time On / Off				
Total Time (in minutes)				
Flow Rate <input type="checkbox"/> l / min <input type="checkbox"/> cc / min				
Volume (in liters)				
Analyze Samples For:				
Sample Results <input type="checkbox"/> mg / m <sup>3</sup> <input type="checkbox"/> ppm				
8-hour TWA				

### PRE-SAMPLING CALIBRATION RECORDS

PUMP MFG. AND SN	FLOW RATE CALCULATIONS			
VOLTAGE CHECKED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
LOCATION / T AND ALT.				
	FLOW RATE	METHOD <input type="checkbox"/> Bubble <input type="checkbox"/> PR	INITIALS	DATE / TIME

### POST-SAMPLING CALIBRATION RECORDS

LOCATION / T AND ALT.		FLOW RATE CALCULATIONS			
VOLTAGE CHECKED?		FLOW RATE	METHOD	INITIALS	DATE / TIME
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Bubble <input type="checkbox"/> PR		

### **JOB DESCRIPTION, OPERATION, WORK LOCATION(S), VENTILATION AND CONTROLS**

[illegible]

INDUSTRIAL HYGIENIST (Signature)	DATE
----------------------------------	------



**A. I. T. QUESTIONNAIRE**

PLEASE COMPLETE THIS QUESTIONNAIRE, FOLD, STAPLE AND RETURN TO ADDRESS SHOWN ON REVERSE SIDE.

1. HAVE YOU EVER PARTICIPATED IN AN INSPECTION BEFORE?

☐ YES ☐ NO

COMMENTS:

PLEASE RATE THE FOLLOWING:		POOR	FAIR	GOOD	VERY GOOD	EXCEL- LENT	N/A
2. OVERALL EFFECTIVENESS OF THE APERIODIC INSPECTION PROGRAM	A. THE PROCESSES ABILITY TO RECORD AND TRACK THE MOVEMENT OF CONTROLLED ITEMS (i.e., Government Equipment, Classified Material, etc.).						
	B. YOUR UNDERSTANDING OF NSA REGULATION GOVERNING THE HANDLING OF CLASSIFIED MATERIAL.						
	C. HOW WOULD YOU RATE THE CURRENT INSPECTION PROCESS AS AN AID TO THE COUNTERINTELLIGENCE PROCESS.						
3. THE OVERALL CONDUCT OF THIS INSPECTION	A. THE INSPECTOR'S KNOWLEDGE OF ANY QUESTIONS ASKED DURING THE INSPECTION						
	B. THE INSPECTOR'S PROFESSIONALISM						
	C. PROMPTNESS OF THE INSPECTION						

4. ARE YOU FAMILIAR WITH THE NSA REGULATION COVERING DOUBLE WRAPPING?

☐ YES ☐ NO

5. WOULD YOU LIKE TO SEE MORE EXIT INSPECTIONS?

☐ YES ☐ NO

MORE ENTRY INSPECTIONS?

☐ YES ☐ NO6. IF YOU ARE INTERESTED IN LEARNING MORE ABOUT THIS PROGRAM, REFER TO "[http://www.m51.m.nsa/S42\\_AIP\\_Team.html](http://www.m51.m.nsa/S42_AIP_Team.html)", or CONTACT AIT AT 963-7055s or (301) 688-4065b.

SUGGESTIONS/COMMENTS

INSPECTION (Date)	(Time)	GATEHOUSE	NAME/NSA'S ORGANIZATION (OPTIONAL)
-------------------	--------	-----------	------------------------------------

**ALL TERRAIN VEHICLE (ATV) PATROL INSPECTION RECORD**

DATE (YYYY/MM/DD)

OFFICER ASSIGNED (Last)		(First)	(MI)	OFFICER ID NUMBER	SPECIAL UNIT NUMBER		
					<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
MILEAGE (Beginning)	(Ending)	HOUR METER (Beginning)	(Ending)	TIRE CONDITION		TIRE PRESSURE (6 psi)?	
				<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		<input type="checkbox"/> YES <input type="checkbox"/> NO	

☐ WHEELS (Check tightness of wheel and axle nuts. Ensure cotter pins are securing axle nuts.)☐ FUEL TANK (Open, fill and visually inspect. check position of Fuel Shut-Off Switch.)

	Satisfactory	Unsatisfactory	ELECTRICAL SYSTEM	Satisfactory	Unsatisfactory
OIL LEVEL (Located inside L/F wheel well)			IGNITION		
TRANSMISSION FLUID (Located inside R/R wheel well)			HEADLIGHTS		
BRAKES (Check operation of hand and foot brake/fluid level)			BRAKE LIGHTS		
THROTTLE OPERATION			TAIL LIGHTS		
ENGINE STOP SWITCH			EMERGENCY WARNING LIGHTS		
STEERING					
ENGINE COOLANT SYSTEM					
AIR CLEANER ELEMENT					

**CARGO BOX (Check ALL missing items)**

<input type="checkbox"/> TOOL KIT CONTAINING:	<input type="checkbox"/> FIRE EXTINGUISHER	<input type="checkbox"/> FLASHLIGHT	<input type="checkbox"/> 1 MAP BOOK
<input type="checkbox"/> 1-Tire Pressure Gauge	<input type="checkbox"/> 1-Phillips Screwdriver	<input type="checkbox"/> FIRST AID KIT	<input type="checkbox"/> 1 ROLL OF POLICE TAPE
<input type="checkbox"/> 1-Spark Plug Wrench	<input type="checkbox"/> 1-Star Key Wrench	<input type="checkbox"/> ATV TIRE REPAIR KIT	<input type="checkbox"/> 3 FLARES IN WATERPROOF CASE
<input type="checkbox"/> 2-Open Ended Wrenches			

**ANNOTATE ANY EXTERNAL DAMAGE OR DISCREPANCIES****LEFT SIDE****RIGHT SIDE****OVERHEAD**

**S42 Protective Services**  
**Aperiodic Inspection Team**  
**SAB 1**  
**Room S1EE09**

## AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE		PAGE OF PAGES	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.
5. PROJECT NO. (If applicable)			
6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)	9A. AMENDMENT OF SOLICITATION NO.
			9B. DATED (SEE ITEM 11)
			10A. MODIFICATION OF CONTRACT/ORDER NO.
			10B. DATED (SEE ITEM 13)
CODE	FACILITY CODE		

## 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.

Offer's must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

- (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

## 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x)	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not, ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		BY (Signature of Contracting Officer)	

## ANNUAL ATTENDANCE RECORD - 2002

NAME \_\_\_\_\_ SCD \_\_\_\_\_

■ - LAST DAY OF MONTH  
 A - ANNUAL LEAVE  
 S - SICK LEAVE  
 H - HOLIDAY  
 E - EXCUSED  
 L - LWOP  
 W - AWOL  
 CL - COURT LEAVE  
 BA - EMERGENCY ANNUAL  
 COP - CONT. OF PAY (TRUMP)  
 DO - DAY OFF  
 OT - OVERTIME  
 ML - MILITARY LEAVE  
 (15 days per year)

PAY PERIOD	SUN	MON	TUE	WED	THU	FRI	SAT	LEAVE EARNED (10 hours earned last pay period)				ANNUAL LEAVE		SICK LEAVE		LWOP AND AWOL USED	MILITARY LEAVE	OTHER	
								CATEGORY	PER PAY		PER YEAR		CARRY-OVER	CARRY-OVER	CARRY-OVER				CARRY-OVER
									A = 4	B = 6	C = 8	ANNUAL							
B 30 DEC - 12 JAN																			
C 13 JAN - 26 JAN																			
D 27 JAN - 09 FEB																			
E 10 FEB - 23 FEB																			
F 24 FEB - 09 MAR																			
G 10 MAR - 23 MAR																			
H 24 MAR - 06 APR																			
I 07 APR - 20 APR																			
J 21 APR - 04 MAY																			
K 05 MAY - 18 MAY																			
L 19 MAY - 01 JUN																			
M 02 JUN - 15 JUN																			
N 16 JUN - 29 JUN																			
O 30 JUN - 13 JUL																			
P 14 JUL - 27 JUL																			
Q 28 JUL - 10 AUG																			
R 11 AUG - 24 AUG																			
S 25 AUG - 07 SEP																			
T 08 SEP - 21 SEP																			
U 22 SEP - 05 OCT																			
V 06 OCT - 19 OCT																			
W 20 OCT - 02 NOV																			
X 03 NOV - 16 NOV																			
Y 17 NOV - 30 NOV																			
Z 01 DEC - 14 DEC																			
A 15 DEC - 28 DEC																			

FORM P3538 REV OCT 2001 (Supersedes P3538 REV OCT 2000 which is obsolete)  
NSN: 7540-FM-001-3872

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877



**INSTRUCTIONS:** RETAIN A COPY OF THIS FORM FOR YOUR CLUB RECORDS.  
REPORTS ARE DUE BY 30 APRIL OF EACH YEAR.

# ANNUAL REPORT FOR PRIVATE ORGANIZATIONS

NUMBER OF MEMBERS

DATE \_\_\_\_\_ FOR THE PERIOD COVERING FROM: (date) \_\_\_\_\_ TO: (date) \_\_\_\_\_

NAME OF PRIVATE ORGANIZATION

## I. ACTIVITIES

A. Since last report \_\_\_\_\_

B. Proposed activities for the next year \_\_\_\_\_

## II. FINANCIAL DATA

A. Balance as of (date) \_\_\_\_\_ \$ \_\_\_\_\_

B. Total income this period \$ + \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

C. Total expenses this period \$ - \_\_\_\_\_

D. Balance as of (date) \_\_\_\_\_

FINAL BALANCE \$ \_\_\_\_\_

## III. PRESENT OFFICERS

POSITION	NAME	ORG.	BLDG.	PHONES		SID
				SECURE	NON-SECURE	

IV. Dates of term of office for present officers

V. Report Submitted By (LAST NAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (POSITION) \_\_\_\_\_

## INTERNAL USE ONLY

DATE RECEIVED	FINANCIAL BALANCES CORRECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICERS VERIFIED AS P.O.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACTED P.O.? <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIALS AND DATE
---------------	---	---	--	-------------------

**Aperiodic Inspection Confiscation Receipt**

Privacy Act Statement: Auth: P.L. 86-36, P.L. 88-290; Records System: GNSA10; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Auth for requesting SSN: EO 9397. Info will be used as a receipt for confiscated property to identify the property and the owner. Employee will also use receipt for reclaiming property. Disclosure of the information, including Social Security Numbers, is voluntary. Failure to furnish any of the requested information may delay individual in reclaiming property.

DATE / TIME OF OCCURENCE		LOCATION	
REPORTING INSPECTOR		ORGANIZATION	
NAME (Last, First, MI)			
SSN		BADGE COLOR	
ORG / ADDRESS		TELEPHONE NUMBER	
ITEM SERIAL NUMBER		MATERIAL PLACED IN	

DETAILS

*I certify that I have received the above listed item:*

SIGNATURE

THIRD PARTY SIGNATURE

DATE

FORM G7018 APR 97

NSN: 7540-FM-001-5600

**COPY DISTRIBUTION:**

Copy 1 (White) - AIT  
Copy 2 (White) - AIT

Copy 3 (Pink) - S41  
Copy 4 (Pink) - S41  
Copy 5 (Yellow) - OFFENDER

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

## APPLICATION AND CERTIFICATION FOR PAYMENT (Instructions on Reverse)

PAGE

of

TO: MARYLAND PROCUREMENT OFFICE ATTN: L5 9800 Savage Road Fort George G. Meade, MD 20755-6000		FROM (Contractor):	APPLICATION NUMBER	DISTRIBUTION TO: <input type="checkbox"/> L5 <input type="checkbox"/> L4 <input type="checkbox"/> N4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PROJECT			PERIOD TO	
CONTRACT NUMBER	PPI NUMBER	CONTRACT DATE		

## CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Orders approved in previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			
Approved this Month			
Number	Date Approved		
TOTALS			
Net change by Change Orders			

The undersigned Contractor certifies that to the best of the contractor's knowledge, information and belief, the work covered by this Application for Payment has been completed in accordance with the contract documents, that all amounts have been paid by the contractors for work for which previous Certificates for Payment were issued and payments received from the owner, and that current payment shown herein is now due.

CONTRACTOR:	NOTARY SEAL:
BY:	
DATE:	

Application is made for Payment, as shown below, in connection with the Contract.

1. ORIGINAL CONTRACT SUM ..... \$
2. Net change by Change Orders ..... \$
3. CONTRACT SUM TO DATE (LINE 1+/- 2) ..... \$
4. TOTAL COMPLETED & STORED TO DATE ..... \$  
(Column G on C702-c)
5. RETAINAGE:
  - a. \_\_\_\_\_% of Completed Work  
(Column D + E on C702-c) \$
  - b. \_\_\_\_\_% of Stored Material  
(Column F on C702-c) \$
- Total Retainage (Line 5a + 5b or  
Total in Column 1 of C702-c) ..... \$
6. TOTAL EARNED LESS RETAINAGE ..... \$  
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR  
PAYMENT (Line 6 from prior Certificate) ..... \$
8. CURRENT PAYMENT DUE ..... \$
9. BALANCE TO FINISH, PLUS RETAINAGE ..... \$  
(Line 3 less Line 6)

GOVERNMENT CERTIFICATION STAMP:



**INSTRUCTIONS**  
(for completing forms C702 and C702-c)

---

**A. GENERAL INFORMATION**

Document C702, *Application and Certification for Payment*, is to be used in conjunction with Form C702-c, *Continuation Sheet*. These documents are designed to be used on a project where a contractor has a direct agreement with the owner.

**B. COMPLETING FORM C702:**

After the Contractor has completed Form C702-c, *Continuation Sheet*, summary information should be transferred to Form C702, *Application and Certification of Payment*.

The contractor should sign the form, have it notarized and submit it, together with C702-c, to the Contracting Officer Representative (COR). The COR should review it and, if it is acceptable, complete the Certificate for Payment on this form. The completed form should be forwarded to the owner.

**C. COMPLETING FORM C702-c**

**Heading:** Complete the information here consistent with similar information on Form C702, *Application and Certification for Payment*.

**Columns A, B & C:** These columns should be completed by identifying the various portions of the project and their scheduled value consistent with the schedule of values submitted to the COR at the commencement of the project or as subsequently adjusted. The breakdown may be by sections of the work or by subcontractors and should remain consistent throughout the project. Multiple pages should be used when required.

**Column C:** Should be subtotaled at the bottom when more than one page is used and totaled on the last page. Initially, this total should equal the original contract sum. The total of Column C may be adjusted by Change Orders during the project.

**Column D:** Enter in this column the amount of completed work covered by the previous application. This is the sum of Columns D and E from the previous application. Values from Column F (*Materials Presently Stored*) from prior payments should **NOT** be entered in this column.

**Column E:** Enter here the value of work completed until the time of this application, including the value of materials incorporated in the project which were listed on the previous *Application and Certification for Payment* under Column F (*Materials Presently Stored*).

**Column F:** Enter here the value of Material Presently Stored for which payment is sought. The total of the column must be recalculated at the end of each pay period. This value covers both materials newly stored for which payment is sought and materials previously stored which are not yet incorporated into the project. Mere payment by the owner for stored materials does not result in a deduction from the column. Only as materials are incorporated into the project is their value deducted from this column and incorporated into Column E (*Work Completed - This Period*).

**Column G:** Enter here the total of Columns D, E and F. Calculate the percentage completed by dividing Column G by Column C.

**Column H:** Enter here the difference between Column C (*Scheduled Value*) and Column G (*Total Completed and Stored to Date*).

**Column I:** Enter here the difference between Column C (*Scheduled Value*) and Column G (*Total Completed and Stored to Date*).

**Change Orders:** Although Change Orders could be incorporated by changing the schedule of values each time a Change Order is added to the project, this is not normally done. Usually, Change Orders are listed separately, either on their own Form C702-c or at the end of the basic schedule. The amount of the original contract adjusted by Change Orders is to be entered in the appropriate location on the Form C702.

**D. MAKING PAYMENT**

The owner should make payment directly to the contractor based on the amount certified by the COR on Form C702, *Application and Certification for Payment*. The completed form contains the name and address of the contractor. Payment should not be made to any other party unless specifically indicated on this form.

## INSTRUCTION FOR COMPLETING DD FORM 295

### APPLICATION FOR THE EVALUATION OF LEARNING EXPERIENCES DURING MILITARY SERVICE

PAGES 1-3 Follow directions and provide information as requested.

Reference item 14 on Page 2, most correspondence courses do not have American Council on Education (ACE) credit recommendations. The few that have been evaluated are listed in the ACE Guide Key Word index under *Correspondence*. Sign item 15 at the bottom of Page 3.

PAGE 4 This page is to be completed by the Military Personnel Office that maintains the soldier's records.

#### Section 16. Formal Service Schools Attended

16a. Course Title: Course titles should be complete. Do not enter AIT when you mean Basic Military Police, the AIT course for MOS 95B.

16b. Military Course Number: Do not enter anything unless the exact service school course number is known.

16c. Name of School, City, State: Enter complete information. For example, Army Finance School, Fort Ben Harrison, IN.

16d. Date Entered: Enter a complete date. For example, 93/08/22.

16e. Length: (In weeks).

16f. Date Completed: Enter a complete date. For Example, 93/12/10.

16g. Final Mark and/or Standing: Enter "P" for pass or "S" for satisfactory.

#### Section 17. Military Occupational History

17a. Military Specialty Code: MOSs listed must include the skill level (ie. 95B30).

17b. Military Occupational Title: Enter the full title, for example, Military Policeman.

17c. Dates Held: Enter dates as indicated (mo/yr).

17d. MOS/SQT Score: Enter SQT/SDT score and test date for each MOS entered under 17a. If the MOS is 95B30, then the SQT/SDT test must have been at the 30 level. When SQT/SDT information is not available for an MOS, enter EER under item 17d and attach a copy of the EER (the EER for the skill level shown must cover at least one year).

Section 18. Certifying Officer: Completed by the Military Personnel Officer/Office that maintains your official personnel file.

Section 19. ACE Guide Numbers: The Education Center will assist with preparation/review for completeness.

OVER

PART II

Course exhibit numbers from the ACE Guide are entered in DD259, Section 19. Some of the following course exhibit numbers are common to all MOSs and can be entered in Section 19 without being researched:

Basic Training	AR 2201-0197 AR 2201-0399	12/79-6/85 7/85 to Present
PLDC	AR 2201-0253	NA

Locating course exhibits for AIT, BNCOC and ANCOC:

(1) Go to the Appendix titled Conversion of Army Enlisted and Warrant Officer MOSs to DOD Occupational Codes

(2) Locate MOS and three digit DOD code.

(3) Go to the Course Number Index. Locate your DOD code. Your MOS/skill level will be listed with the corresponding exhibit number(s) to the right.

Locating other course exhibit numbers:

Use the Keyword Index

Locating DLPT credit recommendations:

Credit recommendation are located in ACE Guide, Vol 3., DLPT Credit Recommendations Index

APPLICATION FOR THE EVALUATION OF  
LEARNING EXPERIENCES DURING MILITARY SERVICE

---

(Date)TO: (Name and address of educational  
institution, agency, or employer)

EVALUATION REQUEST FOR:

---

(Name of Applicant)

---

(Social Security Number)

ATTENTION:

Dear Official:

The applicant named above has requested that the attached summary of educational achievements, accomplished while in the Armed Forces of the United States, be forwarded to you for review and evaluation.

The American Council on Education publishes the *Guide to the Evaluation of Educational Experiences in the Armed Services* which includes postsecondary credit evaluations of military learning experiences. The 1954 edition of the *Guide* contains recommendations for formal courses offered by the Armed Services during the period 1941 to 1954. The current edition contains credit recommendations for (1) military training courses offered after 1954; (2) Army military occupational specialties (MOS's) for enlisted personnel and warrant officers; (3) rating held by Navy and Coast Guard enlisted personnel; and (4) occupational designators held by Navy and Coast Guard warrant officers and Navy limited duty officers. In addition to recommendations for semester hour credits, some Army enlisted MOS's and Navy ratings also have recommendations for advanced standing in apprentice training programs.

The American Council on Education maintains an advisory service to provide credit recommendations for courses and tests, MOS's, ratings, and other occupations evaluated after the publication date of the current *Guide*. Credit recommendations are provided to officials of schools, state departments of education or other educational institutions, employers, apprenticeship training directors, labor union and trade association officials, military education officers and applicants. *Credit recommendations are not provided to officials at the applicant's request.* Authorized persons may write directly to the Military Evaluations Program Office, American Council on Education, One Dupont Circle, N.W., Washington, D.C. 20036-1193.

The evaluation of this applicant's learning experiences, as well as any guidance which you may provide, should be sent directly to the applicant at the address shown in block 6 on page 3. Your interest is genuinely appreciated.

Sincerely,

---

(Education Officer)



**Privacy Act Statement**

**AUTHORITY:** 5 USC 301 and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE:** To permit authorized agencies to evaluate military experience for academic placement and/or employment.

**ROUTINE USES:** Used at the request of the individual for the evaluation of military training.

**DISCLOSURE:** Voluntary; however, failure to provide requested information impedes the evaluation process by educational institutions or potential employers.

**INSTRUCTIONS TO APPLICANT**

DD Form 295 is for your convenience in applying for evaluation of your educational experiences during military service. Give as much detailed information as possible. Include additional information on separate sheets, if necessary.

You are encouraged to write a preliminary letter to the school or agency concerned, explaining your interest in its evaluation of your records for the continuance of your education. Training, correspondence study, or special experiences not described on this form, which you believe would be of interest to those reviewing your case, should be included in this letter.

The applicant should:

- a. Complete items 1 through 15.
- b. If you have attended college or completed any college correspondence courses, ask that college to send a transcript to the Registrar of the evaluating agency that this form is addressed to. **DO NOT LIST ANY COLLEGE OR UNIVERSITY COURSE ON THIS FORM.**
- c. If you have completed any college-level standardized examinations for credit, such as USAFI or DANTES Subject Standardized Tests, or CLEP, ask the appropriate agency to send a score report to the Registrar of the evaluating agency that this form is addressed to. **DO NOT LIST ANY EXAMINATIONS ON THIS FORM.**
- d. After completion, submit this DD Form 295 to the Certifying Officer.

**INSTRUCTIONS TO CERTIFYING OFFICER**

*(Custodian of Personnel Records)*

DD Form 295 is intended to provide factual information that schools and other evaluating agencies require for evaluation of the applicant's educational achievement. **CERTIFYING OFFICERS WILL NOT MAKE RECOMMENDATIONS REGARDING CREDIT TO BE AWARDED.**

The certifying officer should:

- a. Complete items 16 through 18.
- b. Insure that the information provided in Section II is documented in the applicant's Service Record. Names of schools or courses should not be abbreviated.
- c. Send this DD Form 295 to the Education Officer.

**INSTRUCTIONS TO EDUCATION OFFICER**

The education officer should:

- a. Complete item 19.
- b. Counsel the service member.
- c. Complete page 1. The name and address of the evaluating agency should be the same as that listed at the top of page 3 of this form.

**PAGE 1 IS IN ADDITION TO, AND NOT A SUBSTITUTE FOR, THE LETTER TO BE WRITTEN TO THE EVALUATING AGENCY BY THE APPLICANT.**

- d. Mail DD Form 295 directly to the designated evaluating agency.

# APPLICATION FOR THE EVALUATION OF LEARNING EXPERIENCES DURING MILITARY SERVICE

TO (Name and address of educational institution, agency, or employer)

## SECTION I - TO BE COMPLETED BY APPLICANT

1. NAME (Last, First, Middle Initial)	2. GRADE/RANK OR RATING	3. SOCIAL SECURITY NO.	4. PREVIOUS SERVICE NUMBER(S)
---------------------------------------	-------------------------	------------------------	-------------------------------

5. PRESENT BRANCH OR SERVICE (Includes National Guard and Reserve components)

☐ a. ARMY ☐ b. NAVY ☐ c. AIR FORCE ☐ d. MARINE CORPS ☐ e. COAST GUARD

6. APPLICANT'S MAILING ADDRESS FOR REPLY FROM EDUCATIONAL INSTITUTION

7. DATE OF BIRTH	8. PERMANENT HOME ADDRESS
------------------	---------------------------

## CIVILIAN EDUCATION

9. HIGHEST GRADE OF SCHOOL COMPLETED (X one)

☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

10. HIGHEST YEAR OF COLLEGE COMPLETED (X one)	11. COLLEGE DEGREE EARNED (X if applicable)
<input type="checkbox"/> a. NONE <input type="checkbox"/> b. FRESHMAN <input type="checkbox"/> c. SOPHMORE <input type="checkbox"/> d. JUNIOR <input type="checkbox"/> e. SENIOR	<input type="checkbox"/> a. ASSOCIATE <input type="checkbox"/> b. BACHELOR

12. EDUCATIONAL INSTITUTION LAST ATTENDED

a. NAME	b. MAILING ADDRESS
---------	--------------------

13. USAFI COURSES COMPLETED IN SERVICE (Prior to 1974)

(The applicant should request a transcript for all courses to be forwarded directly to the evaluating agency.)

a. CATALOG NUMBER AND TITLE OF COURSE (If no courses were taken, print NONE)	b. METHOD OF STUDY (Correspondence, self-teaching, locally conducted classes, etc.)	c. LOCATION WHERE COMPLETED	d. DATE COURSE COMPLETED
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

14. MILITARY CORRESPONDENCE COURSE COMPLETED

(The applicant should attach a copy of the course completion letter or certificate.)

a. COURSE NAME (If no courses were taken, print NONE)	b. COURSE SPONSOR (AIPD, MCI, ECI, CGI)	c. DATE COURSE COMPLETED
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

15. APPLICANT CERTIFICATION: I have read the Privacy Act Statement on Page 2.

a. SIGNATURE	b. DATE SIGNED
--------------	----------------

**SECTION II - TO BE COMPLETED BY CERTIFYING OFFICER**  
(Read Instructions on Page 2 before completing this page)

**16. FORMAL SERVICE SCHOOLS ATTENDED (If longer than one week) (If none, print NONE)**

a. COURSE TITLE	b. MILITARY COURSE NUMBER	c. NAME OF SCHOOL CITY, STATE	d. DATE ENTERED	e. LENGTH <sup>1</sup> (In weeks)	f. DATE COMPLETED	g. FINAL MARK AND/OR CLASS STANDING <sup>2</sup>
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

**19. ACE GUIDE COURSE  
OR OCCUPATION  
IDENTIFICATION NO.  
(To be filled out in  
Education Center)**

**17. MILITARY OCCUPATIONAL HISTORY**

a. MILITARY SPEC. CODE (MOS, AFSC, Rate, etc.) <sup>3</sup>	b. MILITARY OCCUPATIONAL TITLE (Do Not Abbreviate)	c. DATES HELD		d. MOS/SQT SCORE (For Army Enlisted Personnel <sup>4</sup> )
		From (Mo/Yr)	To (Mo/Yr)	
(1)				
(2)				
(3)				

**NOTES:**

<sup>1</sup>Print SP if the course length was self paced.

<sup>2</sup>If information is available, give grade received. If class standing is shown, give number in class, e.g., 10 in 241.

<sup>3</sup>List most recent skill levels or grade.

<sup>4</sup>MOS/SQT Evaluation Score and Date of evaluation.

**THIS APPLICATION MUST BE SIGNED BY AN OFFICER OR A DULY AUTHORIZED NONCOMMISSIONED OFFICER.**  
I certify that the information contained herein has been compared with official records, and that this information is correct.

**18. CERTIFYING OFFICER**

a. NAME (Print or Type)	b. GRADE/RANK	c. MILITARY ADDRESS (Includes ZIP Code)
d. SIGNATURE	e. DATE SIGNED	

## VETERANS' PREFERENCE IN HIRING

- ☐ If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. For further details, call OPM at 912-757-3000. Select "Federal Employment Topics" and then "Veterans." Or, dial our electronic bulletin board at 912-757-3100.
- ☐ Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former Federal career or career-conditional employees).
- ☐ To claim 5-point veterans' preference, attach a copy of your DD-214, *Certificate of Release or Discharge from Active Duty*, or other proof of eligibility.
- ☐ To claim 10-point veterans' preference, attach an SF 15, *Application for 10-Point Veterans' Preference*, plus the proof required by that form.

## OTHER IMPORTANT INFORMATION

- ☐ Before hiring, an agency will ask you to complete a *Declaration for Federal Employment* to determine your suitability for Federal employment and to authorize a background investigation. The agency will also ask you to sign and certify the accuracy of all information in your application. **If you make a false statement in any part of your application, you may not be hired; you may be fired after you begin work; or you may be fined or jailed.**
- ☐ If you are a male over age 18 who was born after December 31, 1959, you must have registered with the Selective Service System (or have an exemption) to be eligible for a Federal job.
- ☐ The law prohibits public officials from appointing, promoting, or recommending their relatives.
- ☐ Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.

## PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this brochure and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.

☐ We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.

☐ If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.

☐ We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants or other benefits; public or private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

☐ We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether an employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to an employee about fitness-for-duty or agency-filed disability retirement procedures.

☐ We estimate the public burden for reporting the employment information will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.

Send your application to the agency announcing the vacancy.

Form Approved: OMB 3206-0219 50510-101 NSN 7540-01-351-9177

# Applying for a Federal Job

United States  
Office of  
Personnel  
Management

OF 510  
(September 1994)

## JOB OPENINGS

For job information 24 hours a day, 7 days a week, call 912-757-3000, the U.S. Office of Personnel Management (OPM) automated telephone system. Or, with a computer modem dial 912-757-3100 for job information from an OPM electronic bulletin board. You can also reach the board through the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.

## APPLICANTS WITH DISABILITIES

You can find out about alternative formats by calling OPM. Select "Federal Employment Topics" and then "People with Disabilities." Or, dial our electronic bulletin board. If you have a hearing disability, call TDD 912-744-2299.

## HOW TO APPLY

Review the list of openings, decide which jobs you are interested in, and follow the instructions given. **You may apply for most jobs with a resume, the *Optional Application for Federal Employment*, or any other written format you choose.** For jobs that are unique or filled through automated procedures, you will be given special forms to complete. (You can get an Optional Application by calling OPM or dialing our electronic board at the numbers above.)

## WHAT TO INCLUDE

Although the Federal Government does not require a standard application form for most jobs, we do need certain information to evaluate your qualifications and determine if you meet legal requirements for Federal employment. If your resume or application does not provide all the information requested in the job vacancy announcement and in this flyer, you may lose consideration for a job. Help speed the selection process by keeping your resume or application brief and by sending only the requested material. Type or print clearly in dark ink.

## Here's what your resume or application must contain

(In addition to specific information requested in the job vacancy announcement)

## JOB INFORMATION

- ☐ Announcement number, and title and grade(s) of the job for which you are applying

## PERSONAL INFORMATION

- ☐ Full name, mailing address (with ZIP Code) and day and evening phone numbers (with area code)
- ☐ Social Security Number
- ☐ Country of citizenship (*Most Federal jobs require United States citizenship.*)
- ☐ Veterans' preference (*See reverse.*)
- ☐ Reinstatement eligibility (*If requested, attach SF 50 proof of your career or career-conditional status.*)
- ☐ Highest Federal civilian grade held (*Also give job series and dates held.*)

## EDUCATION

- ☐ High school
- Name, city, and State (*ZIP Code if known*)
- Date of diploma or GED
- ☐ Colleges and universities
- Name, city, and State (*ZIP Code if known*)
- Majors
- Type and year of any degrees received
- (*If no degree, show total credits earned and indicate whether semester or quarter hours.*)
- ☐ Send a copy of your college transcript only if the job vacancy announcement requests it.

## WORK EXPERIENCE

- ☐ Give the following information for your paid and nonpaid work experience related to the job for which you are applying.  
(*Do not send job descriptions.*)

Job title (*include series and grade if Federal job*)

Duties and accomplishments

Employer's name and address

Supervisor's name and phone number

Starting and ending dates (*month and year*)

Hours per week

Salary

- ☐ Indicate if we may contact your current supervisor.

## OTHER QUALIFICATIONS

- ☐ Job-related training courses (*title and year*)
- ☐ Job-related skills, for example, other languages, computer software/hardware, tools, machinery, typing speed
- ☐ Job-related certificates and licenses (*current only*)
- ☐ Job-related honors, awards, and special accomplishments, for example, publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards (*Give dates but do not send documents unless requested.*)

**THE FEDERAL GOVERNMENT IS  
AN EQUAL OPPORTUNITY EMPLOYER**

U.S. Office of Personnel Management  
FPM Chapter 296  
61-108

## APPOINTMENT AFFIDAVITS

\_\_\_\_\_  
(Position to which appointed) \_\_\_\_\_  
(Date of appointment)

\_\_\_\_\_  
(Department or agency) \_\_\_\_\_  
(Bureau or Division) \_\_\_\_\_  
(Place of employment)

I, \_\_\_\_\_, do solemnly swear (or affirm) that-

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

### B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

### C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

\_\_\_\_\_  
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_,

at \_\_\_\_\_  
(City) \_\_\_\_\_  
(State)

[SEAL]

\_\_\_\_\_  
(Signature of officer)

Commission expires \_\_\_\_\_  
(If by a Notary Public, the date of expiration of his/her Commission should be shown) \_\_\_\_\_  
(Title)

**NOTE.**-The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

U.S. Office of Personnel Management  
FPM Chapter 296  
61-108(Overprint A JUN 94)  
NSN: 7540-FM-001-1251

## APPOINTMENT AFFIDAVITS

_____		_____
(Position to which appointed)		(Date of appointment)
DEPARTMENT OF DEFENSE	NATIONAL SECURITY AGENCY	FT. GEORGE G. MEADE, MD 20755
(Department or agency)	(Bureau or Division)	(Place of employment)

I, \_\_\_\_\_, do solemnly swear (or affirm) that-

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

**B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

**C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

\_\_\_\_\_  
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_,

at \_\_\_\_\_  
BALTIMORE  
(City)\_\_\_\_\_  
MARYLAND  
(State)

[SEAL]

\_\_\_\_\_  
(Signature of officer)Commission expires \_\_\_\_\_  
(If by a Notary Public, the date of expiration of his/her  
Commission should be shown)\_\_\_\_\_  
PERSONNEL ADMINISTRATION OFFICER  
(Title)

**NOTE.**-The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

TRAVEL MEDICINE	
APPOINTMENT REMINDER	
APPOINTMENT WITH	
DATE/TIME	IMMUNIZATION

FORM P5341 REV AUG 2000  
NSN: 7540-FM-001-0941      See Reverse for Business Hours

TRAVEL MEDICINE BUSINESS HOURS
Monday - Friday
0900 - 1100 hours and 1300 - 1500 hours
963-6215s
(301) 688-4399b
FORM P5341 REV AUG 2000 - Reverse

SIZE: 3.5" X 2.5"



FROM:(Org)	REQUESTING OFFICIAL (Signature and date)	NUMBER (Serial)		(Sub-element)	TOTAL HOURS APPROVED
TO:(Org)	APPROVING OFFICIAL (Signature and date)	O/ T	REGULAR SCHEDULED	INCLUSIVE DATES OF PAY PERIOD	
			IRREGULAR	(From)	(Thru)

[illegible]

FORM B41 REV JUL 88 (Supersedes B41 MAY 69 which may be used until depleted)  
NSN: 7540-FM-001-0017

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

**INSTRUCTIONS**

1. Begin completion of this document at the onset with each customer.
2. Add comments as search continues.
3. File one copy in Team Files after review by Team Leader.

**ARCHIVAL SERVICE REQUEST**

REQUESTER		REQUEST DATE
ORG.	PHONE (Secure / Non-secure)	ARCHIVIST
REQUEST		

ACCESSIONS / PAGES PULLED	CAVEATS / COMPARTMENTATION / DISTRIBUTION
SEARCH STRATEGY	

REMARKS (Justification of request, Deadline dates, Customer clearance status)

DATE REQUEST SATISFIED	LEVEL OF COMPLETION / CUSTOMER SATISFACTION
------------------------	---

**Army Correspondence Course Enrollment Application**

DATE

For use of this form, see DA PAM 351-20: The proponent agency is TRADOC

**DATA REQUIRED BY THE PRIVACY ACT**

AUTHORITY: 10 USC 3012 (B) and (G).  
 PRINCIPAL PURPOSE: To obtain information necessary by Army schools to administer student participation in the Army Correspondence Course Program.  
 ROUTINE USES: Used by Army schools to obtain basic data needed to determine eligibility for enrollment, process applications, maintain student records, and perform all other administrative functions inherent in student administration.  
 DISCLOSURE: Mandatory. Failure to provide this information could result in the applicant not being able to participate in this program.

Submit one copy. See instructions on Back Page. Fill in All Blocks (Except **Shaded Blocks** which are for school use).

1. Student SSN	2. Primary MOS/Duty MOS	3. CIV-SERIES	4. AOC Duty Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. ASI/SQI	6. Branch	7. DSN (Telephone)	8. Group Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Rank/Civ Grade	10. Component Code	11. RYE Date	12. School Grade
<input type="text"/>	<input type="text"/>	Month (Abbreviate)	<input type="text"/>
		Year	13. Enrollment Code
		<input type="text"/>	<input type="text"/>
15. Course Number	14. Phase		
<input type="text"/>	<input type="text"/>		
17. Unit Identification Code	16. Subcourse Exemption		
<input type="text"/>	<input type="text"/>		

19. I REQUEST ENROLLMENT IN: (Course Title, MOS if applicable or subcourses desired).  
 (Do not list individuals subcourses if you are enrolling in a course).

NOTE: If you were previously enrolled in this course, indicate date of termination of enrollment. \_\_\_\_\_  
 Are you currently enrolled in the ACCP? Yes \_\_\_\_\_ No \_\_\_\_\_

20. To: (School address, including ZIP Code).

THRU: (Unit to which assigned).

21. Title of approving official

Unit Address Line 1 Unit Designation (May not be left blank)

Unit Address Line 2 P.O. Box or Street (May be left blank)

Unit Address Line 3 City, Post or APO/FPO

STATE or AE/AP/AA

ZIP + 4

FROM: (Mailing address to which subcourses are to be sent).

22. Last Name

First Name

Middle Initial

Student Address Line 1 Unit Designation or P.O. Box or Street (May not be left blank)

Student Address Line 2 P.O. Box or Street (If not given on Student Address, Line 1)

Student Address Line 3 City, Post or APO/FPO

STATE or AE/AP/AA

ZIP + 4

23. ARMY SCHOOL COURSES AND CORRESPONDENCE COURSES COMPLETED		
SCHOOL	TITLES OF RESIDENT OR NONRESIDENT COURSES OR INDIVIDUAL SUBCOURSES COMPLETED	DATES

***The Commander will verify the above from personnel records or soldier's individual records.***

24. I have reviewed DA PAM 351-20, and understand the eligibility requirements that I must maintain to sustain my enrollment in this course. I further understand that assistance is not authorized when completing subcourse test.

Signature of Applicant \_\_\_\_\_

25. I have reviewed the course objectives and prerequisite enrollment requirements in DA PAM 351-20 and determined the applicant is eligible for enrollment in this course.

Unit Cdr or other approving officer.  
 Name (printed or typed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

***DA PAM 351-20 contains information pertaining to enrollment qualifications, submission of application and courses available.***

**INSTRUCTIONS TO APPLICANT**

Complete by legibly printing only in areas that are **not shaded**. The shaded areas are used for data entry. Enter only one character per block (example below).

1. Student SSN

2	4	4	3	2	0	1	6	4
---	---	---	---	---	---	---	---	---

9. Rank/Civ Grade

S	G	T	M	A	J
---	---	---	---	---	---

ITEM 1. SSN: Foreign students must leave blank

ITEM 2. Student's PMOS (Primary MOS) and DMOS (Duty MOS). Enter numeric and alpha identifiers.

ITEM 3. Civ-Series number (for example 1702)

ITEM 4. AOC Area of Concentration or Duty Position. Submit information required to qualify for enrollment.

ITEM 9. RANK: RA warrant officers and enlisted personnel who hold a reserve commission and are enrolling in officer career development courses must enroll in their reserve capacity.

ITEM 10. Component Code: Student categories: Enter one of the following as appropriate:

02 Active Duty Officer	09 USAR ENL	15 FGN CIV	20 CADET
03 RA/AUS ENL	10 NGUS ENL	16 USAF	31 IRR (OFF)
06 RET MILITARY	12 NDCC/ROTC/JR	17 USN	32 IRR (ENL)
07 USAR OFF/WO	13 FGN MIL	18 USCG	33 NAF (VOL)
08 NGUS OFF/WO	14 U.S. CIV	19 USMC	

ITEM 11. RYE Date (Retirement Year Ending Date): USAR and NG applicants not on active duty must enter the anniversary date of their retirement year ending day and month.

**Where to mail application:**

SCHOOL MAILING ADDRESS: Please check DA PAM 351-20 for appropriate address of school with whom you are seeking enrollment, e.g. Academy of Health Science, The Judge Advocate General's School, Army Logistics Management College, or the Army Institute for Professional Development, etc.

Privacy Act Statement: Auth for collecting info is contained in 50 U.S.C. 402 note, 50 U.S.C. 403-3(c)(6) and EO 10450, 10865, 12333, 12958, and 12968. Auth for collecting SSN is EO 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, 08, and 10 apply to this info. The req. info will be used (principally) to determine your suitability and security eligibility for a reassignment. Disc of req. info is vol. but refusal to provide req. info, other than SSN, may prevent Agency from making a favorable decision, or any decision at all, regarding your reassignment.

SECURITY CLASSIFICATION (if any)

**ASSIGNMENT PSYCHOLOGICAL QUESTIONNAIRE**

NAME (Last)	(First)	(Middle Initial)	TODAY'S DATE (YYYYMMDD)
SOCIAL SECURITY NUMBER	<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> MILITARY	<input type="checkbox"/> PCS <input type="checkbox"/> TDY <input type="checkbox"/> SPECIAL DUTY

PLEASE EXPLAIN "YES" RESPONSES ON REVERSE SIDE.

YES	NO	WITHIN THE PAST THREE (3) YEARS:
		1. Have you had a change in your responsibilities at work?
		2. Have you had problems at work with supervisors, coworkers, or subordinates?
		3. Have you been the subject of any investigations/complaints which led to administrative action?
		4. Have you been in a fight or other difficulty because of your temper?
		5. Have you become nervous, moody, temperamental, or easily upset?
		6. Has an illness or injury incapacitated you for a week or more, or required hospitalization?
		7. Have you experienced any significant financial problems?
		8. Have you experienced a marital separation or divorce?
		9. Have there been any conflicts between you and your spouse which could disrupt your marriage?
		10. Has there been a major change in the health or behavior of a family member?
		11. Has a spouse, child, or other close relative passed away?
YES	NO	HAVE YOU EVER:
		12. had any urges/impulses/habits that you could not control or felt unable to control?
		13. been very depressed or experienced any other significant psychological symptoms?
		14. considered or attempted suicide?
		15. consulted with or been treated/evaluated by a psychologist, psychiatrist, or other mental health professional?
		16. taken medication for depression, anxiety, or any other psychological symptoms?
		17. been in trouble with the law for other than minor traffic violations?
		18. used illegal drugs such as marijuana, speed, cocaine, LSD, etc?
		19. gotten into trouble or been a source of worry to others because of excessive alcohol use?
		20. Average weekly alcohol consumption (beers, glasses of wine, mixed drinks, etc.): _____
		21. Are there any children who will accompany you on the proposed assignment?
		a. If yes, do any of your children have special medical or educational needs?
		b. If yes, are any of your children experiencing adjustment problems at home or at school?
		c. If yes, do you think any of your children will have difficulty adjusting to their new home?
		22. Does anyone in your family have any reservations or concerns about the proposed assignment/TDY?
		23. Do you have any reservations or concerns about the proposed assignment/TDY?

FORM P1817A REV NOV 2001 (Supersedes P1817A REV JUN 97 which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**ATTENDANCE RECORD (Experts and Consultants)**

PRIVACY ACT STATEMENT: Auth: GNSA08 and Pub. L. 86-36; NSA's Blanket Routine Uses, found at 58 Fed. Reg. 10,531 (1993) apply to this information. Auth for requesting SSN: EO 9397. Info will be used to document the attendance of experts and consultants for pay purposes. SSN used to verify identity. Disclosure of the information, including SSN, is voluntary. Failure to furnish any of the requested information may delay individual's pay.

NAME (Last)	(First)	(Middle Initial)	SSN	ORGANIZATION	PHONE NUMBER
ADDRESS SALARY CHECK TO BE MAILED TO				PAY PERIOD	
				(From)	(To)

**ATTENDANCE RECORD**

1. Show the date of the month in the space below the days of the weeks.

2. Boxes in the bottom line will be filled in by placing the number of hours worked for each day on which duty was performed.

SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT

EMPLOYEE <i>I certify that I performed duty on the days indicated and that payment is due me.</i>	SIGNATURE	DATE
APPROVAL OF OFFICE WORK PERFORMED →	CERTIFIED CORRECT BY SUPERVISOR (Signature)	PHONE NUMBER

FORM P4821 REIN APR 98  
NSN: 7540-FM-001-0845

# ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATION RECORD

Privacy Act Statement: Auth: GNSA06, Pub.L. 86-36; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Info will be used for requesting medical history, recommendation on fitness for work, and/or medical records. Disclosure of the information is voluntary. Effect on individual if info not provided: patient's fitness for duty cannot be determined or processed.

PATIENT'S NAME (Last)

(First)

(Middle Initial)

DATE OF INJURY/ILLNESS

## TO BE COMPLETED BY ATTENDING PHYSICIAN

DIAGNOSIS / CONDITION / MEDICATION / TREATMENT

### BASED ON PATIENT'S CURRENT MEDICAL PROBLEM: (Check applicable blocks)

Recommend his/her return to work with no limitations on: →	DATE	He/She is totally incapacitated at this time; patient will be reevaluated on: →	DATE
He/She may return to work with the below marked limitations:	DATE (may return to work)	(restrictions in effect until)	(patient to be reevaluated; if necessary)
MAY WORK <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time for:	No. hours per day		

### CHECK ONE ACTIVITY LEVEL ONLY

- ☐ **Sedentary Work.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- ☐ **Light Work.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job in this category requires walking or standing to a significant degree or it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.
- ☐ **Light Medium Work.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- ☐ **Medium Work.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- ☐ **Light Heavy Work.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- ☐ **Heavy Work.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

### CHECK ONE COLUMN PER ACTIVITY

		FULL ACTIVITY / USE	SLIGHT RESTRICTION OF ACTIVITY / USE	SIGNIFICANT RESTRICTION OF ACTIVITY / USE	CANNOT PERFORM ACTIVITY OR USE AT ALL
STANDING					
WALKING					
SITTING					
BENDING					
UPPER EXTREMITY	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT				
LOWER EXTREMITY	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT				
HAND/WRIST	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT				
LIFTING	INDICATE LB. LIMITATION:				

I certify that the entries and statements made by me above are true, complete, and correct to the best of my knowledge. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (See U.S.C., Title 18, subsection 1001).

PHYSICIAN'S PRINTED NAME	DATE	PHYSICIAN MEDICAL FACILITY NAME, ADDRESS AND PHONE NUMBER
ORIGINAL PHYSICIAN'S SIGNATURE (NO STAMPS)		

**AUTHORIZATION TO RELEASE INFORMATION** (I hereby authorize my attending physician and / or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the medical problem identified above to my employer or his representative.)

PATIENT'S SIGNATURE

DATE

## EMPLOYEE INFORMATION

NAME	ORG
JOB TITLE	
SSN	NON-SECURE PHONE
DATE	

SUPERVISORY ASSESSMENT OF  
REQUIRED/ESSENTIAL JOB

## ACTIVITY LEVEL REQUIRED FOR THE EMPLOYEE TO PERFORM ESSENTIAL FUNCTIONS OF THE JOB (Check One Only)

- ☐ **Sedentary Work.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- ☐ **Light Work.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.

- ☐ **Light Medium Work.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- ☐ **Medium Work.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- ☐ **Light Heavy Work.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- ☐ **Heavy Work.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

## CHECK ONE COLUMN PER ACTIVITY

		PERCENTAGE OF JOB ACTIVITY/USE			NOT REQUIRED
		100%	75%	25 - 50%	
STANDING					
WALKING					
SITTING					
BENDING					
UPPER EXTREMITY	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT				
LOWER EXTREMITY	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT				
HAND/WRIST	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> BILAT				
LIFTING	INDICATE LB. LIMITATION				

ARE THERE ANY ENVIRONMENTAL STRESSORS OR PERSONAL PROTECTIVE EQUIPMENT ASSOCIATED WITH THIS POSITION? (i.e., Shiftwork, Chemical / Noise Exposure, Earplugs, Safety Shoes, Respirator, etc.)

(If YES, please list)

☐ YES☐ NO

IF EMPLOYEE CAN NOT MEET THESE ESSENTIAL FUNCTIONS, CAN YOU ACCOMMODATE LIGHT DUTY WITHIN YOUR ORGANIZATION?

☐ YES☐ NO

If YES, For How Long?

COMMENTS

SUPERVISOR (Printed Name)

(Signature)

(Non-Secure Phone)



**AUDIOGRAM REPORTS** (*Medical Records*)

Attach 3rd Report Along Here And Succeeding On Above Lines

Attach 2nd Report With Top At This Line

Attach 1st Report Along Left Margin With Top At This Line

ATTACHING MARGIN

## AUDITORIUM 79A135 SCHEDULE

DAY	TIME	NAME	ORG	PHONE	AUDIO VISUAL SUPPORT	PURPOSE
MONDAY	0700 - 0800					
	0800 - 0900					
	0900 - 1000					
	1000 - 1100					
	1100 - 1200					
	1200 - 1300					
	1300 - 1400					
	1400 - 1500					
	1500 - 1600					
	1600 - 1700					
TUESDAY	0700 - 0800					
	0800 - 0900					
	0900 - 1000					
	1000 - 1100					
	1100 - 1200					
	1200 - 1300					
	1300 - 1400					
	1400 - 1500					
	1500 - 1600					
	1600 - 1700					
WEDNESDAY	0700 - 0800					
	0800 - 0900					
	0900 - 1000					
	1000 - 1100					
	1100 - 1200					
	1200 - 1300					
	1300 - 1400					
	1400 - 1500					
	1500 - 1600					
	1600 - 1700					
THURSDAY	0700 - 0800					
	0800 - 0900					
	0900 - 1000					
	1000 - 1100					
	1100 - 1200					
	1200 - 1300					
	1300 - 1400					
	1400 - 1500					
	1500 - 1600					
	1600 - 1700					
FRIDAY	0700 - 0800					
	0800 - 0900					
	0900 - 1000					
	1000 - 1100					
	1100 - 1200					
	1200 - 1300					
	1300 - 1400					
	1400 - 1500					
	1500 - 1600					
	1600 - 1700					



NATIONAL SECURITY AGENCY  
CENTRAL SECURITY SERVICE  
FORT GEORGE G. MEADE, MARYLAND 20755

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 50 U.S.C. 402 *note*; 50 U.S.C. 831-835; and Executive Orders 12333 and 12968. Authority for collecting your Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA01 and GNSA10 apply to this information. Information you provide will be used to collect information needed to determine your eligibility for access to NSA/CSS facilities. Disclosure of information is voluntary but refusal to provide information, other than your SSN, may prevent you from obtaining access to NSA/CSS facilities. Refusal to provide your SSN may delay you from obtaining access to NSA/CSS facilities.

## AUTHORITY FOR RELEASE OF INFORMATION

### To Whom It May Concern

I hereby authorize any Special Agent of the National Security Agency/Central Security Service bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential managements, employer, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by NSA/CSS and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

NAME	FULL SIGNATURE	DATE
	PRINTED (Last) (First) (Middle)	
	OTHERS USED	
CURRENT ADDRESS		PHONE
		WORK
		HOME
PARENT OR GUARDIAN (if required)		



NATIONAL SECURITY AGENCY  
CENTRAL SECURITY SERVICE  
FORT GEORGE G. MEADE, MARYLAND 20755

## AUTHORIZATION FOR RELEASE OF INFORMATION

Privacy Act Statement: Authority for collecting information requested on this form is contained in 50 U.S.C. 402 note; 50 U.S.C. 831-835; and Executive Orders 10450, 12333, and 12968. Authority for collecting your Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA01, GNSA02, GNSA09, and GNSA10 apply to this information. Information you provide will be used to conduct your background investigation. Disclosure of information is voluntary but refusal to provide information, other than your SSN, may prevent completion of your background investigation which could disqualify you for access to classified information, NSA employment, and/or access to NSA/CSS facilities. Refusal to provide your SSN may delay completion of your background investigation.

EDUCATIONAL INSTITUTION

ADDRESS (City, State, ZIP Code)

***It is requested that the bearer, an investigative representative of the Department of Defense, be granted access to all information, including medical records, relative to my attendance at this institution.***

PRINTED NAME

SIGNATURE

DATE (YYYY-MM-DD)

FORM G7608 REIN JAN 2001

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**AUTHORIZATION FOR RELEASE OF INFORMATION****AUTHORITY FOR REQUESTING INFORMATION**

5 U.S.C. § 7901; 10 U.S.C. § 1094; Public Law 86-36.

**PRINCIPAL PURPOSE(S) FOR WHICH INFORMATION WILL BE USED:**

To verify education, training, experience and other professional credentials to determine initial and continued eligibility for clinical privileges, and to determine the nature and extent of those privileges, if and when granted.

**DISCLOSURE OF INFORMATION OUTSIDE OF THE DEPARTMENT OF DEFENSE:**

The information requested and obtained pursuant to this release qualifies as "medical quality assurance records" as defined in 10 U.S.C. § 1102, and disclosure of such information outside the Department of Defense (DoD) can be made only in accordance with that statute.

**DISCLOSURE OF INFORMATION:**

Voluntary.

**EFFECT ON APPLICANT IF REQUESTED INFORMATION IS NOT PROVIDED:**

Failure to provide information may result in the applicant's ineligibility to obtain and/or maintain clinical privileges at the Office of Occupational and Environmental Health Services, National Security Agency.

I hereby consent to and authorize the following facilities, hospitals, institutions, liability carriers, or agencies, upon written request, to release without malice and in good faith, to the Office Of Occupational and Environmental Health Services, National Security Agency any and all information concerning my medical practice, my professional competence, prior or pending claims of litigation regarding professional negligence, ethics character, and other information relevant or likely to lead to information relevant, to my application for clinical privileges at the Office of Occupational and Environmental Health Services. A copy of this authorization is as effective as the original.

1. (Use separate paper if more space is required)

2.

3.

4.

5.

6.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

FORM P6761 JAN 94  
NSN:7540-FM-001-5445Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**AUTHORIZATION TO OBTAIN CONSUMER (Credit) REPORT**

PRIVACY ACT STATEMENT: Auth: GNSA06, GNSA10, Pub.L. 86-36, and Pub.L. 88-290; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Auth for requesting SSN: EO 9397. Principal Purpose: to obtain information which will assist Security Services in reaching an informed decision regarding suitability for a security clearance. Disclosure of the SSN is voluntary. Disclosure of all other information is mandatory. Failure to provide mandatory information may result in an adverse suitability determination. Failure to provide SSN may delay processing thereby delay a determination of suitability.

***Carefully read this authorization for release of information, then sign and date in ink.***

**Instructions for Completing this Release**

This release form authorizes the investigator to obtain a copy of your consumer (*credit*) report from a consumer reporting agency (*credit bureau*) pursuant to the provisions of the Fair Credit Reporting Act of 1970, as amended (*15 U.S.C. Sec 1681 et seq.*). The Federal agency or department receiving the report will use the consumer report to assist in its adjudication of whether you satisfy the criteria to receive access or continued access to classified national security information. Your signature is required **before** this release form becomes valid.

**AUTHORITY TO RELEASE INFORMATION**

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency or department conducting my background investigation, bearing this release or copy thereof that shows my signature, to obtain a copy of my consumer report as that term is defined in the Fair Credit Reporting Act (FCRA) of 1970, as amended (*15 U.S.C. Sec. 1681 et seq.*). I understand that my consumer report will be used to assist in determining whether I satisfy the criteria to receive access or continued access to classified national security information. Furthermore, I understand that, if information in my consumer report leads to the Federal agency or department taking an action adverse to me as defined in the FCRA, that I will be given an opportunity to appeal the action consistent with applicable law, executive order, and agency or department regulation. However, I understand that I may not receive advance notice of an adverse action based in part on the consumer report if the Federal agency or department has reason to believe that advance notification will result in endangering the life or physical safety of any person; flight from prosecution; destruction or tampering with evidence; intimidation of potential witnesses; compromise of classified information; or otherwise seriously jeopardize an investigation or official proceeding or unduly delay an ongoing official proceeding.

PRINTED NAME		ADDRESS (Include street, apt. number, city, state, and ZIP code)
SIGNATURE		
DATE		
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	

FORM G7185 FEB 98

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

2. CONTRACT (Proc. Inst. Ident.) NO.

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQUEST/PROJECT NO.

5. ISSUED BY

CODE

8. ADMINISTERED BY (If other than Item 5)

CODE

7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, State and ZIP Code)

8. DELIVERY

☐ FOB ORIGIN☐ OTHER (See below)

9. DISCOUNT FOR PROMPT PAYMENT

10. SUBMIT INVOICES  
(4 copies unless otherwise specified) TO THE  
ADDRESS SHOWN IN:

ITEM

CODE

FACILITY CODE

11. SHIP TO/MARK FOR

CODE

12. PAYMENT WILL BE MADE BY

CODE

13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION

☐ 10 U.S.C. 2304(c) ( ) ☐ 41 U.S.C. 253(c) ( )

14. ACCOUNTING AND APPROPRIATION DATA

15A. ITEM NO.

15B. SUPPLIES/SERVICES

15C. QUANTITY

15D. UNIT

15E. UNIT PRICE

15F. AMOUNT

15G. TOTAL AMOUNT OF CONTRACT ➡ \$

## 16. TABLE OF CONTENTS

(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
		PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES	
	A	SOLICITATION/CONTRACT FORM			I	CONTRACT CLAUSES	
	B	SUPPLIES OR SERVICES AND PRICES/COSTS				PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.	
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS	
	D	PACKAGING AND MARKING				PART IV - REPRESENTATIONS AND INSTRUCTIONS	
	E	INSPECTION AND ACCEPTANCE			K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
	F	DELIVERIES OR PERFORMANCE			L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
	G	CONTRACT ADMINISTRATION DATA			M	EVALUATION FACTORS FOR AWARD	
	H	SPECIAL CONTRACT REQUIREMENTS					

CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. ☐ CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return \_\_\_\_\_ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)

18. ☐ AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number \_\_\_\_\_, including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.

19A. NAME AND TITLE OF SIGNER (Type or print)

20A. NAME OF CONTRACTING OFFICER

19B. NAME OF CONTRACTOR

19C. DATE SIGNED

20B. UNITED STATES OF AMERICA

20C. DATE SIGNED

BY \_\_\_\_\_  
(Signature of person authorized to sign)BY \_\_\_\_\_  
(Signature of Contracting Officer)





DOCID: 3112568  
AWARD/CONTRACT1. THIS CONTRACT IS A **FIXED PRICE ORDER**  
UNDER DPAS (15 CFR 350)RATING  
DO:PAGE OF PAGES  
12. CONTRACT (Proc. Inst. Ident.) NO.  
MDA904-

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQUEST/PROJECT NO.

5. ISSUED BY

CODE

H98230

8. ADMINISTERED BY (If other than Item 5)

CODE

Maryland Procurement Office  
9800 Savage Road  
Ft. George G. Meade, MD 20755-6000  
ATTN:

7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, State and ZIP Code)

8. DELIVERY

☐ FOB ORIGIN☐ OTHER (See below)

9. DISCOUNT FOR PROMPT PAYMENT

10. SUBMIT INVOICES  
(4 copies unless other-  
wise specified) TO THE  
ADDRESS SHOWN IN:

ITEM

12

CODE

FACILITY CODE

11. SHIP TO/MARK FOR

CODE

H98230

12. PAYMENT WILL BE MADE BY

CODE

H98230

Contracts-Accounts Payable  
Finance and Accounting Office  
P.O. Box 400  
Ft. George G. Meade, MD 20755-6000  
(410) 684-7538

13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION

☒ 10 U.S.C. 2304(c) ( 6 ) ☐ 41 U.S.C. 253(c) ( )

14. ACCOUNTING AND APPROPRIATION DATA

15A. ITEM NO.

15B. SUPPLIES/SERVICES

15C. QUANTITY

15D. UNIT

15E. UNIT PRICE

15F. AMOUNT

15G. TOTAL AMOUNT OF CONTRACT ➡ \$

## 16. TABLE OF CONTENTS

(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
		PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES	
	A	SOLICITATION/CONTRACT FORM			I	CONTRACT CLAUSES	
	B	SUPPLIES OR SERVICES AND PRICES/COSTS				PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.	
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS	
	D	PACKAGING AND MARKING				PART IV - REPRESENTATIONS AND INSTRUCTIONS	
	E	INSPECTION AND ACCEPTANCE			K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
	F	DELIVERIES OR PERFORMANCE			L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
	G	CONTRACT ADMINISTRATION DATA			M	EVALUATION FACTORS FOR AWARD	
	H	SPECIAL CONTRACT REQUIREMENTS					

CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. ☒ CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 2 copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)18. ☐ AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number \_\_\_\_\_, including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.

19A. NAME AND TITLE OF SIGNER (Type or print)

20A. NAME OF CONTRACTING OFFICER

19B. NAME OF CONTRACTOR

19C. DATE SIGNED

20B. UNITED STATES OF AMERICA

20C. DATE SIGNED

BY \_\_\_\_\_  
(Signature of person authorized to sign)BY \_\_\_\_\_  
(Signature of Contracting Officer)



**AWOL NOTIFICATION**INCLUDE NO CLASSIFIED INFORMATION!!**INSTRUCTIONS**

1. Complete Parts I and II in duplicate forward copy to Employee Relations Services by COB the first day of absence.
2. When final decision is made, complete Part III and forward original to Employee Relations Services.
3. Part IV for Employee Relations Services use only.

TO	FROM	DATE (YYYY-MM-DD)
----	------	-------------------

NOTE: In addition to submitting this form, the supervisor must verbally report all unauthorized absences to Employee Relations Services (during regularly scheduled day shifts) or to the NSA Duty Officer (during other than regularly scheduled day shifts) before the end of the second hour.

**PART I**

NAME (Last)		(First)	(MI)	ORGANIZATION	TITLE	GRADE
ADDRESS	CURRENT					HOME (Include Area Code)
	LEAVE					LEAVE (Include Area Code)
ASSIGNED HOURS OF DUTY		LEAVE OR WORK STATUS PRIOR TO AWOL				
TIME REPORTED VERBALLY TO EMPLOYEE RELATIONS SERVICES OR DUTY OFFICER				REPORTED BY		
SUPERVISOR'S NAME (Last)		(First)	(MI)	ORGANIZATION	PHONE	

**PART II - REMARKS**

PERSON CONTACTED, PREVIOUS INSTANCES, CIRCUMSTANCES

SIGNATURE

**PART III - AWOL DISPOSITION**

AWOL SUSTAINED, REPRIMAND, COUNSELLED, LEAVE APPROVED

SIGNATURE

DATE (YYYY-MM-DD)

DATE (YYYY-MM-DD)

## WORKSHEET

## PART IV - FOR EMPLOYEE RELATIONS SERVICES USE ONLY

NAME (Last)		(First)	(MI)	ORGANIZATION	TITLE	GRADE
ADDRESS	CURRENT					HOME (Include Area Code)
	LEAVE					LEAVE (Include Area Code)
ASSIGNED HOURS OF DUTY		LEAVE OR WORK STATUS				
REPORTED BY				PHONE	TIME	
SUPERVISOR'S NAME (Last)		(First)	(MI)	ORGANIZATION	PHONE	
REMARKS						

## BACKGROUND/QUOTE INFORMATION

BACKGROUND/QUOTE INFORMATION				PURCHASE REQUEST NUMBER	
CONTRACTOR NAME			AREA CODE	PHONE NUMBER	
ADDRESS (Street)		(City)	(State)	ZIP CODE	
ORDER/CONTRACT NUMBER		MODIFICATION	INDIVIDUAL CONTACTED		
TYPE OF BUSINESS <input type="checkbox"/> LARGE <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> SMALL WOMEN-OWNED					
DATE OF PRICE LIST			QUOTE <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN	TYPE	
DATE/TIME SOLICITED		RECEIVED	DISCOUNT TERMS		FOB POINT
DO RATING		PACKING		DELIVERY SCHEDULE	ORDER DATE
BASIS OF AWARD			CONTRACTS SPECIALIST (If applicable)		
			CONTRACTING OFFICER/ORDERING OFFICER		DATE

[illegible]

COPY FROM	FORM	EXEMPTION TO CICA
		10 USC 2304 ( ) ( )

BADGE RECEIPT	DATE:	BADGE RECEIPT	DATE:
BADGE NUMBER		RECEIVED BADGE NUMBER	
NAME (Last) (First) (Middle)		FROM (Last) (First) (Middle)	
TYPE OF ABSENCE		FOR CHIEF, PHYSICAL SECURITY BRANCH (Signature)	
DATES (From) (To)			
COMMENTS		COMMENTS	
FORM G2795 REV DEC 82		FORM G2795 REV DEC 82	

SIZE: 7-3/8" X 3-1/4"

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)

Send forms to Access Certification/CONFIRM - Ops 2A - Suite 6108  
or FAX to (301) 688-2682(b). Any questions, please call CONFIRM at  
963-6611(e) or E-Mail CONFIRM@NSA.

# **BADGE REQUEST FOR NON-NSA PERSONNEL**

(Reference: PML VIII 1-1976, NSA/CSS PMM 803)

PRIVACY ACT STATEMENT: Auth: E.O. 9397; Info will be used  
(Principally) to verify identity of point of contact; (Routinely) None;  
Disclosure of SSN: Voluntary. Effect on individual if requested info  
not provided: Will delay processing.

TO <b>OFFICE OF SECURITY</b> <b>ATTN: S4111</b>	FROM (Organization)	THRU /SSO	DATE	DATE RECEIVED IN S4111
POINT OF CONTACT (MANDATORY)		SSN	PHONE (Secure)	(Non-secure)

## AN NSA BADGE IS REQUESTED FOR THE FOLLOWING INDIVIDUAL

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NO.
AGENCY, SERVICE OR COMPANY AFFILIATION		TITLE, GRADE OR RANK, COMPANY POSITION	
CITIZENSHIP	BIRTH (Date)	(Place)	
HOME ADDRESS			PHONE NUMBER
PERSON TO CALL IN CASE OF EMERGENCY			
TYPE OF BADGE	COLOR	RETENTION	NON-RETENTION (Orange Badge)

## WHERE INDIVIDUAL WILL BE LOCATED (Mandatory)

ORGANIZATION	BUILDING	ROOM NUMBER/SUITE NUMBER	PHONE (Secure)	(Non-secure)
--------------	----------	--------------------------	----------------	--------------

JUSTIFICATION (Include clearance data (SBI and PG) for Non-NSA cleared individuals. PG not required for Non-Retention. Attach clearance message if required.)

<b>ATTENTION:</b> All Badge Requests must be signed by Alpha +3 or higher, or the COR.	REQUESTER	TYPED NAME	TITLE
		SIGNATURE	ORG SECURE PHONE

## TO BE COMPLETED BY S4111 ONLY

TO	THRU	FROM S4111	DATE
<b>APPROVED</b>	<b>DISAPPROVED</b>		
Individual requires a Security Awareness Briefing. Contact S443, 963-3273(s)/(301)-688-6535(b) to arrange briefing.			
Individual requires TSSI/TK briefing prior to issuance of badge. Contact S443, 9633273(s)/(301) 688-6535(b) to arrange briefing.			
Individual requires TK ( <b>ONLY</b> ) briefing prior to issuance of badge. Contact/Report, Special Access Office, 963-5466(s)/(301) 688-6353(b) for briefing.			
INDIVIDUAL SHOULD REPORT TO THE FOLLOWING VISITOR CENTER FOR PHOTOGRAPHS: <input type="checkbox"/> 1 <input type="checkbox"/> 2A <input type="checkbox"/> 8 <input type="checkbox"/> FANX 2			
INDIVIDUAL SHOULD REPORT TO THE FOLLOWING VISITOR CENTER FOR ISSUANCE OF BADGE: <input type="checkbox"/> 1 <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 8 <input type="checkbox"/> FANX 2 <input type="checkbox"/> NBP <input type="checkbox"/> R&E			
BADGE WILL EXPIRE ON:		CURRENT BADGE WILL BE EXTENDED TO:	
As sponsor, it will be your responsibility to receive and return the badge to S4111 when the stated requirement expires.		S4111	

CONTRACT / ORDER NO.

DATE

**BASIS FOR AWARD / SPLIT AWARD**

BASIS FOR AWARD		ITEMS
	LOW OFFER	
LOW	TRADE DISCOUNT	
	TRANSPORTATION CHARGES CONSIDERED	
SOLE	NOT IN EXCESS OF 10% OF SMALL PURCHASE	
	SEE ATTACHED JUSTIFICATION	
OTHER THAN LOW OFFERS (Evaluation on file)		
AGGREGATE AWARD BASIS (Administrative savings to the government)		
EQUAL OFFERS (Fill in drawing information below)		
SPLIT AWARD (The following documentation is filed under contract / order number: )		
ABSTRACT		ORIGINAL COPY OF PURCHASE REQUEST AND AMENDMENTS THEREOF
UNSUCCESSFUL OFFERORS' SOLICITATION		TECHNICAL EVALUATION
"NO BID" REPLIES		ALL OTHER ONE TIME DOCUMENTATION AND CLEARANCES RELATED TO THE INITIAL REQUIREMENTS

**OTHER CONTRACT ORDERS (Related to the Split Award)**

NUMBERS	CONTRACTOR	DOLLAR VALUE
1.		
2.		
3.		

**AWARDS BY DRAWING**

DRAWING NO.	ITEM(S)	CONTRACTOR
1.		
2.		
3.		

DRAWN BY		WITNESS	
CONTRACTING OFFICER		CONTRACTING SPECIALIST/ CONTRACTING SUPPORT TECHNICIAN	
SIGNATURE	DATE	SIGNATURE	DATE



[illegible][illegible]

**FORM SIZE: 3" x 5"**

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

DOCID: 3113546

ILL NUMBER				DATE
				TRACKING #
REQUESTER NAME	SID	ORGANIZATION	PHONE (Secure)	(Non-Secure)
REQUEST		DISPOSITION		

FORM H4497A REV JUN 2000 (Supersedes H4497A APR 68 which is obsolete)  
NSN: 7540-FM-001-0796

**BOOK/INFORMATION REQUEST**

FORM SIZE 5" x 8"

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)

**BOOK/PERIODICAL PURCHASE REQUEST**

PURCHASE REQUEST NUMBER

**INSTRUCTIONS**

1. Contact your Publications Procurement Coordinator (PPC) *before* you fill out this form.
2. Request for all publications should be addressed to S21321 ACQ.
3. Use this form for UNCLASSIFIED Publications ONLY.
4. List one title only.
5. Any questions regarding the purchase of publications should be referred to your PPC.
6. PPC's should cite the purchase request number when making inquiries about an order.

TO <b>S21321 ACQ, Suite 6880, SAB 2, Door 22</b>	THRU (PUBLICATIONS PROCUREMENT COORDINATOR)	DATE
REQUESTER (LAST, FIRST, MI)	SECURE PHONE	SHIP TO (ORGANIZATION, SUITE, BUILDING)

**PUBLICATION INFORMATION**

(All fields marked \* must be completed or form will be returned)

\*TITLE

AUTHOR (IF APPLICABLE)

PUBLISHER'S ADDRESS

PUBLISHER

PERIODICAL FREQUENCY	PUBLICATION DATE	ISBN/ISSN	DOCUMENT NUMBER
EDITION	*MEDIA	*NUMBER OF COPIES	UNIT PRICE

\*UNCLASSIFIED JUSTIFICATION

REMARKS (DEADLINE DATES, SPECIAL DELIVERY INSTRUCTIONS, ETC.)

*I certify that the requested items are  
required for the performance of this  
organization's mission.*

REQUESTER SIGNATURE

SUPERVISOR SIGNATURE (TITLE, ORGANIZATION)

SECURITY CLASSIFICATION (if any)

## BRIEFING APPOINTMENT

POC		ORG	PHONE
TIME		DATE	
LOCATION			
BRIEFER			
AUDIENCE			
NUMBER			
CLEARANCE			
TRANSPORTATION			
REMARKS			

FORM O3592 DEC 86  
NSN: 7540-FM-001-3874

FORM SIZE 5-1/2" x 8-1/2"

**BURN PERMIT FOR WELDING, CUTTING, BRAZING,  
OPEN FLAME OR ELECTRIC ARC EQUIPMENT***Guidelines on Page 2***INSTRUCTIONS**

This permit must be completed in its entirety by the Project Manager who is responsible for the awarded Contractor and/or the assigned NSA personnel.

**REFERENCES**

1. Occupational Safety and Health Administration (OSHA) Standard 1910.152;
2. American National Standards Institute (ANSI) 249.1;
3. National Fire Protection Association (NFPA) - NFPA 1, National Fire Prevention Code, 2000 Edition
  - a. NFPA 1 - 2000, Chapter 1, Section 1-16 - Permits and Approvals
  - b. NFPA 1 - 2000, Chapter 18, Hot Work Operations
4. National Fire Protection Association - NFPA 51B, Standard for Fire Prevention During Welding, Cutting, and Other Hot Work, 1999 Edition.

**BURN PROJECT INFORMATION**

DATE (YYYYMMDD)	TIME	DURATION
LOCATION		
DESCRIPTION		

**PERSON(S) PERFORMING WORK**

PRINTED/TYPED NAME	SIGNATURE	DATE (YYYYMMDD)

An inspection of the location indicated above has been made by the NSA Project Manager or an authorized NSA representative of the Project Manager. All combustible and flammable liquids and other materials have been removed or action taken to protect the surrounding environment. All regulations and precautions have been addressed to ensure full compliance with the referenced NSA, OSHA, ANSI and NFPA criteria. On a daily basis before hot work is performed, the Project Manager or the designated representative shall inspect the area. Use of equipment for the purpose of welding, cutting, burning, brazing, electric arc welding or other hot work is hereby authorized by the NSA Project Manager.

A separate permit shall be completed for each operation. This permit shall be electronically forwarded to the FCC not later than 48 hours prior to the start of routine (*project related*) work and as soon as possible for emergency work. The Project Manager shall be responsible to request all necessary outages to safely conduct this work. Upon receipt of this permit, the FCC shall coordinate removing all necessary fire detection systems from service to prevent unnecessary fire alarm activity. This permit shall expire when the required fire watch has been terminated.

PROJECT MANAGER PRINTED/TYPED NAME	SIGNATURE	DATE (YYYYMMDD)
------------------------------------	-----------	-----------------

**THIS PERMIT MUST BE POSTED ON SITE AND BE AVAILABLE FOR INSPECTION**

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

## **BURN PERMIT FOR WELDING, CUTTING, BRAZING, OPEN FLAME OR ELECTRIC ARC EQUIPMENT**

**REFERENCE: OSHA 1910.252; NFPA 1-2000, Chapters 1 and 18; NFPA 51B-1999; and ANSI 249.1**

---

In accordance with NFPA 1-2000, Chapter 18, before cutting, welding, or brazing is permitted and at least once per day, the area shall be inspected by the individual responsible for authorizing these operations to ensure that it is a fire safe area.

Cutting and welding equipment to be used shall be in satisfactory operating condition and in good repair.

All personnel assigned to the project on this work site shall be briefed on the contents of this permit.

Combustible materials shall be cleared from the work area for a radius of not less than 35 feet (11 meters.) Fire-resistant shields shall protect combustible floors. Where floors have been wet down, personnel operating arc welding or cutting equipment shall be protected from possible electric shock (IAW NFPA 51B-1999, Paragraph 3-3.2).

All combustible materials shall be located at least 35 ft. (11m) from the work site. Where relocation is impractical, combustible material shall be protected with flameproof covers or shielded with metal or fire-resistant guards or curtains.

Openings or cracks in walls, floors, or ducts within 35 ft. (11m) of the site shall be tightly covered to prevent the passage of sparks to adjacent areas.

Where cutting or welding is done near walls, partitions, ceilings, or roofs of combustible construction, fire-resistant shields or guards shall be provided to prevent ignition. If welding is done on a metal wall partition, ceiling, or roof, precautions shall be taken to prevent ignition of combustible material on the opposite side. Where this is not an option, then a fire watch shall be conducted on the opposite side of the wall, ceiling or roof.

Cutting or welding on pipes or other metal in contact with combustible walls, partitions, ceilings, or roofs shall not be undertaken if the work is close enough to cause ignition by conductive heat transfer.

Special precautions shall be taken to avoid an accidental activation of automatic fire detection and/ or suppression systems. Sprinkler and Fire Alarm Outages, where necessary, shall be requested using established outage request procedures. Every effort shall be taken by the Contractor and the Project Manager to avoid accidental activation of the building sprinkler system or fire alarm system. No burning or welding operations shall take place in an area protected by smoke, heat, or duct smoke detectors without first contacting NSA Fire Alarm Services.

Personnel performing functions requiring hot work permits shall be adequately trained. Employees must be trained to recognize hazards associated with their job, identify required ventilation levels, identify confined space entry requirements, and obtain task related personal protective equipment.

Should welding or cutting occur in an area meeting the definition of a confined space, adequate ventilation will be provided by the contractor's organization to prevent accumulation of toxic material or possible oxygen deficiency. This applies to the employee actually performing the work and any others assisting that individual.

Fire watches are required and shall be conducted by the Contractor who will be performing the burning and/or welding process.

A fire watch shall be maintained by the Contractor for a minimum of one half an hour (30 minutes) after the completion of the welding or cutting operation to detect or extinguish possible smoldering fires.

Fully charged and operable fire extinguishers, appropriate for the type of possible fire, shall be available at the work area. It is the responsibility of the contractor to have trained personnel on the work site capable to address any minor fire occurrence. Documentation shall be made available to the Project Manager of the employee's updated training.

All project personnel shall be briefed on NSA's 9-1-1 procedures. This shall include, but not necessarily be limited to, the NSA Project Manager, all members of the Contractor's staff to include the Job Superintendent, NSA escort personnel and all temporarily assigned personnel to the work site, including visitors.

NSA's assigned escorts shall be familiar with the facilities for sounding an alarm in the event of a fire. They shall also watch for fires in all exposed areas, be briefed on the use of the Agency's 9-1-1 procedures and to know the location and use of the nearest fire alarm manual pull station. It shall be the responsibility of the Project Manager to brief the assigned escort(s).

The completed Burn Permit shall be electronically forwarded to the Facilities Control Center (FCC) not less than 48 hours prior to the start of routine project related work and as soon as possible for emergency work. The FCC shall send an acknowledgement of receipt to the Project Manager. Copies, signed by the Project Manager and the person performing the work shall be posted at the work site. Copies of all burn permits issued for a project shall be placed in the project file. Electronic copies forwarded to the FCC shall be maintained for not less than ninety days after completion of the work.

A burn permit shall remain active as long as a fire watch is continued. Once the fire watch is terminated, a new burn permit shall be issued for subsequent hot work.

## CAMPUS ACCESS BADGE (CAB) TERMS OF USE ACKNOWLEDGEMENT

1. CABs will be accepted at all NSA Vehicle Control Points (VCPs). The CAB is not authorized for building access.
2. The CAB holder as well as the employee/affiliate *(if in the vehicle)* must present their identification badge to the Protective Services Officer at the VCP. The only unbadged individuals permitted in the car are minors under the age of 16.
3. At the discretion of the Protective Services Officer, additional identification may be requested.
4. The CAB will be valid for one year from the date of approval. The sponsor will receive notification prior to the expiration of the badge, at which time, the request process will begin again.
5. The CAB holder will not be granted access if they forget their badge.
6. The sponsor must immediately report the loss or theft of the CAB to Access Technology, OPS2A, 2A0164, 963-3027(s) or, (301) 688-3038.
7. Expired CABs must be turned into the Visitor Center at the time of renewal.
8. The sponsor is responsible for returning the CAB to a Visitor Center or an Access Technology representative when the access requirement ends.
9. The CAB may only be used for access in conjunction with the justification of the request.
10. Misuse of the CAB will result in revocation.

**Point of Contact for questions regarding the CAB may be directed to the  
Access Technology Office, 963-3027(s), or (301) 688-3038.**

PRINTED NAME	DATE
SIGNATURE	

FORM G7235 REV APR 2002 (Supersedes G7235 OCT 2001 which is obsolete)  
7540-FM-001-5681

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**SANITIZATION REQUEST**  
**SOCID: 3113991**

**NOTE:** Agency-owned equipment may ONLY be cannibalized or disassembled when it is properly determined to be in the best interest of the Government.

CANNIBALIZATION DOCUMENT NUMBER

TO (Key Component PAC)	REQUESTING ORGANIZATION	PROJECT NAME (if applicable)				DATE
POINT OF CONTACT		PHONE (Secure)	(Non-Secure)	ORG.	ROOM NUMBER	BUILDING
CANNIBALIZATION JUSTIFICATION						

### CANNIBALIZATION JUSTIFICATION

ALPHA +2 MANAGER (Typed/Printed Name, Title, Signature & Date) **MANDATORY**

PROPERTY ADMINISTRATION OFFICER (Typed/Printed Name, Signature & Date) **MANDATORY**

[illegible]

FORM J9497A REV MAY 2001 (Supersedes J9497A FEB 99 which is obsolete)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877



SECURITY CLASSIFICATION (if any)

☐ JUNIOR OFFICER CRYPTOLOGIC CAREER PROGRAM PARTICIPANT  
PERFORMANCE REPORT☐ MIDDLE ENLISTED CRYPTOLOGIC CAREER ADVANCEMENT  
PROGRAM PARTICIPANT PERFORMANCE REPORT

TO: PROGRAM EXECUTIVE

## PART I - IDENTIFICATION DATA

NAME (Last)	(First)	(MI)	REPORTING PERIOD (YYYYMMDD)
			(From) (To)

## PART II - COMMENTS

INDICATE THE DEGREE OF ATTAINMENT OF OBJECTIVES FOR WHICH THE PARTICIPANT WAS RESPONSIBLE. *Emphasize facts and specific achievements.* MENTION STRENGTHS, SPECIAL ACCOMPLISHMENTS, AND/OR RECOMMENDED IMPROVEMENT AREAS. INCLUDE YOUR EVALUATION OF THE PARTICIPANT'S EFFECTIVENESS IN: ORAL AND WRITTEN EXPRESSION; USE OF RESOURCES; COOPERATION. COMMENTS ON POTENTIAL FOR ASSUMING GREATER RESPONSIBILITIES AND POTENTIAL FOR PROFESSIONAL DEVELOPMENT. *(Use additional sheets as necessary)*

## PART III - RATER

SIGNATURE	TITLE AND ORGANIZATION	DATE (YYYYMMDD)

FORM P7724A REV SEP 2000

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

# CARPOOL

## PARKING PERMIT APPLICATION

RETURN COMPLETED FORM TO:

COMMUTER TRANSPORTATION CENTER  
 Ft. Meade Office - OPS 2A - VCC, Room 101, 963-6452 / (301) 688-7585b  
 FANX Office - Customer Service Center, FANX III, Room B1A13, 968-7444 / (410) 854-7444b

Form **MUST** be completed by **ALL CARPOOL** members. Please read carpool parking entitlement criteria and sign application on the reverse.

**ALL** information **MUST** be typewritten or legibly printed or will not be accepted by the Commuter Transportation Center.

## CTC USE ONLY

NUMBER

EXPIRATION DATE

PLEASE COMPLETE THE INFORMATION BELOW					STATE	TAG NUMBER
SSN	NAME (Last) (First) (MI)		SID			
PHONE (Secure) (Non-Secure)	ASSIGNED BLDG LOC.		ORG.	WORKING HOURS		
HOME ADDRESS (Street) (City) (County) (State) (ZIP Code)						
SSN	NAME (Last) (First) (MI)		SID			
PHONE (Secure) (Non-Secure)	ASSIGNED BLDG LOC.		ORG.	WORKING HOURS		
HOME ADDRESS (Street) (City) (County) (State) (ZIP Code)						
SSN	NAME (Last) (First) (MI)		SID			
PHONE (Secure) (Non-Secure)	ASSIGNED BLDG LOC.		ORG.	WORKING HOURS		
HOME ADDRESS (Street) (City) (County) (State) (ZIP Code)						
SSN	NAME (Last) (First) (MI)		SID			
PHONE (Secure) (Non-Secure)	ASSIGNED BLDG LOC.		ORG.	WORKING HOURS		
HOME ADDRESS (Street) (City) (County) (State) (ZIP Code)						
SSN	NAME (Last) (First) (MI)		SID			
PHONE (Secure) (Non-Secure)	ASSIGNED BLDG LOC.		ORG.	WORKING HOURS		
HOME ADDRESS (Street) (City) (County) (State) (ZIP Code)						

FORM P8446C REV JAN 2001 (Supersedes P8446C REV JUN 2000 which is obsolete) - Page 1

Approved for Release by NSA on  
 02-16-2007, FOIA Case # 42877

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 50 U.S.C. 402 note; 50 U.S.C. 797; 41 C.F.R. 101-20.104; and Executive Order 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA07 apply to this information. Information you provide will be used to identify vehicles parked at NSA facilities, to provide data necessary to manage and enforce parking regulations, and to assist in providing data for security, emergency, and other related matters. Disclosure of requested information, including your SSN, is voluntary. However, failure to furnish requested information, other than your SSN, may result in the denial or suspension of parking privileges at NSA facilities and preclude notification of emergencies involving your vehicle.

**CARPOOL PARKING ENTITLEMENT CRITERIA**  
(Please Read Carefully)

Reserved carpool parking permits may be issued to any carpooling group of three (3) or more regular members who commute from their residents on a continuing basis to any NSA/CSS facility. A regular member is one who participates in a carpool more than 80% of the time. A member may not be counted on more than one official carpool. Only one permit will be issued per carpool which must be rotated among the members and displayed either on the dashboard (Driver's side) or suspended from the rearview mirror so that the printed side is entirely visible through the front windshield. Permits must contain the license tag number(s) *(except dealer or temporary tags)* of any vehicle displaying the permit.

The carpool permit must be displayed to authorize the vehicle to park in the reserved carpool area during the posted hours. Notes, etc. displayed in lieu of permit are not acceptable. Expiration dates are printed on the permits. Application for renewal must be submitted to the CTC a week prior to the expiration date. No other notification of renewal will be given. Failure to display the permit or the display of an expired permit may result in a violation citation issued by the Security Protective Force (SPF).

It shall be incumbent upon all carpool members to notify the Commuter Transportation Center (CTC) of any membership or license tag changes in the carpool within 5 working days. A carpool parking permit must be returned to the CTC within 5 working days of the date on which the carpool membership drops below the prescribed minimum of three members. Carpools observed that appear to have less than three members may be required to recertify that the carpool is still operating in accordance with NSA/CSS Regulation 65-4. Applicants are advised that applications with divergent addresses or shift information may be requested to provide further justification.

Administrative penalties outlined in Appendix B, Chapter 366, PMM 30-2 (U) may be imposed for violations of carpool requirements by the Office of Civilian Personnel. Specific attention shall be given to the following violations: misrepresentation of carpool membership, application qualifications, altering, duplicating or using altered or duplicated permits or validation stickers, or violations of other carpooling requirements imposed by the Agency. The permit is the property of the United States Government. Its counterfeiting, alteration or misuse is a violation of Section 499, Title 18, United States Code.

---

**SIGNATURE OF ALL CAR POOL MEMBERS**

*(All members are responsible for compliance with the requirements stated above and liable for any violations, as cited, which may be imposed)*


**CARTAGE/DRAYAGE DAMAGE  
CLAIM REPORT**

PREPARATION DATE

REPORT NUMBER (S71 USE ONLY)

COMPANY NAME

COMPANY ADDRESS

TIME OF INCIDENT

DATE DAMAGE OCCURRED

LOCATION OF INCIDENT

**QUESTIONS (To be completed by COR)**

YES

NO

1	Was all damage reported to the Agency's supervisor?		
2	Was there any damage to material or goods? IF YES, EXPLAIN		
3	Was the material in 'GOOD' condition prior to moving? Was there any visible damage to the material prior to moving it? If 'YES', did the Cartage and Drayage worker report the condition to the Agency supervisor?		
4	Was there any damage to the buildings, land or property? IF YES, EXPLAIN		
5	Were there any injuries? (If 'YES', how many people were injured)?		
6	Did any damage to the Material Handling Equipment occur? IF YES, EXPLAIN		
7	Was the Material Handling Equipment operating properly? IF NO, EXPLAIN		
8	Was the Agency's supervisor notified that the Material Handling Equipment was not operating properly prior to damage occurring?		
9	Was the material on a proper size pallet? IF NO, EXPLAIN		
10	Was the material properly stacked on the pallet? If 'NO', was the problem corrected before moving?		
11	Was the material shrink-wrapped or banded?		
12	If operating a forklift, did the operator have a forklift license?		

**COST ESTIMATE (For COR USE ONLY)**

ITEM DAMAGED	DEBIT NO.	UNIT OF ISSUE	QTY	ESTIMATED COST	
				REPLACEMENT	REPAIR

CONTRACTOR	TITLE	BADGE <input type="checkbox"/> Red <input type="checkbox"/> Gm	SIGNATURE	DATE
WITNESS	TITLE	ORG	SIGNATURE	DATE
CONTRACTING OFFICER	TITLE	ORG	SIGNATURE	DATE

---

CONTRACTOR'S EXPLANATION OF INCIDENT *(If additional space is required, continue on separate sheet)*

---

WITNESS' EXPLANATION OF INCIDENT *(If additional space is required, continue on separate sheet)*

## CARTAGE AND DRAYAGE SIGNATURE LOG

[illegible]

REMARKS (Use Reverse if necessary)

<b>CASH COLLECTION VOUCHER</b>		DISBURSING OFFICE COLLECTION VOUCHER NUMBER		
		RECEIVING OFFICE COLLECTION VOUCHER NUMBER		
RECEIVING OFFICE	ACTIVITY (Name and location)			
	RECEIVED AND FORWARDED BY (Printed name, title and signature)			DATE
DISBURSING OFFICE	ACTIVITY (Name and location)			
	DISBURSING OFFICER (Printed name, title and signature)	DISBURSING STATION SYMBOL NUMBER	DATE	
<b>PERIOD:</b> From                      To				
DATE RECEIVED	NAME OF REMITTER DESCRIPTION OF REMITTANCE	DETAILED DESCRIPTION OF PURPOSE FOR WHICH COLLECTIONS WERE RECEIVED	AMOUNT	ACCOUNTING CLASSIFICATION
<b>TOTAL</b>				

<b>CASH - SUBVOUCHER RECEIPT</b>	TAX EXEMPT NO. 30005004	SUBVOUCHER NO. (LEAVE BLANK) (Completed by Cashier ONLY)

## COMPLETE AS ON PURCHASE REQUEST (PR)

QTY	DESCRIPTION OF SUPPLIES/SERVICES (Please <u>PRINT</u> a brief explanation)	UNIT	UNIT COST	TOTAL COST

VENDOR (When contacting vendor for prices, please determine the immediate availability of item(s). This is required due to the 48 hour turnaround for the Imprest Funds and means the government **CANNOT** be obligated to **ORDER** an item through the use of Imprest Funds.)

NAME AND ADDRESS	TELEPHONE NO.
	WILL VENDOR ACCEPT THE MD TAX EXEMPT NUMBER?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

REQUESTER'S NAME	ORG.	SECURE NO.
ARE ITEMS AVAILABLE THROUGH THE STOCK SYSTEM? (Check availability with local stock room)	UNAVAILABILITY MUST BE CONFIRMED BY S71, INVENTORY MANAGEMENT. CALL 977-7131 FOR INFO ON OBTAINING ITEM(S). (List Point of Contact within S71)	IF UNAVAILABLE, HOW LONG WILL IT TAKE FOR THE ITEM(S) TO BECOME AVAILABLE THROUGH SUPPLY?
<input type="checkbox"/> YES <input type="checkbox"/> NO	(Name) (Date)	

## PURCHASE JUSTIFICATION

(Required for **ALL** requests. No disbursement will be made without this justification which must include why this is considered mission essential.)


APPROVAL OF REQUIREMENT (In accordance with NSA Reg. 60-10) (**MUST** be completed **PRIOR** to Budget Officer's approval.)

REQUESTER'S DIVISION CHIEF SIGNATURE	TITLE	DATE

## ACCOUNTING CLASSIFICATION

(Fill in the appropriate object class, EDC, funded organization, costed organization and investment code.)

O&M:	9710100.4500 514E51 999- S18119 I 0000	\$
RDT&E:	971/20400.4500 514E51 999- S18119 I 0000	\$

REQUESTER'S BUDGET OFFICE APPROVAL  
(**MUST** be completed **BEFORE** requesting 1222 approval)

1222 APPROVAL, B7534, 969-7511 (**MANDATORY**) (Disbursement **WILL NOT** be made by Imprest Fund Cashier without appropriate approval)

**NOTE:** Payee **MUST** return **ALL** unused money and receipt for the used funds to the Imprest Fund Cashier within 48 hours. If the receipt is lost, the payee is personally responsible for total amount disbursed. **NO EXCEPTIONS!!!**

RECEIVED BY (Payee's Signature)	AMOUNT \$	DATE
RECEIPT(S) RETURNED BY (Items received) (Payee's Signature)	AMOUNT \$	DATE
CASH RETURNED TO IMPREST FUND CASHIER \$	ADDITIONAL AMOUNT REQUIRED TO PAY \$	
RETURNS RECEIVED BY (Imprest Fund Cashier Signature)		DATE



DOCID: 3113578

<b>SECTION I - To be Completed by Requesting Office</b>		COPY TO
TO:	FROM:	DATE

1-2 S1	ACTION 3	SSAN 4-12	BILLET NO. 13-21	NAME (Last, First, Middle Initial) 22-45			
	RANK/GRADE 46-50	SVC (A, N, AF, Civ) 51	DATE OF BIRTH 52-57	PLACE OF BIRTH (City, State)			
1-2 S2	ACTION 3	SSAN 4-12	NAC-DATE 13-18	BI-DATE 19-24	BI-AGENCY 25-28	WVR 29	CASE NO. 30-37
	DIA OFFICE SYMBOL 38-43	CONTRACTOR 44-59		CONTRACTOR ADDRESS			

**SECTION II - To be Completed by Requesting Office**

REQUEST THE INDIVIDUAL BE		<input type="checkbox"/> GRANTED	<input type="checkbox"/> DEBRIEFED FROM CLEARANCES CHECKED BELOW:														
		<b>SIOP</b>															
SI	S	ITS	TS	CPTO	CNWDI	SI	G	TK		1	2	3	4	5	6	7	8

**USE FOR DEBRIEF REQUEST ONLY**

EXTENT OF ACCESS			REQUESTED DEBRIEF DATE	REASON FOR DEBRIEF
A	B	C		

NEW ASSIGNMENT/FORWARDING ADDRESS

**FOR NON-DIA PERSONNEL:** Investigative file meets the investigative scope and other requirements specified in DIAM 50-1 and is forwarded for determining eligibility for the requested clearances/accesses.

TYPED NAME, TITLE AND OFFICE OF REQUESTER	SIGNATURE OF REQUESTER	DATE
---	------------------------	------

**SECTION III - For Defense Intelligence Agency Use Only**

TO:	FROM:	DATE
-----	-------	------

- ☐ A. INDIVIDUAL    ☐ DOES    ☐ DOES NOT MEET THE STANDARDS FOR ACCESS TO SCI MATERIAL
- ☐ B. COLLATERAL CLEARANCES INDICTED BELOW WERE    ☐ GRANTED TO    ☐ WITHDRAWN FROM INDIVIDUAL
- ☐ C. BILLET IS AUTHORIZED SPECIAL ACCESS INDICATED BELOW:

1-2 S3	ACTION 3	SSAN 4-12	IS 13	S 14	ITS 15	S 16	CPT 17	CNWDI 18	19

S1 20	G 21	TK 22	23	A 24	B 25	C 26	D 27	E 28	F 29	G 30	H 31	W 32	X 33	Y 34	Z 35	1 36	2 37	3 38	4 39	5 40	6 41	7 42	8 43	BILLET NO. 44-52

EFFECTIVE DATE 53-58	DEBRIEF DIA DATE 59-64	65-66	CASE NO. 67-74	DEBRIEF REASON 75
-------------------------	---------------------------	-------	-------------------	----------------------

COMMENTS:

<p align="center"><b>DISTRIBUTION</b></p> <p>CIVILIAN PERSONNEL      FILE COPY</p> <p>MILITARY PERSONNEL      ADP</p> <p>UNTI SECURITY OFFICER      SSO</p>	<p>TYPED NAME AND TITLE OF OFFICIAL GRANTING CLEARANCE/ACCESS</p> <hr/> <p>SIGNATURE</p>
---	--

**CERTIFICATION OF SELECTIVE SERVICE REGISTRATION****IMPORTANT NOTICE:**

If you are a male born after 31 December 1959, are at least 18 years of age, and want to be employed by the Federal Government, Civil Service Employment law (5 U.S.C. 3328) requires that you be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register, but knowingly and willingly fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

**PRIVACY ACT STATEMENT:**

**Authority:** 5 U.S.C. Section 3328; P.L. 86-36; GNSA09.

**Purpose:** To ascertain your Selective Service registration status to determine your eligibility for Federal Government service. The information is subject to verification by the Selective Service System.

**Routine Use:** NSA's Blanket Routine Uses, found at 50 Fed. Reg. 22,584 (1985) apply.

**Disclosure of Information:** Mandatory.

**Effect on Individual if Requested Information is Not Provided:** Refusal to hire or termination of employment may result from the failure to provide the requested information.

**NON-REGISTRANTS****AGE 26 OR OVER:**

If you were born in 1960 or later, and are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination and any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

**NON-REGISTRANTS****UNDER AGE 26:**

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office, or consular office if you are outside the United States.

**CRIMINAL PENALTY:**

In lieu of using the form provided below, you may submit a copy of your Acknowledgement Letter or other proof of registration or exemption issued by the Selective Service System. You must sign and date the document and add a note stating that it is submitted as proof of Selective Service registration or exemption.

**REVIEW:**

If your employing agency has informed you that you cannot be appointed to a position in an executive agency because of your failure to register, and you wish to establish that your non-compliance with the law was neither knowing or willful, you may write to:

Registration Review, Recruiting and Staffing Services Division  
Career Entry Group, Room 6A12  
OPM  
1900 E. Street, NW  
Washington, DC 20415

**QUESTIONS ABOUT  
REGISTRATION STATUS:**

You may obtain information about your registration status by calling the Selective Service on (847) 688-2576.

PLEASE COMPLETE, SIGN, AND DATE BELOW IN INK. YOUR SIGNATURE \* INDICATES YOU HAVE READ AND UNDERSTAND THE ABOVE.

**REGISTRATION STATUS CERTIFICATION**

	I certify that I am registered with the Selective Service System.	REGISTRATION NUMBER	DATE REGISTERED
	I certify that I have <b>NOT</b> registered with the Selective Service System.		I certify that I have <b>NOT</b> reached my eighteenth birthday and understand that I am required by law to register at that time.
	I certify that I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.		

PLEASE PRINT OR TYPE NAME

\*LEGAL SIGNATURE (Please Use Ink)

DATE SIGNED (Please Use Ink)



Detail below (1) any period of Federal civilian service subject to "FICA" deductions, and (2) any other Federal civilian service not subject to a Federal employee (or D.C. Government) retirement system. If total basic salary earned for any such period of service is known, a summary entry may be entered on the right hand side below. Otherwise, show each change affecting basic salary during the period of service. Show part-time tour of duty if applicable. If part-time service is after April 6, 1986, also provide total number of hours employee worked during that period and show what a full-time tour of duty would be.

### Section D - Agency Certification

Date \_\_\_\_\_

## Date \_\_\_\_\_

**CFC DONATION RECORD (2001/2002 Combined Federal Campaign)**(Visit our web site to pledge on-line at <http://www.s.nsa/cfc/>)

Privacy Act Statement: Executive Order No. 12353 authorizes the U.S. Office of Personnel Management to conduct fund raising activities and to establish procedures for collecting information related to such activities. Authority for requesting your Social Security Number (SSN) is Executive Order 9397. The Payroll Office will use your SSN as a unique identifier. The information collected will be disclosed to organizations maintaining the accounting of contributions and to your payroll office. Additional disclosure may be made to the Department of Treasury to make proper financial adjustments; to a court or another agency when the government is party to a suit, and to the IRS and state and local taxing authorities regarding income tax returns. Your disclosure of the requested information, including your SSN is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance with your request for a payroll deduction by your agency. If you are making a one-time, lump-sum gift and, therefore, not using the payroll deduction method of payment, you are not required to furnish your SSN.

<b>DONATION TYPE</b> (Check <u>One</u> Only)	<input type="checkbox"/> <b>CASH OR CHECK</b> (Make checks payable to CFC)	<input type="checkbox"/> <b>PAYROLL DEDUCTION</b>	
	ONE-TIME LUMP-SUM GIFT AMOUNT \$ _____	ANNUAL = BI-WEEKLY x 26 \$ _____	BI-WEEKLY \$ _____

ENTER CFC AGENCY NUMBERS AND THE ANNUAL AMOUNT FOR EACH IN THE SPACES PROVIDED (Agency = Amount)

AGENCY CODE	AMOUNT	AGENCY CODE	AMOUNT
_____ = _____		_____ = _____	
_____ = _____		_____ = _____	
_____ = _____		_____ = _____	

**IF USING PAYROLL DEDUCTION**

**AUTHORIZATION:** I hereby authorize any agency of the United States Government by which I may be employed during 2002 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2002 starting with the first pay period in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

**WARNING**

If you mark the "name and address forwarding" block listed below, your name, and therefore, your association with NSA, will be passed on to the charity(ies) you designate. The public association of any Agency employee with the NSA may affect future sensitive assignments. In addition, if you have undertaken sensitive assignments in the past, you should **NOT** check the block indicating that you want your name passed to the charity(ies) you designate. If you have any question as to whether or not you should have your name passed to the charity(ies), please see your local Staff Security Officer (SSO).

<input type="checkbox"/>	<b>NAME AND ADDRESS FORWARDING</b> Check if you <u>would like</u> your name and address forwarded to your selected Agencies. Doing so signifies understanding of the above warning statement.
--------------------------	--

AWARDS LEVEL (Check ONE ONLY, if you qualify)

<input type="checkbox"/> ORIOLE	<input type="checkbox"/> CARDINAL	<input type="checkbox"/> FALCON	<input type="checkbox"/> EAGLE	<input type="checkbox"/> RECOGNITION DECLINED
---------------------------------	-----------------------------------	---------------------------------	--------------------------------	---

**COMPLETE INFORMATION BELOW AND FORWARD TO YOUR CFC CANVASSER OR TO THE  
CFC PROGRAM MANAGER, DC09, OPS2B, 2B8092, SUITE 6249**

PRINTED NAME (Last)	(First)	(MI)	SID	SOCIAL SECURITY NO.
ORG			SECURE PHONE	NON-SECURE PHONE
SIGNATURE				DATE

DEPARTMENT OF DEFENSE  
9800 SAVAGE ROAD  
FT. GEORGE G. MEADE, MD 20755-6000

**SEE REVERSE SIDE FOR MY CORRECTED ADDRESS!!**

**INSTRUCTIONS**

**Mail this postcard to businesses and people who send you mail.**

NAME

NAME OF BUSINESS, (if applicable)

COMPLETE STREET ADDRESS OR PO BOX OR RURAL ROUTE AND RR BOX

CITY

STATE

ZIP

FORM A6023 REV OCT 99 (Supersedes A6023 Jul 84 which is obsolete)  
NSN: 7540-FM-001-1063

**CHANGE OF ADDRESS CARD**

**INSTRUCTIONS**

To correct your address or change your mailing status, complete and mail this postcard to businesses and people who send you mail.

☐ Please **CORRECT** my address as indicated.

☐ Please **REMOVE** my name from your mailing list.

**OLD ADDRESS** (Please provide outdated information or affix address label)

DOD COMPONENT

ATTN: (Your Name and Organization)

COMPLETE STREET ADDRESS

CITY

STATE

ZIP + SUITE NUMBER

**NEW ADDRESS** (Please provide new information)

DOD COMPONENT

ATTN: (Your Name and Organization)

COMPLETE STREET ADDRESS

CITY

STATE

ZIP + SUITE NUMBER

FORM A6023 REV OCT 99 (Supersedes A6023 Jul 84 which is obsolete)  
NSN: 7540-FM-001-1063

## CHILD CARE RELEASE/CONSENT STATEMENT

### PRIVACY ACT STATEMENT

**AUTHORITY:** Public Law 101-647, GNSA09 and GNSA10

**PRINCIPAL PURPOSE:** To comply with requirements of Public Law 101-647, Section 231 (Crime Control Act of 1990).

**ROUTINE USES:** NSA's Blanket Routine Uses, found at 50 Fed. Reg. 22,584 (1985) apply.

**DISCLOSURE:** Mandatory. Failure to disclose the information will render you ineligible for a position involving the provision of child care services at an NSA facility or a facility operated under contract with NSA.

### EMPLOYEE STATEMENT

I have been advised that my being hired, or retaining my employment after being hired, will be based upon successful completion of a criminal history background check. I understand that the background check includes a fingerprint check by the FBI's Identification Division, a name check against a State Criminal History Repository in each state where I have resided as indicated on my DD 398-2 and employment application, and an Installation Records Check at any military bases where I have received services as a military member or dependent as indicated on my DD 398-2 (if applicable).

I hereby authorize \_\_\_\_\_  
(requesting agency/installation)

to forward the information attached for the purpose of conducting the required check(s).

Typed or Printed Name ( <i>Last, First, MI</i> )	Date
Signature	Date

FORM G6747A JUL 93  
NSN: 7540-FM-001-5435

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

SECURITY CLASSIFICATION (if any)

☐ AGENCY  
EMPLOYEE☐ CONTRACTOR☐ VISITOR

## CITATION REVIEW REQUEST

***Incomplete forms will be REJECTED!!***

TODAY'S DATE (YYYY-MM-DD)

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 50 USC 402 note, 18 USC 13, and 40 USC 318 (a-c); Executive Order 12333, 32 CFR 228; and DoD Directive 5200.8. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA07 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. Information will be used (primarily) to determine whether NSA should request dismissal of a parking citation. Provision of requested information, including SSN, is voluntary but refusal to provide requested information, other than SSN, may prevent action on your request to dismiss the citation.

## VIOLATION INFORMATION

VIOLATION NUMBER	DATE OF VIOLATION (YYYY-MM-DD)	TIME OF VIOLATION (HHMM) - 24 hour
------------------	--------------------------------	------------------------------------

LOCATION	OFFENSE
----------	---------

COURT DATE (YYYY-MM-DD)	ISSUING OFFICER (Last Name)
-------------------------	-----------------------------

## VIOLATOR'S INFORMATION

NAME (Last)	(First)	(MI)	SSN
-------------	---------	------	-----

ADDRESS (Street - Apt #)	(City)	(State)	(ZIP Code)
--------------------------	--------	---------	------------

DRIVER'S LICENSE NUMBER	STATE	DOB (YYYY-MM-DD)	PHONE	HOME (Include Area Code)
-------------------------	-------	------------------	-------	--------------------------

WORK ADDRESS	WORK (include Area Code)
--------------	--------------------------

HOW DO YOU WANT TO BE NOTIFIED? (Check **ONE ONLY**)☐ INTERNAL MAIL☐ EXTERNAL MAIL☐ UNCLASSIFIED FAX☐ WORK ☐ HOME

FAX NUMBER

**TO BE COMPLETED BY THE COURT LIAISON ONLY**

PERMIT NUMBER	LOCATION
---------------	----------

VERIFIED BY (Last)	(First)	(MI)	DATE (YYYYMMDD)
--------------------	---------	------	-----------------

PRIORS

COMMENTS

SUPPORTING DOCUMENTATION

☐ YES ☐ NO

CLS RECOMMENDS DISMISSAL

☐ YES ☐ NO

**The CLS recommendation can be considered by the Issuing Officer. However, the Issuing Officer will make the final determination to grant or deny this request.**

DATE PATROL OFFICER NOTIFIED AND CONCURS (YYYYMMDD)

REQUEST DISMISSAL

☐ YES ☐ NO

PRINTED NAME (Last)	(First)	(MI)	SIGNATURE
---------------------	---------	------	-----------

**FINAL DISPOSITION**  
**United States Attorney's Office**

DISMISSAL REQUEST DATE (YYYYMMDD)	APPROVING OFFICIAL	DATE VIOLATOR NOTIFIED (YYYYMMDD)	<input type="checkbox"/> LETTER
-----------------------------------	--------------------	-----------------------------------	---------------------------------

☐ PHONE

FORM G7379 MAY 2002

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877



NATIONAL SECURITY AGENCY POLICE  
TRAFFIC ENFORCEMENT SECTION**CITATION REVIEW PROCESS**

The NSA Traffic Enforcement Section's Citation Review Process (CRP) is conducted in conjunction with the United States Attorney's office for the Ft. George G. Meade District of Maryland. The CRP affords individuals the opportunity to "***request dismissal***" on a parking citation they were issued by the NSA Police and, if approved, avoid having to appear in court or pay the fine. The issuing officer is the ***ONLY*** person that can approve a request to dismiss a ticket prior to the scheduled court date. The particulars of the NSA Police are as follows:

- 1) If an individual believes that a parking citation would not have been issued by an NSA Police Officer if the officer was aware of legitimate, extenuating circumstances at the time of issuance, they should complete a Citation Review Request (Form G7379) and include any necessary documentation (e.g., *copy of parking permit, statement from the component parking coordinator*) to support their claim. This information should be forwarded to:

NSA Police  
Traffic Enforcement Section  
9800 Savage Road  
Fort Meade, MD 20755  
ATTN: Court Liaison  
OPS 2A Building  
Room 2A0106  
Suite 6127

- 2) The Traffic Enforcement Court Liaison ***must*** receive ***all*** information at least ***one month prior to scheduled court date***. A Citation Review Request (Form G7379) ***received with less than one month remaining*** will ***NOT*** be accepted for processing. Upon receipt of this information, the Traffic Enforcement Officer will investigate the incident and forward their findings to the NSA Police Officer who issued the parking citation. The issuing officer will then review the appropriate material(s) and either ***accept*** or ***deny*** the "***request for dismissal***". When considering a request for dismissal, the issuing officer will essentially ***only*** consider approving the request in circumstances where the individual had a legitimate right to park in that particular space or (*due to lack of appropriate signage, etc.*) may have been unaware that they had parked illegally.
- 3) After the issuing officer has made a decision, the Traffic Enforcement Coordinator will contact the individual and inform them whether the request for dismissal has been approved or denied. If ***APPROVED***, no further action is required on the part of the individual. If ***DENIED***, the individual ***MUST either PAY THE FINE or APPEAR IN COURT*** to contest the charge(s). Due to the "*personal observation*" nature of moving violation(s), Citation Review Request form(s) submitted for these offenses ***WILL NOT*** be accepted.
- 4) Any questions concerning the NSA Police Citation Review Process should be addressed to the Traffic Enforcement Section at 963-6391s or (301)688-5183b. Individuals should allow 15 working days from the time of their Citation Review Request submittal to receive a ruling on whether their request for dismissal has been approved.
- 5) Be sure to include the following: a copy of the citation, a copy of the parking permit (*if applicable*), and a letter of explanation concerning the extenuating circumstances.

Officer   
NSA Police  
Traffic Enforcement Coordinator

(b) (3) - P.L. 86-36

☐ RESIGN ☐ RETIRE  
☐ LWOP ☐ CO-OP

## CIVILIAN EMPLOYEE CHECK-OUT SHEET (Jan 02)

(Page 1 of 2 Pages)

NAME (Last)	(First)	(MI)
DEPARTURE DATE		ORG

## INSTRUCTIONS

This checklist is provided to assist you as you process out. Please mark "YES" or "NO" to the following questions. If your answer is "YES", please call the phone number listed to determine the appropriate course of action.

DO YOU HAVE. . . . .	YES	NO
1. Parking Entitlements (i.e., permit, carpool, etc.)? 963-6452s or (301) 688-7565b (Call for all Seniors)		
2. GEBA Insurance? (301) 688-7619/7912b		
3. Agency Phone Card? 963-2120s/(301) 688-0321b Cellular Phone/ Pager? 963-2113s/(301) 688-2510b		
4. Passports/Government ID? Please turn in to LL22 Passport Services, OPS 2A, 2A0262, 963-5794s or (301) 688-6681b		
5. A Tower Federal Credit Union (TFCU) Account? TFCU REP SIGNATURE DATE (If so, you <b>MUST</b> go to TFCU in person)		
6. Controlled Collateral Documents? S51, 963-6288s or (301) 688-6252b		
7. A loan through Civilian Welfare Fund (CWF)? (301) 688-6464b		
8. A Job That Participates in the Medical Surveillance Program (i.e., hearing conservation or respiratory protection) or have you been exposed to loud noises, hazardous material, laser or ionizing radiation? Kathy French on 963-1044s/ (301) 688-0286b, or Eileen Jarzynski on 963-5958s/(301) 688-8606b, OPS 1		
9. Any Security Issue Which May Warrant Contacting Your Staff Security Officer (SSO) or Project Security Officer? (To include returning residential agency property, i.e., safes, STU III, phones, keys, pagers.)		
10. Post-employment questions, contact the Standards of Conduct Office (GC)? <b>Mandatory For Seniors</b> 963-6786s or (301) 688-2752b SOCO REPRESENTATIVE		
11. A Small Purchase Credit Card? <b>PLEASE RETURN TO PERS REP/RETIREMENT COUNSELOR</b>	(b) (2)	
12. Health Benefits? 963-4524s or (410) 854-6063b. <b>ALL Resignations, LWOPS, CO-OPS MUST Call!!</b> (Retirees <b>DO NOT</b> have to call <b>UNLESS</b> an FEHB change was submitted within 2 months of retirement date)	(b) (3) - P.I. 86-36	
13. FORTEZZA TM CARD(S)? If the Card is For 'Sensitive But Unclassified' Use, Contact Your Organizational Registration Authority. If the Card is for the NSA Net, Return to S411, OPS 2A, Room 2A0164.		
14. An Incomplete Post-56 Military Deposit? Contact Finance & Accounting if you wish to complete this Deposit - 968-5268s or (410) 854-7558b (Room AX4225)		
15. Agency property? Contact your Organizational Property Officer. A listing can be found at: <a href="http://[redacted].nsa/[redacted].index.html">http://[redacted].nsa/[redacted].index.html</a> (paragraph III, second item).	(b) (3) - P.I. 86-36	
16. An unclassified internet account or access to any other management information system, classified or unclassified (i.e., OSIS, ROMULUS, ZOMBIE, etc.)? Contact the account POC to cancel the account.		
17. An Agency Adjunct Faculty Tab? Please return to E123, Adjunct Faculty Team, FANX 2, Room A2A015. Questions, call 968-8153s/(410) 854-6234b.		
18. Or have you signed for any COMSEC equipment? If yes, contact your COMSEC Custodian. Questions, call Y131 on 976-6220s/(301) 688-8110b.		
19. An Official Agency or Adjunct Photographer's Tab? Contact Creative Imaging Services, 963-2639s/(301) 688-8321b, OPS 1, Room 1N050.		
20. Would you prefer your name NOT be included in a list of retirees on an internal NSA web page? If so, contact 'Communicator Office' via e-mail (niccall@nsa) or call 963-5901s/(301) 688-6583b.		
<b>ALL EMPLOYEES MUST</b>	<b>Check When Completed</b>	
21. Contact Records Management Policy to ensure legal requirements are met for official records. Allow sufficient time prior to separation to complete this task. 972-2260s or (301) 688-0094b		
22. Contact your Systems Administrator if you have a SID or E-MAIL Account. If you belong to any email Alias, please ensure you are removed from the address list.		
23. Contact your sponsor for special computer applications (e.g., PeopleSoft, DCPS, DMS, Bison, etc.) to let them know you are leaving so they can cancel your access.		
24. Unsubscribe to any automatic mailers (e.g., ESS, Net News, Enlighten, etc.)		
25. Call the Library: 963-5848s/(301) 688-7581b.		

**CIVILIAN EMPLOYEE CHECK-OUT SHEET (Jan 02 Cont.)***(Page 2 of 2 Pages)*

26. Any previous sensitive travel for NSA or other Agencies? If so, please contact Special Operation Support, 963-5045s, OPS 2A, Room 2A0117.

27. Call Your Training Admin Officer:

TRAINING ADMIN NAME

PHONE

28. Call Your Key Component Travel Manager (Nation's Bank Cards **MUST** be returned to KC Travel Manager)

KC TRAVEL MANAGER

PHONE

**DO NOT COMPLETE ITEM 29 UNTIL ITEMS 1-28 ARE COMPLETED****Check When Completed**

29. S443  
SECURITY  
DEBRIEFING

Turn in Badge and Completed Check-Out Sheet! Regular Debriefings are held every Friday, 10:30 a.m., OPS 1, Room 1C144

**SPECIAL DEBRIEF - BY APPOINTMENT ONLY** - Room 1S079, Call 963-3273s/  
(301) 688-6535b

DEBRIEFER

TIME

EMPLOYEE

DATE

PERSONNEL REP

DATE

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

[illegible]

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

**Sign Original Copy**

**APPROVING  
OFFICIAL  
SIGN HERE**

9. This claim is certified correct and proper for payment.

**Sign Original Copy**

**AUTHORIZE  
CERTIFYING  
OFFICER  
SIGN HERE**

DATE \_\_\_\_\_

DATE \_\_\_\_\_

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

PAYMENT DESIRED  
☐ CHECK ☐ CASH

**Sign Original Copy**

**CLAIMANT  
SIGN HERE** 

DATE \_\_\_\_\_

11. CASH PAYMENT RECEIPT

**a. PAYEE (Signature)**

b. DATE RECEIVED

12. PAYMENT MADE BY CHECK NO.

### ACCOUNTING CLASSIFICATION

[illegible]

**Total each column and enter on the front, subtotal line**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 28 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for uses as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

**CLAIM FOR RELOCATION INCOME TAX ALLOWANCE (RIT)***(To be submitted with DD 1351-2 RIT Claim)*

Privacy Act Statement - Authority for collecting information requested on this form is contained in 50 U.S.C. 402 note; 5 U.S.C. 5724b; and Executive Order 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA01, GNSA08, and GNSA09 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. Information you provide will be used to verify your claim for relocation income tax allowance. Disclosure of requested information, including your SSN is voluntary. However, failure to furnish requested information, other than your SSN, may prevent Agency from processing your request for the allowance. If you decline to provide your SSN, there may be a delay in processing your request for relocation income tax allowance.

EMPLOYEE NAME (Last)	(First)	(MI)	SSN	TRAVEL ORDER NUMBER
----------------------	---------	------	-----	---------------------

1. I certify that the following information, which is to be used in calculating the RIT allowance to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or my spouse and I) with the applicable Federal, State and Local tax authorities for the \_\_\_\_\_ tax year:

GROSS COMPENSATION AS SHOWN ON ATTACHED IRS FORM(s) W-2 AND, if applicable, NET EARNING (or loss) FROM SELF-EMPLOYMENT INCOME SHOWN ON ATTACHED SCHEDULE SE (Form 1040) and Form 1099R:

	FORMS W-2	SCHEDULE SE/FORM 1099R (Self-employment/Retirement)
EMPLOYEE	\$	\$
SPOUSE (if filing jointly)	\$	\$
<b>SUB-TOTAL</b>	\$	\$
<b>TOTAL (Sum of Sub-Totals)</b>	\$	

FILING STATUS (Specify filing status claimed on IRS Form 1040.) (Single, married, filing jointly, etc.)	
STATE (Specify State)	
COUNTY (i.e., Anne Arundel, Howard, etc.)	
TOWNSHIP (Specify percentage)	%

2. The above information is true and accurate to the best of my knowledge. I (we) agree to notify the Finance and Accounting Office (DF2212) of any changes to the above (i.e., from amended tax returns, tax audit, etc.), so that appropriate adjustments will be furnished if requested. I have enclosed the documents applicable to my claim.

- a. Form W-2
- b. Schedule SE
- c. Form 1099R

EMPLOYEE'S SIGNATURE

DATE

SPOUSE'S SIGNATURE (Required **ONLY** if married filing jointly)

DATE

**CLEARANCE AND ACCESS RECORD****I. IDENTIFYING DATA**

NAME (Last)	(First)	(Middle)	FILE NUMBER	SOCIAL SECURITY NUMBER
BIRTH (Date: YYYY-MM-DD)	(Place)	SPONSOR	AFFILIATION	FACILITY CODE

**II. SOURCES REVIEWED**

	DATE		DATE
HRDS / G3542		SSBI	
PSQ		NCIC	
PG		CBR	
MED		DCII	
NAC		PI	

**III. CLEARANCE / ACCESS DETERMINATION**

THIS PERSON HAS BEEN CONSIDERED FOR CLEARANCE AND/OR ACCESS PURSUANT TO PUBLIC LAW 88-290, DCID 8/4, DOD DIRECTIVE 5110.8, DOD DIRECTIVE 5220.6, AND OTHER APPLICABLE NSA/CSS REQUIREMENTS.  
THE FOLLOWING DETERMINATION HAS BEEN MADE:

1. THE INDIVIDUAL MEETS THE STANDARDS ESTABLISHED FOR THE LEVEL OF CLASSIFIED INFORMATION INDICATED BELOW. CLEARANCE AND/OR ACCESS ARE CLEARLY CONSISTENT WITH NATIONAL SECURITY.				
	A. ACCESS TO SPECIAL INTELLIGENCE NOT AUTHORIZED	SECRET, LIMITED INTERIM CLEARANCE	SECRET	OTHER
		RED CORRIDOR ACCESS	RED PICTURE BADGE	
AUTHORITY		TITLE		DATE
	B. SPECIAL INTELLIGENCE AUTHORIZED	SECRET, SPECIAL INTELLIGENCE AUTHORIZED	SPECIAL INTELLIGENCE/ACCESS/ CERTIFIED	
		TOP SECRET, SPECIAL INTELLIGENCE AUTHORIZED	OTHER	
AUTHORITY		TITLE		DATE
2. THE INFORMATION DOES NOT MEET THE STANDARDS FOR CLEARANCE AND/OR ACCESS TO CLASSIFIED INFORMATION AT NSA/CSS, AS ESTABLISHED BY THE DIRECTIVES IDENTIFIED ABOVE.				
AUTHORITY		TITLE		DATE

**IV. REMARKS**

EOD	SCI DEBRIEFED	(photo)
LOI	SCI INDOCTRINATED	
<input type="checkbox"/> SECURITY OATH (Date)	<input type="checkbox"/> SECURITY DECLARATION (Date)	
REMARKS		

IV. FINAL CLEARANCE (continued)			
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	
AUTHORITY		AUTHORITY	
TITLE		DATE	
SOURCE REVIEWED		DATE	



If you have questions regarding your travel voucher payment, please complete the form below. Please send this form and the following paperwork to the Travel Entitlements Branch: a copy of your original voucher submission, a copy of the voucher summary printout, a copy of your orders (two copies for DIA), and any relevant receipts or additional paperwork. Providing this information will assist us in expediting your query. Our addresses are as follows:

DEPARTMENT OF DEFENSE  
ATTN: DF2212 STE 6856  
9800 SAVAGE ROAD  
FORT GEORGE G. MEADE, MARYLAND  
20755-6856

FORM K3938 REV JUN 2001 (Supersedes K3938 REV NOV 99 which is obsolete)  
NSN: 7540-FM-001-3953

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on 02-16-2007, FOIA Case # 42877

In the event you have a question regarding the manner in which your voucher was computed, please complete the information below and forward this form, a copy of your travel orders, and a copy of your payee paperwork to:

DF2243  
Fanx 2  
Room A2501B  
Suite 6853

If you prefer, you may contact a travel technician on 968-7273. In either case, our office will examine your claim and provide a response as soon as possible.

NAME	SECURE PHONE NUMBER
NUMBER (Travel Order)	VOUCHER COMPUTED BY (Technician Initials)
(DOV)	

PLEASE CHECK APPROPRIATE BOX

☐ COLLECTION LETTER RECEIVED  
(Provide Pay Back Date: \_\_\_\_\_)

☐ PAYROLL DEDUCTION  
NOTICE RECEIVED

☐ CHECK RECEIVED

**COMMENTS** *(Please Be Specific)*

SECURITY CLASSIFICATION (if any)

**COMPUTER PROGRAM/TECHNICAL PAPER SUBMISSION**

TO	THE CA CAREER PANEL FOR EVALUATION	DATE
----	------------------------------------	------

ABSTRACT

CERTIFICATE

ASPIRANT (Typed or printed name: Last, First, Middle)	(Signature)
---	-------------

I certify that the computer program/technical paper described in the ABSTRACT is the work of the aspirant whose signature appears above and who works under my supervision.

SUPERVISOR (Signature)	ORGANIZATIONAL TITLE	DATE
------------------------	----------------------	------

This is to certify that the technical paper/computer program described above

- ☐ Has met the basic requirements.
- ☐ Has not met the basic requirements.

EXECUTIVE, CA CAREER PANEL (Signature)	DATE
--	------

1. (X one) <input type="checkbox"/> TRANSFER <input type="checkbox"/> INVENTORY <input type="checkbox"/> DESTRUCTION <input type="checkbox"/> HAND RECEIPT <input type="checkbox"/> OTHER (Specify)					
<b>F R O M</b>	2. ACCT. NO.		3. DATE OF REPORT (Year, Month, Day)		4. OUTGOING NUMBER
			5. DATE OF TRANSACTION (Year, Month, Day)		6. INCOMING NUMBER
<b>T O</b>	7. ACCT. NO.		8. ACCOUNTING LEGEND CODES* 1 - Accountable by serial number. 2 - Accountable by quantity. 3 - Initial receipt required, locally accountable by serial number thereafter, local accounting records must be maintained for a minimum of 90 days after supersession. 4 - Initial receipt required, may be controlled in accordance with Service/ Agency directives.		
9. SHORT TITLE / DESIGNATOR EDITION		10. QUANTITY	11. ACCOUNTING NUMBERS		12. ALC
			BEGINNING	ENDING	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
14. THE MATERIAL HEREON HAS BEEN (X one) →			RECEIVED	INVENTORIED	DESTROYED
15. AUTHORIZED RECIPIENT			16. (X one) →		
a. Signature		b. Grade	a. Signature		b. Grade
c. Typed or Stamped Name		d. Service	c. Typed or Stamped Name		d. Service
17. FOR DEPARTMENT OR AGENCY USE					

PRIVACY ACT STATEMENT: Auth for requesting SSN: EO 9397; Info will be used (Principally) to identify indiv; (Routinely) None; Disc of SSN: Voluntary; Failure to provide info will delay processing. Your signature below \* indicates you have read and understand the above.

## CONDITIONAL CERTIFICATION OF ACCESS

I understand that I am being authorized to work on an NSA SCI project on a temporary basis only pending the favorable outcome of security processing being conducted by NSA.

The basis for this conditional access to NSA SCI information is the clearance I currently hold with another agency or department.

My access will become permanent when my processing is completed by NSA with favorable results.

Should NSA find during my processing that I do not meet clearance standards, I understand that I will be immediately removed from NSA programs and denied permanent access.

Should that occur, I understand that NSA will advise me of the reasons for the denial in writing, and that I will have a right to appeal the denial decision. I also understand that the reasons for the denial will be provided to any other agency who holds my clearance.

WITNESS PRINTED NAME	COMPANY
SIGNATURE	
PRINTED NAME	DATE
*SIGNATURE	SSN

FORM G6788B REV NOV 98 (Supersedes G6788B NOV 93 which is obsolete)  
NSN: 7540-FM-001-5457

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)

**CONDITIONAL SCI ACCESS CERTIFICATION****INSTRUCTIONS**

To effect conditional certification of SCI access(es) granted by another government department, agency, or one of the military services, this form **MUST** accompany the completed forms packet being forwarded to the Initial Clearance Branch.

NAME		SSN
COMPANY AFFILIATION AND LOCATION		
COGNIZANT GOVERNMENT DEPARTMENT / AGENCY / MILITARY SERVICE HOLDING SCI ACCESS (ES)		
POINT OF CONTACT FOR VERIFYING SCI INDOCTRINATION		
NAME		PHONE
DATE OF POLYGRAPH (PG)	PG TYPE	PG CONDUCTED BY
DATE OF SSBI	SSBI CONDUCTED BY	
SCI APPROVAL DATE	SCI INDOCTRINATION DATE	SCI DEBRIEF DATE

As an approved Contractor Special Security Officer (C/SSO), I certify that on this date the above named individual is currently briefed at the SCI level or has been debriefed from SCI less than 24 months. I will immediately report any change in the status of these access(es) to NSA, Attn: Initial Clearance Branch.

C/SSO (Printed Name)	(Signature)	DATE
----------------------	-------------	------

FORM G6787 REV MAY 95 (Supersedes G6787 SEP 93 which is obsolete)  
NSN: 7540-FM-001-5451

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**CONFERENCE COMPLEX  
WEEKLY ROOM SCHEDULE**

		CONFERENCE ROOM NUMBER	CAPACITY	PHONE (Secure)	(Non-Secure)	KEY NUMBER
	DATE (DD-MMM-YY)					
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
0700						
0800						
0900						
1000						
1100						
1200						
1300						
1400						
1500						
1600						
1700						
1800						
1900						
2000						
2100						

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

## CENTRAL CONFERENCE FACILITIES

**REMINDER**

Please notify the Main Office Complex,  
(2B4118, 963-5561s/(301) 688-5816b) as  
soon as possible of any cancellations or  
changes in the below schedule.

DATE/DAY Mon Tues Wed Thu Fri Sat Sun

TIME

ROOM

KEY #

FORM O7193D REV JUN 96  
(Supersedes O7193D REV JUL 88 which is obsolete)  
NSN: 7540-FM-001-1355

ROOM	PHONE #	CAPACITY
2B4118-1	963-5932	30
2B4118-2	963-5878	30
2B4118-3	963-5860	30
2B4118-4	963-5734	25
2B4118-5	963-5641	30
2B4118-6	963-5650	60
2B4118-7	963-5703	15
3W083 (# 2)	688-6487	25
3C080 (# 3)	963-4136	50
3C082 (# 5)	688-5004	25
3C086 (# 6)	688-5066	25
2C086 (# 7)	688-4667	50
2W081 (# 8)	688-6110	25
9A135 (# 9)	688-0900	80
	963-5469	
3S040 (#14)	688-3094	50
	963-4410	
Colony 6	688-4664	35
Colony 7-2	688-3021	50
Colony 7-3	688-3022	35
Colony 7-4	688-2145	25

FORM O7193D REV JUN 96 - Reverse  
NSN: 7540-FM-001-1355



## CONFERENCE ROOM SCHEDULE RECORD

CONFERENCE ROOM SCHEDULE RECORD		CONFERENCE DATE    CONFERENCE TIME SETUP  BEGIN  END	CONFERENCE ROOM
REQUESTER		ORGANIZATION	TELEPHONE
NO. OF PEOPLE TO ATTEND	SUBJECT		
DATE REQUEST RECEIVED	REC'D BY	MEMO DATED <i>(Forthcoming)</i>	<i>(Arrived)</i>

**AUDIO / VISUAL EQUIPMENT LOANED**

	CAROUSEL TRAY		TABLE		EASEL/FLIP CHART		VCR		OTHER (Specify)
	35mm		VUGRAPHS		VIDEO SHOW		LECTERN	DATE OF RETURN	

***I have received the key to assigned conference room and accept responsibility for the room, inclusive of accountability for equipment checked above, and removal of all classified material upon completion of the conference.***

SIGNATURE	ORG	PHONE	DATE
CONFERENCE ROOM KEY RETURNED	INITIALS	DATE	TIME

FORM 07193C REV NOV 95 (Supersedes 07193C REV JAN 95 which is obsolete)  
NSN: 7540-FM-001-1354

(over)

(continued)

[illegible]

**INSTRUCTIONS FOR  
OGE FORM 450,  
CONFIDENTIAL FINANCIAL  
DISCLOSURE REPORT**

**A. Why You Must File**

This report is a safeguard for you as well as the Government. It provides a mechanism for determining actual or potential conflicts between your public responsibilities and your private interests and activities. This allows you and your agency to fashion appropriate protections against such conflicts.

**B. Who Must File**

Agencies are required to designate positions at or below GS-15, O-6, or comparable pay rates, in which the nature of duties may involve a potential conflict of interest. Examples include contracting, procurement, administering grants and licenses, regulating/auditing non-Federal entities, other activities having a substantial economic effect on non-Federal entities, or law enforcement.

All special Government employees (SGEs) must file, unless exempted by their agency or subject to the public reporting system. Agencies may also require certain employees in positions above GS-15, O-6, or a comparable pay rate to file.

**C. When to File**

**New entrant reports:** Due within 30 days of assuming a position designated for filing, unless your agency requests the report earlier. No report is required if you left another filing position within 30 days prior to assuming the new position. (SGEs must file new reports upon each reappointment or redesignation, at the time specified by the agency.)

**Annual reports:** Due not later than October 31, unless extended by your agency.

**D. Reporting Periods**

**New entrant reports:** The reporting period is the preceding twelve months from the date of filing.

**Annual reports:** The reporting period covers October 1 through September 30 (or that portion not covered by a new entrant report). However, no report is required if you performed the duties of your position for less than 61 days during that twelve-month period. (All reappointed or redesignated SGEs file reports, regardless of the number of days worked).

**E. Where to File**

With ethics officials at the agency in which you serve or will serve, in accordance with their procedures.

**F. Definitions**

**Dependent Child** - means your son, daughter, stepson, or stepdaughter if such person is either:

- (1) unmarried, under age 21, and living in your household; or
- (2) a "dependent" of yours for Federal income tax purposes. See 26 U.S.C. 152.

**Honoraria** - means payments (direct or indirect) of money or anything of value to you or your spouse for an appearance, speech or article, excluding necessary travel expenses. Also included are payments to charities in lieu of honoraria.

**Special Government Employee (SGE)** - is defined in 18 U.S.C. 202(a) as: an officer or employee of an agency who performs temporary duties, with or without compensation, for not more than 130 days in a period of 365 days either on a full-time or intermittent basis.

**G. General Instructions**

1. Filers must provide sufficient information about outside interests and activities so that ethics officials

can make an informed judgement as to compliance with applicable conflict of interest laws and standards of conduct regulations

2. This form consists of five parts, which require identification of certain specific financial interests and activities. **NO DISCLOSURE OF AMOUNTS OR VALUE IS REQUIRED.** You must complete each part (except as indicated for Part V) and sign the report. If you have no information to report in any part or do not meet the threshold values for reporting, check the "None" box. New entrants and SGEs are not required to complete Part V.

3. You must include information applicable to yourself, your spouse, and dependent children on Parts I, II and V. This is required because their financial interests are attributed to you under ethics rules in determining conflicts of interest. Information about your spouse is not required in the case of divorce, permanent separation, or temporary separation with the intention of terminating the marriage or permanently separating. Parts III and IV require disclosures about yourself only.

4. You may distinguish any entry for a family member by preceding it with **S for spouse, DC for dependent child, or J for jointly held.**

**Part I: Assets & Income**

**Assets:**

1. Report all assets held for investment or for the production of income by you, **your spouse, and dependent children**, with a value greater than \$1,000 at the end of the reporting period or which produced more than \$200 in income during the reporting period.

**Salary and Earned Income:**

1. **For yourself:** report all sources of salary and earned income greater than \$200 during the reporting period.
2. **For your spouse:** report all sources of salary and earned income if greater than \$1,000 (for honoraria, if greater than \$200).

3. **For dependent children:** no earned income needs to be reported.

**Examples of Assets:**

- |                             |                                    |
|-----------------------------|------------------------------------|
| • Stocks                    | • Bonds                            |
| • Tax Shelters              | • Investment Real Estate           |
| • Mutual Funds              | • Pensions                         |
| • Annuities                 | • IRA/401(k) Holdings              |
| • Trust Holdings            | • Commodity Futures                |
| • Trades & Businesses       | • Partnership Interests            |
| • Investment Life Insurance | • Collectibles held for Investment |

**Examples of Income:**

Investment Income

- Dividends
- Rents and Royalties
- Interest
- Capital Gains

Earned/Other Income

- Fees
- Salaries
- Commissions
- Retirement Benefits
- Honoraria

**Notes:**

1. For pensions, you will ordinarily just need to indicate the name of the sponsoring employer. However, if you have control over the specific investment assets held in your pension account (it is not independently managed), you must also list those underlying investments or attach an account statement that lists them.
2. For publicly available mutual funds, you are only required to indicate the name of the fund, not the investments that the mutual fund holds in its portfolio. You must, however, always indicate the full name of the specific mutual fund in which you hold shares, not just the general family fund name.
3. For other publicly available investment funds, such as publicly offered units of limited partnerships, the disclosure requirements are the same as for mutual funds--list the full name of the limited partnership, but not its underlying portfolio investments.
4. For a privately held trade or business, report its name, location and description of activity.

**Do Not Report:**

1. Your personal residence, unless you rent it out;
2. Federal Government salary or retirement benefits such as the Thrift Savings Plan;
3. Social Security benefits;
4. Money owed to you, your spouse, or dependent child by a spouse, parent, sibling or child;
5. Accounts including certificates of deposit, savings accounts, interest-bearing checking accounts, or any other forms of deposit in a bank, savings and loan association, credit union or similar financial institution.
6. Money market mutual funds and money market accounts;
7. U.S. Government obligations (including Treasury bonds, bills, notes and savings bonds);
8. Government securities issued by U.S. Government agencies or Government-sponsored corporations, such as TVA, GNMA, FNMA; and
9. The underlying holdings of a trust that: 1) was not created by you, your spouse, or dependent children, **and** 2) the holdings or sources of income of which you, your spouse, and dependent children have no past or present knowledge. An example is a trust created by a relative, from which you receive periodic income but have no knowledge about its assets. Just identify the trust by name and date of creation.

**Part II: Liabilities**

**Report for Yourself, Spouse, and Dependent Children:**

1. Liabilities over \$10,000 owed to any creditor at any time during the reporting period.

**Do Not Report:**

1. Mortgages on your personal residence unless you rent it out;
2. Personal liabilities owed to a spouse, or the parent, sibling, or child of you, your spouse, or dependent child;
3. Loans for personal automobiles, household furnishings, or appliances, where the loan does not exceed the purchase price; and
4. Revolving charge accounts where the outstanding liability does not exceed \$10,000 at the end of the reporting period.

**Part III: Outside Positions**

**Report for Yourself:**

1. All positions outside the U.S. Government held at any time during the reporting period (including positions no longer held), whether or not paid.

**Positions include** an officer, director, trustee, general partner, proprietor, representative, executor, employee, or consultant of any of the following:

1. A corporation, company, firm, partnership, trust, or other business enterprise;
2. A non-profit organization;
3. A labor organization; and
4. An educational or other institution outside the Federal Government.

**Do Not Report:**

1. Positions held in any religious, social, fraternal, or political entity;
2. Positions solely of an honorary nature; and
3. Positions held by a spouse or dependent child.

### Part IV: Agreements and Arrangements

#### Report Your Agreements or Arrangements for:

1. Current or future employment;
2. A leave of absence from private or other non-Federal employment;
3. Continuation of payment by a former employer other than the Federal Government (including severance payments); and
4. Continuing participation in an employee pension or benefit plan maintained by a former employer other than the Federal Government.

#### Do Not Report:

1. A spouse or dependent child's agreements or arrangements.

### Part V: Gifts and Travel Reimbursements

**Note:** Part V is not applicable to new entrants and SGE's.

#### Report for You, Your Spouse, and Dependent Children:

1. Travel-related cash reimbursements received from one source during the reporting period totaling \$250 or more.
2. Any other gifts totaling \$250 or more from any one source. A "gift" is defined as anything of value, unless you give something of equal or greater value to the donor. This includes tangible items and in-kind transportation, food, lodging, and entertainment.

**Note:** Gifts or reimbursements valued at \$100 or less need not be included in determining the \$250 reporting threshold.

#### Do Not Report:

1. Anything received from relatives, the U.S. Government, D.C. State, or local governments;
2. Bequests and other forms of inheritance;
3. Gifts and travel reimbursements given to your agency in connection with your official travel;
4. Gifts of hospitality (food, lodging, entertainment) at the donor's residence or personal premises; and
5. Gifts or reimbursements received by a spouse or dependent child totally independent of the relationship to the filer (*Example: a spouse's reimbursement in connection with private employment*).

### Privacy Act Statement

Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674, and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics regulations require the reporting of this information. The primary use of the information on this form is for review by Government officials of your agency, to determine compliance with applicable Federal conflict of interest laws and regulations. Additional disclosures of the information on this report may be made: (1) to a Federal, State, or local law enforcement agency if the disclosing agency becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in records management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; and (6) in a judicial or administrative proceeding, if the information is relevant to the subject matter. This confidential report will

not be disclosed to any requesting person unless authorized by law.

### Penalties

Falsification of information or failure to file or report information required to be reported may subject you to disciplinary action by your employing agency or other appropriate authority. Knowing and willful falsification of information required to be reported may also subject you to criminal prosecution.

### Public Burden Information

This collection of information is estimated to take an average of one and a half hours per response, including time for reviewing the instructions, gathering the data needed, and completing the form. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Associate Director for Administration, U.S. Office of Government Ethics, Suite 500, 1201 New York Avenue NW., Washington, DC 20005-3917; and to the Office of Management and Budget, Paperwork Reduction Project (3209-0006), Washington, DC 20503. Do not send your completed OGE Form 450 to this address. See Section E for where to file.

Pursuant to the Paperwork Reduction Act, as amended, an agency may not conduct or sponsor, and no person is required to respond to, a collection of information unless it displays a currently valid OMB control number (that number is displayed in the upper right-hand corner of the first page of this OGE Form 450).

Mere disclosure of the required information does not authorize holdings, income, liabilities, affiliations, positions, gifts or reimbursements which are otherwise prohibited by law, Executive order, or regulation.

**If you need assistance in completing this form, contact the ethics officials in the agency in which you serve or will serve.**

## Executive Branch CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

Employee's Name (Last, first, middle initial)		Position/Title	Grade	Reporting Status: <input type="checkbox"/> New entrant <input type="checkbox"/> Annual
Agency		Branch/Unit and Address	Work Phone	If New Entrant, Date of Appointment
Check box if special Government employee (SGE) <input type="checkbox"/>		If an SGE, Home Address (Number, Street, City, State and ZIP Code)		
I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.			Signature of Employee	Date
Date Received by Agency	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (except as noted in "comments" box below).		Signature and Title of Supervisor/Other Intermediate Reviewer (if agency requires)	
Signature of Agency's Final Reviewing Official and Title		Date	Comments of Reviewing Officials	
(Check box if continued on reverse) <input type="checkbox"/>				

### Part I: Assets and Income

None ☐

**Identify for you, your spouse, and dependent children:** 1) assets with a fair market value greater than \$1,000 at the close of the reporting period or producing income over \$200; and 2) sources of earned income such as salaries, fees, honoraria (other than U.S. Government salary or retirement benefits, such as the Thrift Savings Plan) which generated over \$200 in income during the reporting period. Earned income sources of your spouse must be reported if greater than \$1,000 (greater than \$200 for honoraria). No earned income needs to be reported for dependent children.

Assets include (but are not limited to): stocks, bonds, tax shelters, real estate, mutual funds, pensions, annuities, IRAs, trusts, commodity futures, trades and businesses, and partnership interests.

**Exclude** your personal residence, unless you rent it out, and deposit accounts in financial institutions. See instructions for additional exclusions.

Use copies of blank pages  
for continuation

Assets and Income Sources (Identify specific employer, business, stock, bond mutual fund, type/location of real estate, etc.)	(X) if no longer held	Nature of Income over \$200 (Rent, interest dividends, capital gains, salary, etc.)	Date (Only) for honoraria)
Examples			
Rental Condo, Anchorage, Alaska		Rent	
Dee, Jones & Smith, Hometown, USA	X	Salary	
(S) Alexandria Medical Clinic, Alexandria, VA		Salary	
Franklin Equity Mutual Fund		Dividends/Capital Gains	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

DOCID: 3113783

Employee's Name (Last, first, middle initial)	Work Phone
---	------------

## Part II: Liabilities

None ☐

**Report for you, your spouse, and dependent children**, liabilities over \$10,000 owed at any time during the reporting period (over \$10,000 at the end of the period if revolving charge accounts). **Exclude** a mortgage on your personal residence unless it is rented out; loans for autos, household furniture or appliances; and liabilities owed to certain family members (see instructions).

Creditors (Name and address)		Type of Liability (Mortgage, promissory note, etc.)
Example	First Alaska Bank, Anchorage, Alaska	Mortgage on rental property in Anchorage, AK
1		
2		
3		

## Part III: Outside Positions

None ☐

Report any positions, whether or not compensated, which you held outside the U.S. Government during the reporting period. Positions include (but are not limited to) an employee, officer, director, trustee, general partner, proprietor, representative, executor, or consultant for a business, non-profit or labor organization, or educational institution. **Exclude** positions with religious, social, fraternal, or political entities or those solely of an honorary nature. You need not report any positions of your spouse or dependent children.

Organization (Name and address)	Type of Organization	Position	(X) if no longer held
Example Dec. Jones & Smith, Hometown, USA	Law Firm	Associate	X
1			
2			
3			
4			

## Part IV: Agreements and Arrangements

None ☐

Report your agreements or arrangements for current or future employment, leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan.

You need not report agreements or arrangements of your spouse or dependent children.

Terms of Any Agreement or Arrangement		Parties	Date
Example	Will receive retained pension benefits (independently managed, fully funded, defined contribution plan)	Dec. Jones & Smith, Hometown, USA	12/95
1			
2			
3			

## Part V: Gifts and Travel Reimbursements

Do not complete this part if you are a new entrant or special Government employee.

None ☐

**Report for you, your spouse, and dependent children**, gifts, or travel reimbursements you have received from one source totaling \$250 or more. **Exclude** anything valued at \$100 or less; anything received by your spouse or dependent child totally independent of their relationship to you; anything from a relative or from the U.S. Government; anything given to your agency in connection with your official travel; and food, lodging, or entertainment received as personal hospitality at the donor's residence or premises.

Source	Description (For travel-related items, include itinerary and date)	Date
Example Dec. Jones & Smith, Hometown, USA	Leather briefcase as a departing gift	12/95
1		
2		
3		
4		

DOCID: 3113783

Occupational Health, Environmental, &  
Safety Services  
Confined Space Program Manager  
OPS 1  
Suite 6404

IDENTIFY HAZARDS ASSOCIATED WITH ENTRY AND HOW THEY WILL BE CONTROLLED, (i.e., hazardous atmosphere-ventilation, etc.)

[illegible]

IDENTIFY ADDITIONAL PERMITS, SUCH AS BURN PERMITS, THAT HAVE BEEN ISSUED TO AUTHORIZE WORK IN THE PERMIT SPACE

FORM D7150A REV APR 2001 (Supersedes D7150A NOV 2000 which is obsolete)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**CONSENT AND AGREEMENT TO HIV TESTING**

PRIVACY ACT STATEMENT: Auth: 5 USC Sec. 7901, P.L. 86-36, GNSA06; Authority for Requesting SSN: E.O. 9397; Purpose for which info to be used (Principally) To document the individual's informed consent and to test the individual's blood for the HIV antibody. Test results will be used in the assessment of an employee's eligibility for certain overseas assignments or a dependent's eligibility for government sponsored travel. (Routinely) NSA's Blanket Routine Uses, found at 50 Fed. Reg. 22,584 (1985) apply. Information will be disseminated to other Agencies involved in the determination of an employee's eligibility for certain overseas assignments or a dependent's eligibility for government sponsored travel. Discl of Info: Voluntary; Discl of SSN: Voluntary; Effect on individual if requested information not provided: If an employee refuses to submit to the test, processing for overseas assignment may be delayed or halted. If a dependent refuses to submit to the test, he/she may be denied government sponsored travel. A dependent's refusal to be tested may also adversely affect the employee's eligibility for an overseas assignment and delay processing. Your signature below \* indicates you have read and understand the above.

I. I acknowledge that I have received and read a pamphlet from CDC (*Centers for Disease Control*) explaining the HIV and the AIDS testing.

II. I understand the following facts about Human Immunodeficiency Virus (HIV) testing:

- A. My blood will be drawn and tested for signs of an infection by the Human Immunodeficiency Virus, the virus that causes AIDS;
- B. **A POSITIVE HIV TEST RESULT** means that I have been exposed to the HIV virus and can spread the virus to others by having sex, donating blood, or sharing needles;
- C. **A POSITIVE HIV TEST RESULT** does not mean that I have AIDS, other test(s) would be necessary to determine that fact; and
- D. **A NEGATIVE HIV TEST RESULT** means that I may not be infected but it can take 3 to 6 months or longer from the time of infection for the HIV antibody to test positive.

III. I further understand:

- A. **IF MY HIV TEST IS POSITIVE**, I will be informed of this fact by an Agency physician and be counseled on the appropriate course of action;
- B. **IF MY HIV TEST RESULT IS NEGATIVE**, I will not be informed, but that I can request to see the results by making a formal request to review my medical file, and
- C. My test results will be disclosed only in accordance with the Privacy Act Statement printed on this form.

IV. I acknowledge that I have read and understand the above and that I have had an opportunity to have my questions about AIDS and the HIV test answered by a medical professional.

V. I acknowledge that I freely consent to have my blood drawn for HIV testing.

NAME (Please Print)

SSN

\*SIGNATURE

DATE



WARNING: No government or private entity, or officer, employee, or agent of such entity, may disclose to any person, other than to those officers, employees, or agents of such entity necessary to satisfy a request made under this section, that such agency has received or satisfied a request made by an authorized investigative agency under this section. An entity receiving a request under this provision of law must make the requested information or records available within 30 days for inspection or copying as may be appropriate by the agency requesting the information (50 USC Section 436(b) and (c)).

## CONSENT FOR ACCESS TO RECORDS

PRIVACY ACT STATEMENT: Auth: Collection of info requested authorized under: 50 USC Section 436, Counterintelligence and Security Enhancement Act of 1994, and E.O. 12968, Access to Classified Information. Info will be used (Primarily) Pursuant to 50 USC Section 436 to obtain such financial records, other financial information, computer reports, and foreign travel information as may be necessary to conduct any authorized law enforcement and/or counterintelligence investigation or to determine your eligibility for access to classified info. (Routinely) May be provided to financial institutions, holding companies, consumer reporting agencies, other financial information, computer reports, and foreign travel records pertaining to you. It may also be provided to a congressional office in response to an inquiry made at your request; to the General Services Admin and the National Archives and Records Admin for records management purposes; and to any agency of the U.S. conducting an authorized law enforcement investigation, counterintelligence inquiry, or security determination where the requirements of 50 USC Section 436(a)(2)(B) are satisfied. Disc: Participation is voluntary; however, under EO 12968, failure to furnish the requested info will result in you not being eligible for new, or continued, access to classified information.

### PART I - AUTHORIZATION FOR RELEASE OF INFORMATION

(To be completed by the individual)

I authorize any investigative agency of the Executive Branch of the United States Government to request, pursuant to Section 1.2 (e), Executive Order (E.O.) 12968, Access to Classified Information, from any financial agency, financial institution, or holding company, or any consumer reporting, such financial records or other financial information, and consumer reports pertaining to me, as may be necessary in order to conduct any authorized law enforcement or counterintelligence investigation, or to determine my eligibility, or continued eligibility, for access to classified information. I hereby give the same authorization with respect to any records maintained by any commercial entity within the United States pertaining to travel by me outside the United States.

I understand that this release will not be used unless the required conditions stipulated in The Counterintelligence and Security Enhancement Act of 1994 (50 U.S.C. Section 436(a)(2)) and E.O. 12968 have been met and the certification attesting to that fact appearing below has been signed by an authorized United States Government official.

I direct each entity to which this request is presented to release the aforementioned records and information, pursuant to 50 U.S.C. Section 436, upon request of the authorized recipient as described above, regardless of any agreement or direction I may have previously made. I also understand that, under 50 U.S.C. Section 436(b), the fact that a request for records pertaining to me has been made will not be disclosed to me by any such entity regardless of any agreement or direction I may have made, or will make.

I have been advised the original of this authorization will be placed on file with the sponsoring Federal agency. This authorization expires three years after my current authorized access to classified information has terminated.

PRINTED NAME (Last, First, MI)	SSN
SIGNATURE	DATE OF BIRTH

### PART II - CERTIFICATION

(To be completed by the certifying official)

I have reviewed the facts of this case and certify:

- 1) The person to whom the signed authorization above applies is, or was, a government employee as defined by 50 USC 436 et. seq. who has been required by the President in Executive Order 12968 to provide the above consent as a condition of access to classified information. The definition of employee in that statute includes any person who received a salary or compensation of any kind from the United States Government, is a contractor of the United States Government or an employee thereof, is an unpaid consultant of the United States Government, or otherwise acts for or on behalf of the United States Government.
- 2) This request for information and/or records is being made pursuant to an authorized inquiry or investigation and is authorized under 50 USC Section 436(a)(2).
- 3) The employee, by his/her signature above, has previously agreed to make available the records of information requested by this certification.

PRINTED NAME OF CERTIFYING OFFICIAL	TITLE
SIGNATURE	DATE

### PART III - STATEMENT OF RECORDS REQUESTED

(To be completed by the investigative entity for each specific request)

THIS REQUEST IS DIRECTED TO:		COVERING THE PERIOD (From) (To)		FOR THE FOLLOWING RECORDS:
A. FROM FINANCIAL INSTITUTIONS:	1) Deposits, withdrawals, and account balances			3) Funds transfers to or from financial institutions outside the United States.
	2) Copies of checks and other negotiable instruments			4) Other, as specified:
B. FROM INVESTMENT INSTITUTIONS:	1) Purchases of stocks, bonds, or other securities with an aggregate value greater than \$ _____			2) Other, as specified:
	1) Credit records			3) Copies of correspondence relating to creditworthiness
C. FROM CREDIT REPORTING INSTITUTIONS:	2) The identities of financial institutions where the employee maintains accounts			4) Other, as specified:
	1) Records of trips to and/or from locations outside the United States			2) Other, as specified:
D. FROM HOLDERS OF TRAVEL RECORDS:				

**DOCID: 3113789**  
**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED

PAGE

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT

# CONTINUATION SHEET FOR QUESTIONNAIRES SF 86, SF 85P, AND SF 85

Standard Form 86A  
Revised September 1995  
U.S. Office of Personnel Management  
5 CFR Parts 731, 732, and 736

For use with the SF 86, Questionnaire for National Security Positions;  
SF 85P, Questionnaire for Public Trust Positions;  
and SF 85, Questionnaire for Non-Sensitive Positions

Form approved:  
O.M.B. No. 3206-0007  
NSN 7540-01-268-4828  
86-203

**INSTRUCTIONS:** Use this form to continue your answers to "Where You Have Lived", "Where You Went To School", and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

Your Name	Your Social Security Number
-----------	-----------------------------

## WHERE YOU HAVE LIVED (Continued)

Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ( )
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#2	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ( )
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#3	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ( )
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#4	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ( )
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#5	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ( )

## WHERE YOU WENT TO SCHOOL (Continued)

Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#1	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
				ZIP Code	Telephone Number ( )
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#2	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
				ZIP Code	Telephone Number ( )
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#3	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
				ZIP Code	Telephone Number ( )

# **EMPLOYMENT ACTIVITIES (Continued)**

Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Enter your Social Security Number before going to the next page 

## CONTRACT ACTION RECORD

DATE

☐

PROPOSAL

☐

SEC CLASS SPEC

NUMBER

SPONSOR (Element)

GENERAL IDENTIFICATION: (Project Name)

DD254 REVIEWED BY Q131:

PARAGRAPHS:

☐DELETE AND  
REPLACE WITH ATTACHED☐INSERT  
ATTACHED

FINAL ACTION:

☐APPROVED AS  
WRITTEN☐APPROVED W/CHANGES  
NOTED ABOVE☐COMPLETE AND RETURN  
ATTACHED MEMORANDUM☐NEEDS FACILITY  
CLEARANCE☐CONTACT Q131 FOR  
FURTHER INFORMATION (963-8877s)

COMPANY NAME:

FOR YOUR INFORMATION ONLY: (not to be included on the DD254)

☐

APPROVED SCIF

☐PENDING SCIF  
(SEND NO SCI MATERIAL)☐FACILITY CLEARANCE  
HELD BY COMPANY

REMARKS:

(b) (3) - P.L. 86-36

cc: SPONSOR  
CONTRACTING OFFICER

SIGNATURE

DOCID: 3113791

**CONTRACT ACTION RECORD (*Continuation*)**

NUMBER

SPONSOR

DATE

ADDITIONAL INFORMATION

**CONTRACT ADMINISTRATION RECORD***Keep this form on TOP of Side 4 of Basic Contract File!!***GENERAL INFORMATION**

This form is designed to assist you in performing oversight to all the needed contract administration functions for this contract. It needs to be updated and maintained as you perform oversight for the life of this contract. Place an "X" in the appropriate column indicating who will be performing the function. Any deviation from the recommended delegation must be explained in the Comments/Status column to include a reference to any appropriate documentation such as D&F's or the COR letter. If an item is not applicable to this contract, annotate the Comments/Status column with "N/A". The Comments/Status column must be updated as you, or those delegated, perform/complete the function. Page 5 is to be used for additional line items or if extra comments are required.

CO's NAME (Last) (First) (MI)	PHONE	CONTRACT NO.
PRIMARY COR's NAME (Last) (First) (MI)	PHONE	
DCMA REP's NAME (Last) (First) (MI)	PHONE	

FUNCTIONS THAT SHOULD BE DELEGATED	REF	CO	COR	DCMA	COMMENTS/STATUS
Review contractor's compensation structure	42.302(a)(1)				
Negotiate forward pricing rate agreements	42.302(a)(5)				
Establish final indirect cost rate and billing rates	42.302(a)(9)				
Determine adequacy of disclosure statements	42.302(a)(11)				
Determine if disclosure statements are in compliance	42.302(a)(11)				
Determine compliance with CAS and disclosure statements	42.302(a)(11)				
Negotiate price adjustments under the CAS	42.302(a)(11)				
Monitor the contractor's financial condition	42.302(a)(16)				
Process novation and change of name agreements	42.302(a)(25)				
Assist contractors regarding their priorities and allocations	42.302(a)(33)				
Monitor contractor industrial relations	42.302(a)(34)				
Monitor the contractor's value engineering program	42.302(a)(49)				
Review & approve the contractor's purchasing system	42.302(a)(50)				
Approve plant or division master subcontracting plan	42.302(a)(52)				
Obtain subcontracting plan for commercial items	42.302(a)(53)				
Assist CO in evaluating subcontracting plans	42.302(a)(54)				
Determine contractor has a drug-free workplace program	42.302(a)(86)				
Review and evaluate contractor estimating systems	242.302(a)(4)				
Review and evaluate material management and accounting systems	242.302(a)(4)				
Additional contract admin functions related to IR&D/B&P	42.302(a)(9)				

**CONTRACT ADMINISTRATION RECORD - (Continued)**

<b>FUNCTIONS THAT SHOULD BE DELEGATED ON CASE-BY-CASE AND/OR PARTIAL BASIS</b>	<b>REF</b>	<b>CO</b>	<b>COR</b>	<b>DCMA</b>	<b>COMMENTS/STATUS</b>
Review and evaluate contractors' proposals	42.302(a)(4)				
Negotiate advance agreements	42.302(a)(6)				
Perform property administration and plant clearance	42.302(a)(26)				
Perform screening, redistribution, disposal of contractor's inventory	42.302(a)(28)				
Evaluate the contractor's requests for facilities	42.302(a)(30)				
Ensure screening of facility items before acquisition	42.302(a)(30)				
Approve use of facility on a noninterference basis	42.302(a)(30)				
Ensure payment by the contractor of any rental due	42.302(a)(30)				
Ensure reporting of items no longer needed	42.302(a)(30)				
Perform surveillance of contract delivery schedules	42.302(a)(31)				
Review and evaluate preservation, packaging, and packing	42.302(a)(37)				
Ensure compliance with contractual safety requirements	42.302(a)(39)				
Ensure compliance with subcontracting plans	42.302(a)(55)				
Maintain surveillance of flight operations	42.302(a)(56)				
Cause release of shipments according to shipping instructions	42.302(a)(60)				
Obtain proposals for price adjustments for amended shipping	42.302(a)(61)				
Accomplish administrative closeout procedures	42.302(a)(65)				
Monitor compliance with requirements of environmental laws	42.302(a)(68)				
Negotiate contract mods for Duty-Free Entry Products	242.302(a)(19)				
Perform industrial readiness/modilization surveys	242.302(a)(33)				
Safety requirements on contracts for ammo and explosives	242.302(a)(39)				
Review earned value management system (EVMS) plans	242.302(a)(41)				



**CONTRACT ADMINISTRATION RECORD - (Continued)**

<b>FUNCTIONS THAT SHOULD NOT BE DELEGATED</b>	<b>REF</b>	<b>CO</b>	<b>COR</b>	<b>DCMA</b>	<b>COMMENTS/STATUS</b>
Review the contractor's insurance plans	42.302(a)(2)				
Conduct post-award orientation conferences	42.302(a)(3)				
Determine allowability of costs suspended or disapproved	42.302(a)(7)				
Issue Notices of Intent to Disallow or Not Recognize Costs	42.302(a)(8)				
Prepare findings of fact/issue decisions under Disputes clause	42.302(a)(10)				
Approve or disapprove progress payments	42.302(a)(12)				
Make payments on assigned contracts	42.302(a)(13)				
Manage special bank accounts	42.302(a)(14)				
Ensure timely notification of anticipated overrun or underrun	42.302(a)(15)				
Analyze quarterly limitation on payments	42.302(a)(17)				
Issue tax exemption certificates	42.302(a)(18)				
Ensure processing and execution of duty-free certificates	42.302(a)(19)				
Administer portions of applicable industrial security program	42.302(a)(20)				
Issue work requests under maintenance contracts	42.302(a)(21)				
Negotiate prices for spare parts selected by provisioning	42.302(a)(22)				
Negotiate and execute contract termination for convenience	42.302(a)(23)				
Negotiate cancellation charges under multiyear contracts	42.302(a)(24)				
Approve acquisition or fabrication of special test equipment	42.302(a)(27)				
Issue mods for contractor to provide packing on excess GP	42.302(a)(29)				
Perform pre-award surveys	42.302(a)(32)				
Perform traffic management services	42.302(a)(35)				
Review the adequacy of the contractor's traffic operations	42.302(a)(36)				
Ensure compliance with quality assurance requirements	42.302(a)(38)				
Perform engineering surveillance	42.302(a)(40)				
Perform surveillance of management systems	42.302(a)(41)				
Review technical adequacy of contractor's logistics support	42.302(a)(42)				
Report any inadequacies noted in specifications	42.302(a)(43)				
Perform engineering analyses of contractor cost proposals	42.302(a)(44)				

**CONTRACT ADMINISTRATION RECORD - (Continued)**

<b>FUNCTIONS THAT SHOULD NOT BE DELEGATED (continued)</b>	<b>REF</b>	<b>CO</b>	<b>COR</b>	<b>DCMA</b>	<b>COMMENTS/STATUS</b>
Review and analyze proposed engineering and design studies	42.302(a)(45)				
Review engineering change proposals	42.302(a)(46)				
Assist in evaluating requests for waivers and deviations	42.302(a)(47)				
Evaluate compliance for restrictive markings on data	42.302(a)(48)				
Consent to the placement of subcontracts	42.302(a)(51)				
Assign and perform supporting contract administration	42.302(a)(57)				
Ensure timely submission of required reports	42.302(a)(58)				
Issue administrative changes	42.302(a)(59)				
Negotiate and/or execute supplemental agreements	42.302(a)(62)				
Cancel unilateral PO when notified of nonacceptance	42.302(a)(63)				
Negotiate supplemental agreements for the extension of contract	42.302(a)(64)				
Support the program office regarding program reviews	42.302(a)(67)				
Administer commercial financing provisions	42.302(a)(69)				
Negotiate change orders issued under the Changes clause	42.302(b)(1)				
Negotiate prices unpriced orders issued by the contracting officer	42.302(b)(2)				
Negotiate supplemental agreements changing delivery schedules	42.302(b)(2)				
Negotiate supplemental agreements for deobligation of funds	42.302(b)(3)				
Issue amended shipping instructions	42.302(b)(4)				
Negotiate changes to interim billing prices	42.302(b)(5)				
Negotiate adjustments to prices for economic price adjustment	42.302(b)(6)				
Issue change orders for ship construction and repair	42.302(b)(7)				
Execute mods on FFP contracts to reduce line item quantities	42.302(b)(8)				
Execute a change in place of inspection at origin in FFP contracts	42.302(b)(9)				
Fulfill responsibilities for receipt of audit report with deficiencies	42.302(b)(10)				
Monitor contractor costs	242.302(a)(7)				
Negotiate price change for Duty-Free Entry products	242.302(a)(19)				
Support the program office regarding program reviews	42.302(a)(67)				
Execute orders under basic ordering agreements	242.302(b)(S-70)				

**CONTRACT ADMINISTRATION RECORD - (Continued)**[illegible]

## CONTRACT DATA REQUIREMENTS LIST

Form Approved

OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 440 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government issuing Contracting Officer for the Contract / PR No. listed in Block E.

A. CONTRACT LINE ITEM NO. B. EXHIBIT C. CATEGORY:  
TDP \_\_\_\_\_ TM \_\_\_\_\_ OTHER \_\_\_\_\_

D. SYSTEM / ITEM E. CONTRACT / PR NO. F. CONTRACTOR

1. DATA ITEM NO. 2. TITLE OF DATA ITEM 3. SUBTITLE

4. AUTHORITY (Data Acquisition Document No.) 5. CONTRACT REFERENCE 6. REQUIRING OFFICE

7. DD 250 REQ 9. DIST STATEMENT REQUIRED 10. FREQUENCY 12. DATE OF FIRST SUBMISSION 14. DISTRIBUTION

8. APP CODE 11. AS OF DATE 13. DATE OF SUBSEQUENT SUBMISSION a. ADDRESSEE b. COPIES

16. REMARKS Draft Reg Repro

15. TOTAL →

1. DATA ITEM NO. 2. TITLE OF DATA ITEM 3. SUBTITLE

4. AUTHORITY 5. CONTRACT REFERENCE 6. REQUIRING OFFICE

7. DD 250 REQ 9. DIST STATEMENT REQUIRED 10. FREQUENCY 12. DATE OF 1st SUBMISSION 14. DISTRIBUTION

8. APP CODE 11. AS OF DATE 13. DATE OF SUBSEQUENT SUBMISSION a. ADDRESSEE b. COPIES

16. REMARKS Draft Reg Repro

15. TOTAL →

1. DATA ITEM NO. 2. TITLE OF DATA ITEM 3. SUBTITLE

4. AUTHORITY 5. CONTRACT REFERENCE 6. REQUIRING OFFICE

7. DD 250 REQ 9. DIST STATEMENT REQUIRED 10. FREQUENCY 12. DATE OF 1st SUBMISSION 14. DISTRIBUTION

8. APP CODE 11. AS OF DATE 13. DATE OF SUBSEQUENT SUBMISSION a. ADDRESSEE b. COPIES

16. REMARKS Draft Reg Repro

15. TOTAL →

1. DATA ITEM NO. 2. TITLE OF DATA ITEM 3. SUBTITLE

4. AUTHORITY 5. CONTRACT REFERENCE 6. REQUIRING OFFICE

7. DD 250 REQ 9. DIST STATEMENT REQUIRED 10. FREQUENCY 12. DATE OF 1st SUBMISSION 14. DISTRIBUTION

8. APP CODE 11. AS OF DATE 13. DATE OF SUBSEQUENT SUBMISSION a. ADDRESSEE b. COPIES

16. REMARKS Draft Reg Repro

15. TOTAL →

G. PREPARED BY H. DATE I. APPROVED BY J. DATE

17. PRICE GROUP

18. ESTIMATED  
TOTAL PRICE

17. PRICE GROUP

18. ESTIMATED  
TOTAL PRICE

17. PRICE GROUP

18. ESTIMATED  
TOTAL PRICE

17. PRICE GROUP

18. ESTIMATED  
TOTAL PRICE

**DOCID: 3113794 INSTRUCTIONS FOR COMPLETING DD FORM 1423**  
**(See DoD 5010.12-M for detailed instructions)**

**FOR GOVERNMENT PERSONNEL**

- Item A.** Self-explanatory.
- Item B.** Self-explanatory.
- Item C.** Mark (X) appropriate category: TDP - Technical Data Package; TM - Technical Manual; Other - other category of data, such as "Provisioning," "Configuration Management", etc.
- Item D.** Enter name of system/item being acquired that data will support.
- Item E.** Self-explanatory (to be filled in after contract award).
- Item F.** Self-explanatory (to be filled in after contract award).
- Item G.** Signature of preparer of CDRL.
- Item H.** Date CDRL was prepared.
- Item I.** Signature of CDRL approval authority.
- Item J.** Date CDRL was approved.
- Item 1.** See DoD FAR Supplemental Subpart 4.71 for proper numbering.
- Item 2.** Enter title as it appears on data acquisition document cited in Item 4.
- Item 3.** Enter subtitle of data item for further definition of data item (optional entry).
- Item 4.** Enter Data Item Description (DID) number, military specification number, or military standard number listed in DoD 5010.12L (AMSDL), or one-time DID number, that defines data content and format requirements.
- Item 5.** Enter reference to tasking in contract that generates requirement for the data item (e.g., Statement of Work paragraph number).
- Item 6.** Enter technical office responsible for ensuring adequacy of the data item.
- Item 7.** Specify requirement for inspection/acceptance of the data item by the Government.
- Item 8.** Specify requirements for approval of a draft before preparation of the final data item.
- Item 9.** For technical data, specify requirement for contractor to mark the appropriate distribution statement on the data (ref. DoDD 5230.24).
- Item 10.** Specify number of items data items are to be delivered.
- Item 11.** Specify as-of date of data item, when applicable.
- Item 12.** Specify when first submittal is required.
- Item 13.** Specify when subsequent submittals are required, when applicable.
- Item 14.** Enter addresses and number of draft/final copies to be delivered to each addressee. Explain reproducible copies in Item 18.
- Item 15.** Enter total number of draft/ final copies to be delivered.
- Item 16.** Use of additional/clarifying information for Items 1 through 15. Examples are: Tailoring of documents cited in Item 4; Clarification of submittal dates in Items 12 and 13; Explanation of reproducible copies in Item 14.; Desired medium for delivery of the data item.

**FOR THE CONTRACTOR**

**Item 17.** Specify appropriate price group from one of the following groups of effort in developing estimated prices for each data item listed on the DD Form 1423.

a. Group I. Definition - Data which is not otherwise essential to the contractor's performance of the primary contracted effort (production, development, testing, and administration) but which is required by DD Form 1423.

Estimated Price - costs to be included under Group I are those applicable to preparing and assembling the data item in conformance with Government requirements, and the administration and other expenses related to reproducing and delivering such data items to the Government.

b. Group II. Definition - Data which is essential to the performance of the primary contracted effort but the contractor is required to perform additional work to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, or quality of the data item.

Estimated Price - Costs to be included under Group II are those incurred over and above the cost of the essential data item without conforming to Government requirements, and the administrative and other expenses related to reproducing and delivering such data item to the Government.

c. Group III. Definition - Data which the contractor must develop for his internal use in performance of the primary contracted effort and does not require any substantial change to conform to Government requirements with regard to depth of content, format, frequency of submittal, preparation, control, and quality of the data item.

Estimated Price - Costs to be included under Group III are the administrative and other expenses related to reproducing and delivering such data item to the Government.

d. Group IV. Definition - Data which is developed by the contractor as part of his normal operating procedures and his effort in supplying these data to the Government is minimal.

Estimated Price - Group IV items should normally be shown on the DD Form 1423 at no cost.

**Item 18.** For each data item, enter an amount equal to that portion of the total price which is estimated to be attributable to the production or development for the Government of that item of data. These estimated data prices shall be developed only from those costs which will be incurred as a direct result of the requirement to supply the data, over and above those costs which would otherwise be incurred in performance of the contract if no data were required. The estimated data prices shall not include any amount for rights in data. The Government's right to use the data shall be governed by the pertinent provisions of the contract.

## CONTRACT DISTRIBUTION CHECKLIST

RFP NUMBER

CONTRACT NUMBER

	RE- QUIRED	COPIES		INITIAL	MOD	MOD	MOD	MOD	MOD	MOD	MOD	MOD
INTERNAL	X	1	DF22 FINANCE									
	X	1	SADBU (sat-asides only) (8(a) contracts)									
	X	1	CONTRACT FILE									
		1	S72 (Receiving Non-Electronic contract only)									
		1	S723 (Transportation Office GBL)									
		1	DCSC PAR/FEEDER REPORT									
		1	S412 (DD 254 only)									
		1	Y131 (As indicated on DD 254 - COMSEC ONLY) (DD 254 only)									
		1	J721 (DD 1423 with final prices attached)									
		1	J732 (Commercial purchase ADPE)									
		1	DF13 (if EVM data is required)									
	X	1	EACH COR w/LETTER									
EXTERNAL	X	1	CONTRACTOR									
		attached	MIPR ADDRESSES									
		2	DCMC ADMINISTRATION (address required)									
		1	DEFENSE INVESTIGATIVE SERVICE (DD 254 ONLY)									
		1	DEFENSE COURIER SERVICE (DD 254 ONLY)									
		1	DCAA (address required)									
			OTHER (Specify)									
CUSTOMER			ORIGINATOR OF THE PR									
			PREPARER OF THE PR									
			OTHER (Specify)									
DISTRIBUTION COMPLETED BY (initial and date)												

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

DO NOT CONTRACT 2086

CONTRACT NUMBER	NEGOTIATOR	CONTRACTING OFFICER
CONTRACTOR		CONTRACT TYPE
PROGRAM	PROGRAM OFFICE	PROGRAM MANAGER
BUSINESS MANAGER		PHONE NUMBER

[illegible]

<b>DEPARTMENT OF DEFENSE</b> <b>CONTRACT SECURITY CLASSIFICATION SPECIFICATION</b> <i>(The requirements of the DoD Industrial Security Manual apply to all security aspects of this effort.)</i>				<b>1. CLEARANCE AND SAFEGUARDING</b> a. FACILITY CLEARANCE REQUIRED  b. LEVEL OF SAFEGUARDING REQUIRED																																																																																					
<b>2. THIS SPECIFICATION IS FOR:</b> <i>(x and complete as applicable)</i>				<b>3. THIS SPECIFICATION IS :</b> <i>(x and complete as applicable)</i>																																																																																					
a. PRIME CONTRACT NUMBER		a. ORIGINAL <i>(Complete date in all cases)</i>		DATE (YYYYMMDD)																																																																																					
b. SUBCONTRACT NUMBER		b. REVISED <i>(Supersedes all previous specs)</i>		Revision No.	DATE (YYYYMMDD)																																																																																				
c. SOLICITATION OR OTHER NUMBER		Due Date (YYYYMMDD)		c. FINAL <i>(Complete Item 5 in all cases)</i>																																																																																					
<b>4. IS THIS A FOLLOW-ON CONTRACT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, complete the following: Classified material received or generated under _____ <i>(Preceding Contract Number)</i> is transferred to this follow-on contract.																																																																																									
<b>5. IS THIS A FINAL DD FORM 254?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, complete the following: In response to the contractor's request date _____, retention of the identified classified material is authorized for the period of _____.																																																																																									
<b>6. CONTRACTOR</b> <i>(Include Commercial and Government Entity (CAGE) Code)</i>																																																																																									
a. NAME, ADDRESS, AND ZIP CODE		b. CAGE CODE		c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>																																																																																					
a. NAME, ADDRESS, AND ZIP CODE		b. CAGE CODE		c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>																																																																																					
a. LOCATION		b. CAGE CODE		c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>																																																																																					
<b>8. ACTUAL PERFORMANCE</b>																																																																																									
<b>9. GENERAL IDENTIFICATION OF THIS PROCUREMENT</b>																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">10. THIS CONTRACT WILL REQUIRE ACCESS TO:</th> <th style="width: 5%;">YES</th> <th style="width: 5%;">NO</th> <th style="width: 35%;">11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:</th> <th style="width: 5%;">YES</th> <th style="width: 5%;">NO</th> </tr> <tr> <td>a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION</td> <td></td> <td></td> <td>a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY</td> <td></td> <td></td> </tr> <tr> <td>b. RESTRICTED DATA</td> <td></td> <td></td> <td>b. RECEIVE CLASSIFIED DOCUMENTS ONLY</td> <td></td> <td></td> </tr> <tr> <td>c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION</td> <td></td> <td></td> <td>c. RECEIVE AND GENERATE CLASSIFIED MATERIAL</td> <td></td> <td></td> </tr> <tr> <td>d. FORMERLY RESTRICTED DATA</td> <td></td> <td></td> <td>d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE</td> <td></td> <td></td> </tr> <tr> <td>e. INTELLIGENCE INFORMATION:</td> <td></td> <td></td> <td>e. PERFORM SERVICES ONLY</td> <td></td> <td></td> </tr> <tr> <td>(1) Sensitive Compartmented Information (SCI)</td> <td></td> <td></td> <td>f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES</td> <td></td> <td></td> </tr> <tr> <td>(2) Non-SCI</td> <td></td> <td></td> <td>g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER</td> <td></td> <td></td> </tr> <tr> <td>f. SPECIAL ACCESS INFORMATION</td> <td></td> <td></td> <td>h. REQUIRE A COMSEC ACCOUNT</td> <td></td> <td></td> </tr> <tr> <td>g. NATO INFORMATION</td> <td></td> <td></td> <td>i. HAVE TEMPEST REQUIREMENTS</td> <td></td> <td></td> </tr> <tr> <td>h. FOREIGN GOVERNMENT INFORMATION</td> <td></td> <td></td> <td>j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS</td> <td></td> <td></td> </tr> <tr> <td>i. LIMITED DISSEMINATION INFORMATION</td> <td></td> <td></td> <td>k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE</td> <td></td> <td></td> </tr> <tr> <td>j. FOR OFFICIAL USE ONLY INFORMATION</td> <td></td> <td></td> <td>l. OTHER <i>(Specify)</i></td> <td></td> <td></td> </tr> <tr> <td>k. OTHER <i>(Specify)</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. THIS CONTRACT WILL REQUIRE ACCESS TO:	YES	NO	11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:	YES	NO	a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION			a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY			b. RESTRICTED DATA			b. RECEIVE CLASSIFIED DOCUMENTS ONLY			c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION			c. RECEIVE AND GENERATE CLASSIFIED MATERIAL			d. FORMERLY RESTRICTED DATA			d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE			e. INTELLIGENCE INFORMATION:			e. PERFORM SERVICES ONLY			(1) Sensitive Compartmented Information (SCI)			f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES			(2) Non-SCI			g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER			f. SPECIAL ACCESS INFORMATION			h. REQUIRE A COMSEC ACCOUNT			g. NATO INFORMATION			i. HAVE TEMPEST REQUIREMENTS			h. FOREIGN GOVERNMENT INFORMATION			j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS			i. LIMITED DISSEMINATION INFORMATION			k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE			j. FOR OFFICIAL USE ONLY INFORMATION			l. OTHER <i>(Specify)</i>			k. OTHER <i>(Specify)</i>					
10. THIS CONTRACT WILL REQUIRE ACCESS TO:	YES	NO	11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:	YES	NO																																																																																				
a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION			a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY																																																																																						
b. RESTRICTED DATA			b. RECEIVE CLASSIFIED DOCUMENTS ONLY																																																																																						
c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION			c. RECEIVE AND GENERATE CLASSIFIED MATERIAL																																																																																						
d. FORMERLY RESTRICTED DATA			d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE																																																																																						
e. INTELLIGENCE INFORMATION:			e. PERFORM SERVICES ONLY																																																																																						
(1) Sensitive Compartmented Information (SCI)			f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES																																																																																						
(2) Non-SCI			g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER																																																																																						
f. SPECIAL ACCESS INFORMATION			h. REQUIRE A COMSEC ACCOUNT																																																																																						
g. NATO INFORMATION			i. HAVE TEMPEST REQUIREMENTS																																																																																						
h. FOREIGN GOVERNMENT INFORMATION			j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS																																																																																						
i. LIMITED DISSEMINATION INFORMATION			k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE																																																																																						
j. FOR OFFICIAL USE ONLY INFORMATION			l. OTHER <i>(Specify)</i>																																																																																						
k. OTHER <i>(Specify)</i>																																																																																									



12. **PUBLIC RELEASE.** Any information (classified or unclassified) pertaining to this contract shall not be released for public dissemination except as provided by the Industrial Security Manual or unless it has been approved for public release by appropriate U.S. Government authority. Proposed public releases shall be submitted for approval prior to release

☐ Direct

☐ Through (Specify)

to the Directorate for Freedom of Information and Security Review, Office of the Assistant Secretary of Defense (Public Affairs)\* for review.  
 \* In the case of non-DoD User Agencies, requests for disclosure shall be submitted to that agency.

13. **SECURITY GUIDANCE.** The security classification guidance needed for this classified effort is identified below. If any difficulty is encountered in applying this guidance or if any other contributing factor indicates a need for changes in this guidance, the contractor is authorized and encouraged to provide recommended changes; to challenge the guidance or the classification assigned to any information or material furnished or generated under this contract; and to submit any questions for interpretation of this guidance to the official identified below. Pending final decision, the information involved shall be handled and protected at the highest level of classification assigned or recommended. (Fill in as appropriate for the classified effort. Attach, or forward under separate correspondence, any documents/guides/extracts referenced herein. Add additional pages as needed to provide complete guidance.)

## CLASSIFIED AIS PROCESSING WILL BE INVOLVED?

☐ YES

☐ NO

## ANNUAL REVIEW OF THIS FORM REQUIRED (If "YES", provide date such review is due)

☐ NO

☐ YES (date) \_\_\_\_\_

TYPED NAME, TITLE AND SIGNATURE OF PROGRAM/PROJECT MANAGER/COR OR OTHER DESIGNATED OFFICIAL

ACTIVITY NAME ADDRESS, ZIP CODE, TELEPHONE NUMBER AND OFFICE SYMBOL

ONLY AUTHORIZED NSA CONTRACTING OFFICERS MAY SERVE AS CERTIFYING OFFICIALS FOR NSA SCI CONTRACTS AND SUBCONTRACTS.

14. **ADDITIONAL SECURITY REQUIREMENTS.** Requirements, in addition to ISM requirements, are established for this contract. (If Yes, identify the pertinent contractual clauses in the contract document itself, or provide an appropriate statement which identifies the additional requirements. Provide a copy of the requirements to the cognizant security office. Use Item 13 if additional space is needed.)

☐ YES

☐ NO

15. **INSPECTIONS.** Elements of this contract are outside the inspection responsibility of the cognizant security office. (If Yes, explain and identify specific areas or elements carved out and the activity responsible for inspections. Use item 13 if additional space is needed.)

☐ YES

☐ NO

16. **CERTIFICATION AND SIGNATURE.** Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified effort. All questions shall be referred to the official named below.

a. TYPED NAME OF CERTIFYING OFFICIAL

b. TITLE

c. TELEPHONE (Include Area Code)

d. ADDRESS (Include Zip Code)

## 17. REQUIRED DISTRIBUTION

e. SIGNATURE

☐ a. CONTRACTOR

☐ b. SUBCONTRACTOR

☐ c. COGNIZANT SECURITY OFFICE FOR PRIME AND SUBCONTRACTOR

☐ d. U.S. ACTIVITY RESPONSIBLE FOR OVERSEAS SECURITY ADMINISTRATION

☐ e. ADMINISTRATIVE CONTRACTING OFFICER

☐ f. OTHERS AS NECESSARY S414

**CONTRACTOR EMPLOYEE ADVISORY HANDOUT**

PRIVACY ACT STATEMENT: Disclosure of SSN is Mandatory. Use of the SSN is authorized by E.O. 9397. System of records was created prior to 1 Jan 75; therefore exempted from refusal provision. SSN will be used to verify the identity of individual on this and other actions related to this subject. Your signature below \* indicates you have read and understand the above.

1. You have been nominated as a candidate for possible assignment to a classified NSA contract which requires authorization for access to Sensitive Compartmented Information (SCI). Processing for access to SCI consists of a background investigation, a National Agency Check, and a security interview with the aid of a polygraph to determine if you meet the standards set forth in the Personnel Security Requirements furnished your company.

2. You will be required to execute an NSA Security Agreement which obligates you regarding matters concerning nondisclosure of sensitive information and prepublication review. By virtue of access to SCI, travel restrictions may be imposed on you for travel to certain countries. There are also certain restrictions on association with foreign nationals.

3. After approval for initial access, your continued eligibility for access to SCI information will be periodically reassessed. This reassessment usually takes place at five year intervals and includes a reinvestigation. Additionally, you are subject to an aperiodic interview with the aid of the polygraph to be conducted at any time after initial clearance. These examinations will be limited to counterintelligence-type questions. Failure to consent to an aperiodic polygraph examination or any aspect of the reinvestigation process will result in administrative debriefing from SCI from which there is no appeal.

4. Where a determination is made that you do not meet the criteria for access to the SCI information, you will not, solely for that reason, be considered ineligible for access to other classified information and assignment to another Government contract. Should you be denied or revoked, the reasons for the denial will be provided to you and you will have an opportunity to appeal.

5. Information that you provide during processing will be protected in accordance with the provisions of the Privacy Act of 1974. The information may be furnished to properly authorized officials of the Department of Defense or of other Federal agencies or other appropriate entities charged with investigations, evaluations and adjudications related to security determinations or with responsibilities for inspections or litigation. Also the information, including information on possible or actual violations of criminal laws, may be disseminated as appropriate to Federal, State and Local authorities with law enforcement responsibilities.

6. The security processing for this contract is voluntary. Should you desire to be considered, sign below.

PRINTED NAME	SOCIAL SECURITY NUMBER
*SIGNATURE	DATE

## CONTRACTOR INFORMATION REPORT

CONTRACT NUMBER	REPORT DATE
CONTRACT TYPE	AWARD DATE

## GOVERNMENT CONTRACTING ACTIVITY

NAME
ADDRESS

CONTRACTOR CAGE CODE	DUNS NUMBER
NAME	DIVISION
ADDRESS	CITY / STATE / ZIP CODE
PLACE OF PERFORMANCE	

CLOSED CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ORIGINAL CONTRACT VALUE \$	CURRENT OR COMPLETED CONTRACT VALUE \$
PERIOD OF PERFORMANCE (From)		(To)

COMPETITIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SET-ASIDE FOR SMALL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	8(a) AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOLLOWON? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROGRAM TITLE			

BRIEF CONTRACT EFFORT DESCRIPTION (Include present stage of acquisition, i.e., development, production, etc.). IF THE RELEVANCE OF THIS EFFORT TO THE SUBJECT PROCUREMENT IS NOT READILY APPARENT, PROVIDE ADDITIONAL SUBSTANTIATION.

POINTS OF CONTACT	NAME	TELEPHONE NO.	OFFICE SYMBOL
PCO			
GOVT. PROG. MGR.			
ACO			
GOVT. Q.A. REP.			
PREAWARD MONITOR			

DOCID: 2113854  
**CONTRACTOR PERFORMANCE  
EVALUATION ASSESSMENT  
(Cost Reimbursement Contracts)**

**NOTE:** In the event of a response requiring an explanation or comment, state a brief description of the issue, the date it arose, when the contractor was notified and the resolution of the issue. Include the dollar value of the action, if applicable. Narrative should be provided in each assessment area if applicable; however, it is required for areas where noncompliance is noted.

**PART I - GENERAL INFORMATION**

1. CONTRACTOR NAME AND ADDRESS (If contract address is not the place of performance, include the address for POP).		2. CONTRACT NUMBER	3. TYPE (If Award Fee or Incentive, the Award fee ratings and Incentives missed/earned should be utilized wherever possible in providing the following information.) (List Cost (no fee), Cost-Plus-Award-Fee (CPAF) or Cost-Plus-Incentive-Fee (CPIF). Also indicate whether contract is term or completion.)
4. PERIOD OF PERFORMANCE (Date of award to final delivery, i.e., 6/24/1993 to 9/30/1993)		5. PERIOD BEING EVALUATED (Dates from and to the period being evaluated, i.e., 10/1/1992 to 9/30/1993).	6. CURRENT DOLLAR VALUE
7. <input type="checkbox"/> INTERIM REPORT <input type="checkbox"/> FINAL REPORT	8. <input type="checkbox"/> SOLE SOURCE <input type="checkbox"/> COMPETITIVE	9. 8a AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. CONTRACTING OFFICER'S REPRESENTATIVE (Name)		(Phone Number)	
11. BRIEF DESCRIPTION OF SUPPLIES / SERVICES		12. BUSINESS SECTOR (See MPOAS policy on Past Performance for description) <input type="checkbox"/> SYSTEMS <input type="checkbox"/> INFORMATION TECHNOLOGY <input type="checkbox"/> CONSTRUCTION & ARCHITECT ENGINEERING <input type="checkbox"/> FUELS <input type="checkbox"/> SERVICES <input type="checkbox"/> OPERATIONS SUPPORT <input type="checkbox"/> SCIENCE & TECHNOLOGY <input type="checkbox"/> HEALTH CARE	
13. CONTRACTOR CAGE CODE		14. DUNS NUMBER (or DUNS Number +4)	
15. CONTRACTOR POC AND PHONE NUMBER		16. FSC CODE	17. STANDARD INDUSTRY CLASS CODE
18. KEY SUBCONTRACTORS (including a brief description of effort)			

**PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT**

**TECHNICAL (Quality of Product)** The following sub-elements shall be considered in evaluating this factor if "Systems" is checked in #12 above, otherwise, only if applicable: **Product Performance** (assess the achieved product performance relative to performance parameters required by the contract). **System Engineering** (assess the contractor's efforts to transform operational needs and requirements into an integrated system design solution). **Software Engineering** (assess the contractor's success in meeting the contract requirements for software development, modification, or maintenance). **Logistic Support/Sustainment** (assess the success of the contractor's performance in accomplishing logistics planning). **Product Assurance** (assess how successfully the contractor meets program quality objectives, e.g., producibility, reliability, maintainability, inspectability, testability, and system safety, and controls the overall manufacturing process). **Other Technical Performance** (assess the other technical activity critical to successful contract performance. Identify any additional assessment aspects that are unique to the contract).

1. COMPLIANCE WITH SPECIFICATIONS (i.e., compliance with all contract requirements including S.O.W.s, P.D.s, technical specifications, part numbers, staffing requirements, terms and conditions of the contract, etc.) (If contractor has not met one or more of the specifications, indicate which one(s) and indicate any action taken by the contractor to correct the deficiency or deficiencies).	NONCOMPLIANT (Comment) →	
	COMPLIANT	
2. COMPLIANCE WITH TECHNICAL DATA REQUIREMENTS	NONCOMPLIANT (Comment) →	
	COMPLIANT	
	N/A	
3. TIMELY RESPONSE TO SERVICE CALLS (Should be in accordance with the contract language for service calls. Otherwise, self-explanatory).	YES	
	NO (Explain) →	
	N/A	

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

OVERALL I WOULD RATE THIS CONTRACTOR FOR TECHNICAL (Quality of Product) (See Page 4 for explanations)

☐ EXCELLENT ☐ VERY GOOD ☐ SATISFACTORY ☐ MARGINAL ☐ UNSATISFACTORY

## PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT (continued)

COST	1. NOTIFICATION IN ACCORDANCE WITH THE LIMITATION OF FUNDS/ COST CLAUSE	YES	
		NO (Explain) →	
		N/A	
	2. DID THE CONTRACTOR EXPERIENCE A COST GROWTH/OVERRUN (If Contractor experiences an overrun the narrative should include info on dollar value of overrun, cause of overrun (rates, scope, etc.) and accuracy/timeliness of the submission. If the contract includes task orders, overruns on indiv orders should be addressed.)	YES (Explain) →	
		NO	
OVERALL I WOULD RATE THIS CONTRACTOR FOR COST (See Page 4 for explanations)			
<input type="checkbox"/> EXCELLENT <input type="checkbox"/> VERY GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> MARGINAL <input type="checkbox"/> UNSATISFACTORY			
SCHEDULE	1. DATA-DELIVERY ON TIME?	2. MATERIALS - DELIVERY ON TIME?	3. LEVEL-OF-EFFORT COMPLETED WITHIN TIME SET OUT IN THE CONTRACT OR ON THE INDIVIDUAL TASK ORDERS?
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
	4. IF "NO" ANSWERED TO ANY OF THE ABOVE:		B. Did the Government contribute to the delay?
	A. How long was the delay?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
C. What was the cause of the delay?			
OVERALL I WOULD RATE THIS CONTRACTOR FOR SCHEDULE (See Page 4 for explanations)			
<input type="checkbox"/> EXCELLENT <input type="checkbox"/> VERY GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> MARGINAL <input type="checkbox"/> UNSATISFACTORY			
PROGRAM MANAGEMENT	1. NOTIFICATION OF CHANGES (Timely notification in accordance with FAR 52.243-7, Notification of Changes). (If contractor did not notify the Government in time-frame specified in FAR 52.243-7 of Government conduct that the contractor regards as a change to the contract terms and conditions, indicate this by stating "NO". If the response to the initial question is "NO", state length of delay in the notification process. NOTE: FAR 52.243-7, Notification of Changes, is used primarily in negotiated research and development or supply contracts for the acquisition of major weapons systems or principal subsystems. It normally is not used when the contract amount is expected to be less than \$1,000,000.00 (See FAR 43.107)).	YES	
		NO (Explain) →	
		N/A	
	2. GOVERNMENT PROPERTY TRACKING PROBLEMS (State "YES" if there has been some indication during performances that the contractor is not keeping proper records or reporting government property losses, if there are unacceptable property losses or if there is any indication that there are deficiencies in the contractor's property control system.)	YES (Explain) →	
		NO	
		N/A	

## PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT (continued)

PROGRAM MANAGEMENT (continued)	3. SECURITY RQMTS. (Only applies if there is a DD Form 254) (If the contract does not list a DD Form 254, Contract Security Classification Specification, in Section C - Description/ Specification, check N/A. Otherwise, self-explanatory).	Any occurrence of a security violation?	YES (Explain) →	
			NO	
			N/A	
		Were cleared personnel provided in a timely manner?	YES	
			NO (Explain) →	
			N/A	
	4. CONTRACTOR FACILITIES (Indicate whether contractor has provided or has failed to provide the necessary facilities to perform the contract, i.e., failure to set up a production line in time to satisfy delivery schedule specified in the contract. If no facilities were proposed, check N/A).	ADEQUATE		
		INADEQUATE (Comment) →		
		N/A		
	5. KEY PERSONNEL (Indicate whether contractor has provided adequate personnel for performance of the contract and when required, has provided suitable and timely replacement of key personnel.	ADEQUATE		
INADEQUATE (Comment) →				
N/A				
OVERALL I WOULD RATE THIS CONTRACTOR FOR PROGRAM MANAGEMENT (See Page 4 for explanations)				
<input type="checkbox"/> EXCELLENT <input type="checkbox"/> VERY GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> MARGINAL <input type="checkbox"/> UNSATISFACTORY				
BUSINESS RELATIONS	1. INVOICES - PROPERLY SUBMITTED (If N4 has rejected invoices that were improperly prepared, or Defense Finance and Accounting Services (DFAS) or N1 personnel, upon review of progress payments, has found errors, i.e., lack of an ACR code break-out and/or loss ratio information required by FAR 32.503-6 (g), check "NO". Otherwise, self-explanatory).			
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
	2. RESPONSIVENESS FOR PROPOSAL REQUESTS (In the event that the Government requires a change proposal, indicate whether the contractor responds in the required time-frame).			
	Responsive Proposals?		Submitted on time?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
	3. SUBMISSION OF CLAIMS:			
A. Number Submitted		C. If "B" is greater than zero, explain		
B. Number Denied (Claims not incorporated or being incorporated into the contract)				
4. MET SUBCONTRACTING GOALS? (Only applicable if a subcontracting plan was submitted by the contractor. Information to complete this item can be obtained through periodic reports submitted by contractor, or by querying the cognizant DCMC component or the contractor).		5. COMPLIANCE WITH WAGE RATE DETERMINATION? (If contractor does not comply with the SF 88 Wage Rate determination, check "NO" and explain).		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain) <input type="checkbox"/> N/A		

BUSINESS RELATIONS (Continued)

6. CUSTOMER SATISFACTION (Has contractor demonstrated reasonable, cooperative behavior, attention to customer satisfaction and responsiveness to problem identification and resolution?)

☐ YES

☐ NO (Explain)

7. SUBCONTRACT MANAGEMENT (Has contractor made timely award and provided effective management of applicable subcontracts?)

☐ YES

☐ NO (Explain)

OVERALL I WOULD RATE THIS CONTRACTOR FOR BUSINESS RELATIONS (See Page 4 for explanations)

☐ EXCELLENT

☐ VERY GOOD

☐ SATISFACTORY

☐ MARGINAL

☐ UNSATISFACTORY

### PART III - RATING

#### EXCEPTIONAL

Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being evaluated was accomplished with few minor problems for which corrective actions were highly effective.

#### VERY GOOD

Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being evaluated was accomplished with some minor problems for which corrective action were effective.

#### SATISFACTORY

Performance meets contractual requirements. The contractual performance of the element or sub-element was accomplished with some minor problems for which corrective actions were satisfactory.

#### MARGINAL

Performance barely meets contractual requirements. The contractual performance of the element or sub-element being evaluated reflects a serious problem for which corrective actions have not yet been identified, appear only marginally effective or were not fully implemented.

#### UNSATISFACTORY

Performance did not meet some contractual requirement and recovery is not likely in a timely manner. The contractual performance of the element or sub-element being evaluated reflects serious problem(s) for which corrective actions were ineffective.

OVERALL I WOULD RATE THIS CONTRACTOR FOR THIS PERIOD

☐ EXCELLENT

☐ VERY GOOD

☐ SATISFACTORY

☐ MARGINAL

☐ UNSATISFACTORY

IF THIS IS A FINAL REPORT, I WOULD RATE THIS CONTRACTOR (The final past performance rating of a contract shall not be a cumulative report of contract performance but rather a snapshot of the last period of performance since the last period of performance since the last annual performance report - unless there is only one assessment done at the end of the contract period of performance).

☐ EXCELLENT

☐ VERY GOOD

☐ SATISFACTORY

☐ MARGINAL

☐ UNSATISFACTORY

PROVIDE A NARRATIVE SUMMARY THAT SUPPORTS THE RATING OF THIS CONTRACT. (Comment on any significant milestones which have been missed or exceeded. Elaborate on any aspect of performance which significantly impacted areas in this assessment. Include comments on each evaluation area (i.e., Program Management, Schedule, Cost, etc.)

CONTRACTING OFFICER (Typed Name)

(Signature)

DATE FORM ISSUED TO CONTRACTOR FOR COMMENTS

ACKNOWLEDGEMENT OF RECEIPT

TYPED NAME

TITLE

SIGNATURE (Acknowledges receipt **ONLY** and **NOT** concurrence)

DATE

CONTRACTOR COMMENTS (if any) (Use additional sheets if necessary)

☐ ADDITIONAL SHEETS ATTACHED



DOCTR 2113856  
**CONTRACTOR PERFORMANCE  
EVALUATION ASSESSMENT**  
(Fixed-Price Contracts)

**NOTE:** In the event of a response requiring an explanation or comment, state a brief description of the issue, the date it arose, when the contractor was notified and the resolution of the issue. Include the dollar value of the action, if applicable. Narrative should be provided in each assessment area if applicable; however, it is required for areas where noncompliance is noted.

**PART I - GENERAL INFORMATION**

1. CONTRACTOR NAME AND ADDRESS (If contract address is not the place of performance, include the address for POP).		2. CONTRACT NUMBER	3. TYPE (If Award Fee or Incentive, the Award fee ratings and incentives missed/earned should be utilized wherever possible in providing the following information.) (Time and Materials (T&M); Time and Materials, Awards Fee (T&M/AF); Fixed Price, Level-of-Effort (CPFF Term/LOE)	
4. PERIOD OF PERFORMANCE (Date of award to final delivery, i.e., 6/24/1993 to 9/30/1993)		5. PERIOD BEING EVALUATED (Dates from and to the period being evaluated, i.e., 10/1/1992 to 9/30/1993).		6. CURRENT DOLLAR VALUE
7. <input type="checkbox"/> INTERIM REPORT <input type="checkbox"/> FINAL REPORT	8. <input type="checkbox"/> SOLE SOURCE <input type="checkbox"/> COMPETITIVE	9. 8a AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. CONTRACTING OFFICER'S REPRESENTATIVE (Name)		(Phone Number)		
11. BRIEF DESCRIPTION OF SUPPLIES / SERVICES		12. BUSINESS SECTOR (See MPOAS policy on Past Performance for description) <input type="checkbox"/> SYSTEMS <input type="checkbox"/> INFORMATION TECHNOLOGY <input type="checkbox"/> CONSTRUCTION & ARCHITECT ENGINEERING <input type="checkbox"/> FUELS <input type="checkbox"/> SERVICES <input type="checkbox"/> OPERATIONS SUPPORT <input type="checkbox"/> SCIENCE & TECHNOLOGY <input type="checkbox"/> HEALTH CARE		
13. CONTRACTOR CAGE CODE		14. DUNS NUMBER (or DUNS Number +4)		
15. CONTRACTOR POC AND PHONE NUMBER		16. FSC CODE		17. STANDARD INDUSTRY CLASS CODE
18. KEY SUBCONTRACTORS (including a brief description of effort)				

**PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT**

**TECHNICAL (Quality of Product)** The following sub-elements shall be considered in evaluating this factor if "Systems" is checked in #12 above, otherwise, only if applicable: **Product Performance** (assess the achieved product performance relative to performance parameters required by the contract). **System Engineering** (assess the contractor's efforts to transform operational needs and requirements into an integrated system design solution). **Software Engineering** (assess the contractor's success in meeting the contract requirements for software development, modification, or maintenance). **Logistic Support/Sustainment** (assess the success of the contractor's performance in accomplishing logistics planning). **Product Assurance** (assess how successfully the contractor meets program quality objectives, e.g., producibility, reliability, maintainability, inspectability, testability, and system safety, and controls the overall manufacturing process). **Other Technical Performance** (assess the other technical activity critical to successful contract performance. Identify any additional assessment aspects that are unique to the contract).

1. WAIVERS/DEVIATIONS	A. QTY SUBMITTED	
	B. QTY ACCEPTED	
	"A" DOES NOT EQUAL "B" (Comment) →	
	N/A	
2. COMPLIANCE WITH SPECIFICATIONS (i.e., compliance with all contract requirements including S.O.W.s, P.D.s, technical specifications, part numbers, terms and conditions of the contract, etc.) (Indicate whether a warranty is included in contract and whether contractor complies with warranty. Explain any instance where contractor did not comply with warranty.)	NONCOMPLIANT (Comment) →	
	COMPLIANT	
3. COMPLIANCE WITH TECHNICAL DATA REQUIREMENTS	NONCOMPLIANT (Comment) →	
	COMPLIANT	
	N/A	

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

OVERALL I WOULD RATE THIS CONTRACTOR FOR TECHNICAL (Quality of Product) (See Page 4 for explanations)

☐ EXCELLENT ☐ VERY GOOD ☐ SATISFACTORY ☐ MARGINAL ☐ UNSATISFACTORY

## PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT (continued)

COST	1. FOR FPI ONLY (If Contractor experiences an overrun the narrative should include info on dollar value of overrun, cause of overrun (rate, scope, etc.) and accuracy/timeliness of the submission. If the contract includes task orders, overruns on indiv orders should be addressed.)		UNDERRUN TARGET					
			MEET TARGET					
			OVERRUN TARGET (Comment) →					
	OVERALL I WOULD RATE THIS CONTRACTOR FOR COST (See Page 4 for explanations)							
		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> UNSATISFACTORY		
SCHEDULE	1. DATA - DELIVERY ON TIME?		2. SUPPLIES - DELIVERY ON TIME?					
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
	3. IF "NO" ANSWERED TO ANY OF THE ABOVE: A. How long was the delay?				B. Did the Government contribute to the delay?			
					<input type="checkbox"/> YES (Explain) <input type="checkbox"/> NO <input type="checkbox"/> N/A			
		C. What was the cause of the delay?						
		OVERALL I WOULD RATE THIS CONTRACTOR FOR SCHEDULE (See Page 4 for explanations)						
		<input type="checkbox"/> EXCELLENT		<input type="checkbox"/> VERY GOOD		<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> UNSATISFACTORY
FIRST ARTICLE	1. WAS IT ON TIME?		2A. IF "NO" HOW LONG WAS THE DELAY?		2B. DID THE GOVERNMENT CONTRIBUTE TO THE DELAY?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				<input type="checkbox"/> YES (Explain) <input type="checkbox"/> NO <input type="checkbox"/> N/A			
	3. WHAT WAS THE CAUSE OF THE DELAY?							
PROGRAM MANAGEMENT	1. TIMELY RESPONSE TO SERVICE CALLS (Should be in accordance with contract language for service calls).		YES					
			NO (Explain) →					
			N/A					
	2. NOTIFICATION OF CHANGES (Timely notification in accordance with FAR 52.243-7, Notification of Changes). (If contractor did not notify the Government in time-frame specified in FAR 52.243-7 of Government conduct that the contractor regards as a change to the contract terms and conditions, indicate this by stating "NO". If the response to the initial question is "NO", state length of delay in the notification process. NOTE: FAR 52.243-7, Notification of Changes, is used primarily in negotiated research and development or supply contracts for the acquisition of major weapons systems or principal subsystems. It normally is not used when the contract amount is expected to be less than \$1,000,000.00 (See FAR 43.107)).		YES					
			NO (Explain) →					
			N/A					

## PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT (continued)

## PROGRAM MANAGEMENT (continued)

3. GOVERNMENT PROPERTY TRACKING PROBLEMS (State "YES", if there has been some indication during performances that the contractor is not keeping proper records or reporting government property losses, if there are unacceptable property losses or if there is any indication that there are deficiencies in the contractor's property control system.)		YES (Explain) →	
		NO	
		N/A	
4. SECURITY ROOMTS. (Only applies if there is a DD Form 254) (If the contract does not list a DD Form 254, Contract Security Classification Specification, in Section C - Description/ Specification, check N/A. Otherwise, self-explanatory).	Any occurrence of a security violation?	YES (Explain) →	
		NO	
		N/A	
	Were cleared personnel provided in a timely manner?	YES	
		NO (Explain) →	
	N/A		
5. CONTRACTOR FACILITIES (Indicate whether contractor has provided or has failed to provide the necessary facilities to perform the contract, i.e., failure to set up a production line in time to satisfy delivery schedule specified in the contract. If no facilities were proposed, check N/A).		ADEQUATE	
		INADEQUATE (Comment) →	
		N/A	
6. KEY PERSONNEL (Indicate whether contractor has provided adequate personnel for performance of the contract and when required, has provided suitable and timely replacement of key personnel).		ADEQUATE	
		INADEQUATE (Comment) →	
		N/A	

OVERALL I WOULD RATE THIS CONTRACTOR FOR PROGRAM MANAGEMENT (See Page 4 for explanations)

☐ EXCELLENT    ☐ VERY GOOD    ☐ SATISFACTORY    ☐ MARGINAL    ☐ UNSATISFACTORY

## BUSINESS RELATIONS

1. INVOICES - PROPERLY SUBMITTED (If N4 has rejected invoices that were improperly prepared, or Defense Finance and Accounting Services (DFAS) or N1 personnel, upon review of progress payments, has found errors, i.e., lack of an ACR code break-out and/or loss ratio information required by FAR 32.503-6 (g), check "NO". Otherwise, self-explanatory).

☐ YES    ☐ NO    ☐ N/A

2. RESPONSIVENESS FOR PROPOSAL REQUESTS (In the event that the Government requires a change proposal, indicate whether the contractor responds in the required time-frame).

Responsive Proposals?

☐ YES☐ NO☐ N/A

Submitted on time?

☐ YES☐ NO☐ N/A

## 3. SUBMISSION OF CLAIMS:

A. Number Submitted

C. If "B" is greater than zero, explain

B. Number Denied (Claims not incorporated or being incorporated into the contract)

**PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT (continued)**

BUSINESS RELATIONS (continued)

4. MET SUBCONTRACTING GOALS? (Only applicable if a subcontracting plan was submitted by the contractor. Information to complete this item can be obtained through periodic reports submitted by contractor, or by querying the cognizant DCMC component or the contractor).

☐ YES ☐ NO ☐ N/A

5. COMPLIANCE WITH WAGE RATE DETERMINATION? (If contractor does not comply with the SF 98 Wage Rate determination, check "NO" and explain).

☐ YES ☐ NO (Explain) ☐ N/A

6. CUSTOMER SATISFACTION (Has contractor demonstrated reasonable, cooperative behavior, attention to customer satisfaction and responsiveness to problem identification and resolution)?

☐ YES ☐ NO (Explain)

7. SUBCONTRACT MANAGEMENT (Has contractor made timely award and provided effective management of applicable subcontracts?)

☐ YES ☐ NO (Explain)

OVERALL I WOULD RATE THIS CONTRACTOR FOR BUSINESS RELATIONS (See Page 4 for explanations)

☐ EXCELLENT ☐ VERY GOOD ☐ SATISFACTORY ☐ MARGINAL ☐ UNSATISFACTORY

**PART III - RATING****EXCEPTIONAL**

Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being evaluated was accomplished with few minor problems for which corrective actions were highly effective.

**VERY GOOD**

Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being evaluated was accomplished with some minor problems for which corrective action were effective.

**SATISFACTORY**

Performance meets contractual requirements. The contractual performance of the element or sub-element was accomplished with some minor problems for which corrective actions were satisfactory.

**MARGINAL**

Performance barely meets contractual requirements. The contractual performance of the element or sub-element being evaluated reflects a serious problem for which corrective actions have not yet been identified, appear only marginally effective or were not fully implemented.

**UNSATISFACTORY**

Performance did not meet some contractual requirement and recovery is not likely in a timely manner. The contractual performance of the element or sub-element being evaluated reflects serious problem(s) for which corrective actions were ineffective.

OVERALL I WOULD RATE THIS CONTRACTOR FOR THIS PERIOD

☐ EXCELLENT ☐ VERY GOOD ☐ SATISFACTORY ☐ MARGINAL ☐ UNSATISFACTORY

IF THIS IS A FINAL REPORT, I WOULD RATE THIS CONTRACTOR (The final past performance rating of a contract shall not be a cumulative report of contract performance but rather a snapshot of the last period of performance since the last period of performance since the last annual performance report - unless there is only one assessment done at the end of the contract period of performance).

☐ EXCELLENT ☐ VERY GOOD ☐ SATISFACTORY ☐ MARGINAL ☐ UNSATISFACTORY

PROVIDE A NARRATIVE SUMMARY THAT SUPPORTS THE RATING OF THIS CONTRACT. (Comment on any significant milestones which have been missed or exceeded. Elaborate on any aspect of performance which significantly impacted areas in this assessment. Include comments on each evaluation area (i.e., Program Management, Schedule, Cost, etc.)

CONTRACTING OFFICER (Typed Name)

(Signature)

DATE FORM ISSUED TO CONTRACTOR FOR COMMENTS

DOCID: 3113856

ACKNOWLEDGEMENT OF RECEIPT

TYPED NAME

TITLE

SIGNATURE (Acknowledges receipt **ONLY** and **NOT** concurrence)

DATE

CONTRACTOR COMMENTS (if any) (Use additional sheets if necessary)

☐ ADDITIONAL SHEETS ATTACHED

DOCID: 3113858  
**CONTRACTOR PERFORMANCE  
EVALUATION ASSESSMENT**  
(Time and Material / Labor Hour Contracts)

**NOTE:** In the event of a response requiring an explanation or comment, state a brief description of the issue, the date it arose, when the contractor was notified and the resolution of the issue. Include the dollar value of the action, if applicable. Narrative should be provided in each assessment area if applicable; however, it is required for areas where noncompliance is noted.

**PART I - GENERAL INFORMATION**

1. CONTRACTOR NAME AND ADDRESS (If contract address is not the place of performance, include the address for POP).		2. CONTRACT NUMBER	3. TYPE (If Award Fee or Incentive, the Award fee ratings and Incentives missed/earned should be utilized wherever possible in providing the following information.) (Time and Materials (T&M); Time and Materials, Awards Fee (T&M/AF); Fixed Price, Level-of-Effort (CPFF Term/LOE)
4. PERIOD OF PERFORMANCE (Date of award to final delivery, i.e., 6/24/1993 to 9/30/1993)		5. PERIOD BEING EVALUATED (Dates from and to the period being evaluated, i.e., 10/1/1992 to 9/30/1993).	
7. <input type="checkbox"/> INTERIM REPORT <input type="checkbox"/> FINAL REPORT	8. <input type="checkbox"/> SOLE SOURCE <input type="checkbox"/> COMPETITIVE	9. 8a AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. CONTRACTING OFFICER'S REPRESENTATIVE (Name)		(Phone Number)	
11. BRIEF DESCRIPTION OF SUPPLIES / SERVICES		12. BUSINESS SECTOR (See MPOAS policy on Past Performance for description) <input type="checkbox"/> SYSTEMS <input type="checkbox"/> INFORMATION TECHNOLOGY <input type="checkbox"/> CONSTRUCTION & ARCHITECT ENGINEERING <input type="checkbox"/> FUELS <input type="checkbox"/> SERVICES <input type="checkbox"/> OPERATIONS SUPPORT <input type="checkbox"/> SCIENCE & TECHNOLOGY <input type="checkbox"/> HEALTH CARE	
13. CONTRACTOR CAGE CODE		14. DUNS NUMBER (or DUNS Number +4)	
15. CONTRACTOR POC AND PHONE NUMBER		16. FSC CODE	17. STANDARD INDUSTRY CLASS CODE
18. KEY SUBCONTRACTORS (including a brief description of effort)			

**PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT**

**TECHNICAL (Quality of Product)** The following sub-elements shall be considered in evaluating this factor if "Systems" is checked in #12 above, otherwise, only if applicable: **Product Performance** (assess the achieved product performance relative to performance parameters required by the contract). **System Engineering** (assess the contractor's efforts to transform operational needs and requirements into an integrated system design solution). **Software Engineering** (assess the contractor's success in meeting the contract requirements for software development, modification, or maintenance). **Logistic Support/Sustainment** (assess the success of the contractor's performance in accomplishing logistics planning). **Product Assurance** (assess how successfully the contractor meets program quality objectives, e.g., producibility, reliability, maintainability, inspectability, testability, and system safety, and controls the overall manufacturing process). **Other Technical Performance** (assess the other technical activity critical to successful contract performance. Identify any additional assessment aspects that are unique to the contract).

1. COMPLIANCE WITH SPECIFICATIONS (i.e., compliance with all contract requirements including S.O.W.s, P.D.s, technical specifications, part numbers, staffing requirements, terms and conditions of the contract, etc.) (If contractor has not met one or more of the specifications, indicate which one(s) and indicate any action taken by the contractor to correct the deficiency or deficiencies).	NONCOMPLIANT (Comment) →
	COMPLIANT
2. COMPLIANCE WITH TECHNICAL DATA REQUIREMENTS	NONCOMPLIANT (Comment) →
	COMPLIANT
	N/A
3. TIMELY RESPONSE TO SERVICE CALLS (Should be in accordance with the contract language for service calls. Otherwise, self-explanatory).	YES
	NO (Explain) →
	N/A

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

OVERALL I WOULD RATE THIS CONTRACTOR FOR TECHNICAL (Quality of Product) (See Page 4 for explanations)

☐ EXCELLENT ☐ VERY GOOD ☐ SATISFACTORY ☐ MARGINAL ☐ UNSATISFACTORY

## PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT (continued)

COST	1. IF THE CONTRACT CONTAINS TASK ORDERS, DOES THE CONTRACTOR STAY WITHIN THE PRESCRIBED CEILINGS?		YES	
			NO (Explain) →	
			N/A	
OVERALL I WOULD RATE THIS CONTRACTOR FOR COST (See Page 4 for explanations)				
<input type="checkbox"/> EXCELLENT <input type="checkbox"/> VERY GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> MARGINAL <input type="checkbox"/> UNSATISFACTORY				
SCHEDULE	1. DATA - DELIVERY ON TIME?		2. MATERIALS - DELIVERY ON TIME?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
	3. LEVEL-OF-EFFORT COMPLETED WITHIN TIME SET OUT IN THE CONTRACT OR ON THE INDIVIDUAL TASK ORDERS?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
SCHEDULE	4. IF "NO" ANSWERED TO ANY OF THE ABOVE:			
	A. How long was the delay?		B. Did the Government contribute to the delay?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
	C. What was the cause of the delay?			
OVERALL I WOULD RATE THIS CONTRACTOR FOR SCHEDULE (See Page 4 for explanations)				
<input type="checkbox"/> EXCELLENT <input type="checkbox"/> VERY GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> MARGINAL <input type="checkbox"/> UNSATISFACTORY				
PROGRAM MANAGEMENT	1. NOTIFICATION OF CHANGES (Timely notification in accordance with FAR 52.243-7, Notification of Changes). (If contractor did not notify the Government in time-frame specified in FAR 52.243-7 of Government conduct that the contractor regards as a change to the contract terms and conditions, indicate this by stating "NO". If the response to the initial question is "NO", state length of delay in the notification process. NOTE: FAR 52.243-7, Notification of Changes, is used primarily in negotiated research and development or supply contracts for the acquisition of major weapons systems or principal subsystems. It normally is not used when the contract amount is expected to be less than \$1,000,000.00 (See FAR 43.107)).		YES	
			NO (Explain) →	
			N/A	
	2. GOVERNMENT PROPERTY TRACKING PROBLEMS (State "YES", if there has been some indication during performances that the contractor is not keeping proper records or reporting government property losses, if there are unacceptable property losses or if there is any indication that there are deficiencies in the contractor's property control system.)		YES (Explain) →	
			NO	
			N/A	
	3. SECURITY RQMTS. (Only applies if there is a DD Form 254) (If the contract does not list a DD Form 254, Contract Security Classification Specification, in Section C - Description/ Specification, check N/A. Otherwise, self-explanatory).	Any occurrence of a security violation?	YES (Explain) →	
			NO	
			N/A	
		Were cleared personnel provided in a timely manner?	YES	
NO (Explain) →				
N/A				

## PART II - CONTRACTOR PERFORMANCE EVALUATION ASSESSMENT (continued)

PROGRAM MANAGEMENT (continued)	4. CONTRACTOR FACILITIES (Indicate whether contractor has provided or has failed to provide the necessary facilities to perform the contract, i.e., failure to set up a production line in time to satisfy delivery schedule specified in the contract. If no facilities were proposed, check N/A).		ADEQUATE	
			INADEQUATE (Comment) →	
			N/A	
	5. KEY PERSONNEL (Indicate whether contractor has provided adequate personnel for performance of the contract and when required, has provided suitable and timely replacement of key personnel.		ADEQUATE	
			INADEQUATE (Comment) →	
			N/A	
OVERALL I WOULD RATE THIS CONTRACTOR FOR PROGRAM MANAGEMENT (See Page 4 for explanations)				
<input type="checkbox"/> EXCELLENT <input type="checkbox"/> VERY GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> MARGINAL <input type="checkbox"/> UNSATISFACTORY				
1. INVOICES - PROPERLY SUBMITTED (If N4 has rejected invoices that were improperly prepared, or Defense Finance and Accounting Services (DFAS) or N1 personnel, upon review of progress payments, has found errors, i.e., lack of an ACR code break-out and/or loss ratio information required by FAR 32.503-6 (g), check "NO". Otherwise, self-explanatory).				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
2. RESPONSIVENESS FOR PROPOSAL REQUESTS (In the event that the Government requires a change proposal, indicate whether the contractor responds in the required time-frame).				
Responsive Proposals?    Submitted on time? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
3. SUBMISSION OF CLAIMS:				
A. Number Submitted		C. If "B" is greater than zero, explain		
B. Number Denied (Claims not incorporated or being incorporated into the contract)				
BUSINESS RELATIONS	4. MET SUBCONTRACTING GOALS? (Only applicable if a subcontracting plan was submitted by the contractor. Information to complete this item can be obtained through periodic reports submitted by contractor, or by querying the cognizant DCMC component or the contractor).		5. COMPLIANCE WITH WAGE RATE DETERMINATION? (If contractor does not comply with the SF 98 Wage Rate determination, check "NO" and explain).	
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain) <input type="checkbox"/> N/A	
	6. CUSTOMER SATISFACTION (Has contractor demonstrated reasonable, cooperative behavior, attention to customer satisfaction and responsiveness to problem identification and resolution?)		7. SUBCONTRACT MANAGEMENT (Has contractor made timely award and provided effective management of applicable subcontracts?)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	
OVERALL I WOULD RATE THIS CONTRACTOR FOR BUSINESS RELATIONS (See Page 4 for explanations)				
<input type="checkbox"/> EXCELLENT <input type="checkbox"/> VERY GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> MARGINAL <input type="checkbox"/> UNSATISFACTORY				



## PART III - RATING

**EXCEPTIONAL**

Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being evaluated was accomplished with few minor problems for which corrective actions were highly effective.

**VERY GOOD**

Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being evaluated was accomplished with some minor problems for which corrective action were effective.

**SATISFACTORY**

Performance meets contractual requirements. The contractual performance of the element or sub-element was accomplished with some minor problems for which corrective actions were satisfactory.

**MARGINAL**

Performance barely meets contractual requirements. The contractual performance of the element or sub-element being evaluated reflects a serious problem for which corrective actions have not yet been identified, appear only marginally effective or were not fully implemented.

**UNSATISFACTORY**

Performance did not meet some contractual requirement and recovery is not likely in a timely manner. The contractual performance of the element or sub-element being evaluated reflects serious problem(s) for which corrective actions were ineffective.

OVERALL I WOULD RATE THIS CONTRACTOR FOR THIS PERIOD

☐

EXCELLENT

☐

VERY GOOD

☐

SATISFACTORY

☐

MARGINAL

☐

UNSATISFACTORY

IF THIS IS A FINAL REPORT, I WOULD RATE THIS CONTRACTOR (The final past performance rating of a contract shall not be a cumulative report of contract performance but rather a snapshot of the last period of performance since the last period of performance since the last annual performance report - unless there is only one assessment done at the end of the contract period of performance).

☐

EXCELLENT

☐

VERY GOOD

☐

SATISFACTORY

☐

MARGINAL

☐

UNSATISFACTORY

PROVIDE A NARRATIVE SUMMARY THAT SUPPORTS THE RATING OF THIS CONTRACT. (Comment on any significant milestones which have been missed or exceeded. Elaborate on any aspect of performance which significantly impacted areas in this assessment. Include comments on each evaluation area (i.e., Program Management, Schedule, Cost, etc.)

CONTRACTING OFFICER (Typed Name)

(Signature)

DATE FORM ISSUED TO CONTRACTOR FOR COMMENTS

## ACKNOWLEDGEMENT OF RECEIPT

TYPED NAME

TITLE

SIGNATURE (Acknowledges receipt ONLY and NOT concurrence)

DATE

CONTRACTOR COMMENTS (if any) (Use additional sheets if necessary)

☐ ADDITIONAL SHEETS ATTACHED

FORM G5573 REV MAY 2002 (Supersedes G5573 REV SEP 2000 which is obsolete)

PAGE

~~FOR OFFICIAL USE ONLY~~

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

OF

## INSTRUCTIONS FOR COMPLETING FORM G5573

**Blocks 1, 3, 4, 5, 7, 8, 11, 12** - Self-explanatory

**Block 2** - Identify full address for the contractor site/facility where contract is worked.

**Block 6** - Show all additional contractor locations where work/storage on this contract is taking place.

**Block 9** - List the accesses (*digraph or trigraph*) required to perform on the contract at the location listed in Block 2.

**Block 10** - List all accesses required on the contract at sites other than the location listed in Block 2 (*to include field sites, alternate places of performance or at NSA*).

**Block 13** - List the Q232 access letter serial number certifying an individual's SCI access.

**Block 14** - List the date an individual was NSA SI indoctrinated, either at the company or at NSA.

**Block 15** - Indicate any issues requiring explanation in this section, i.e., individual's access pending; verbal authorization by the Project COR to add/delete accesses or individuals from the CPRL; etc.

After completion of this form by the CSSO, forward three copies to the NSA COR. It is the responsibility of the COR to verify that the individuals listed are the minimum amount required to perform on the contract. After a signed CPRL is in place, the COR may give verbal authorization to the CSSO to add/delete an individual from the CPRL. The CPRL should be updated at least annually or whenever multiple changes to the CPRL occur.

The NSA COR must sign all three CPRL's; the COR retains the original and forwards one signed copy to Q131 and one signed copy to the CSSO at the company.



# SAMPLE

NATIONAL SECURITY AGENCY  
Fort George G. Meade, MD 20755-6000

Privacy Act Statement: Auth for requesting info. 50 U.S.C. 402 note, 50 U.S.C. 403-3(c)(6); 18 U.S.C. 793, and E.O. 10450, 10665, 12333, 12958, and 12968. Auth for releasing your SSN is E.O. 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 531 (1993) and the specific uses found in GNSA01 and GNSA10 apply to information. Information you provide will be used (principally) to document your access to Protected Information and your continuing obligation not to disclose Protected Information without authorization. Your disclosure of information requested by this form is voluntary but refusal to provide information, other than your SSN, may prevent you from obtaining access to Protected Information. Refusal to provide your SSN may delay you from obtaining access to Protected Information.

## CONTRACTOR SECURITY AGREEMENT

I understand that access to Protected Information under a U.S. Government agency contract is subject to statutory requirements and penalties and involves a special trust and confidence regarding the national security. Intending to be legally bound, I hereby accept the obligations set forth in this Agreement in consideration of my being granted such access.

1. I have been advised that Protected Information is information obtained as a result of my relationship with NSA which is classified or in the process of a classification determination pursuant to the standards of Executive Order 12958, or any successor order, and implementing regulations. It includes, but is not limited to, intelligence and intelligence-related information, sensitive compartmented information (*information concerning or derived from intelligence sources and methods*), and cryptologic information (*information concerning communications security and signals intelligence, including information which is also sensitive compartmented information*) protected by Section 798 of Title 18, United States Code.

2. I understand that the burden is upon me to determine whether information or materials within my control are considered by the NSA to be Protected information, and whether the person(s) to whom disclosure is to be made is/are authorized to receive it.

3. I understand that all Protected Information to which I may obtain access hereafter, is and will remain the property of the United States Government unless and until otherwise determined by an appropriate official or final ruling of a court of law. Subject to such determination, I do not now, nor will I ever, possess any right, interest, title or claim whatsoever to such information. I agree that upon demand by an authorized representative of the NSA or upon the conclusion of my authorized access to Protected Information, I shall return all material containing such Protected Information in my possession, or for which I am responsible because of such access. I understand that failure to return such materials may be a violation of Section 793 of Title 18, United States Code, and may constitute a crime for which I may be prosecuted.

4. I understand that the unauthorized disclosure of Protected Information may invoke the criminal sanctions prescribed by one or more of the following statutes - Sections 793, 794, 798, 952, and 1924 of Title 18, United States Code, and Sections 421 through 426 and 783(b) of Title 50, United States Code.

5. I understand that any breach of this Agreement by me may, in accordance with applicable law, result in termination by the NSA of my access to any or all Protected Information at any time it determines such action to be in the interest of national security.

6. I agree not to discuss matters pertaining to Protected Information except when necessary for the proper performance of my duties and only with persons who are currently authorized to receive such information and have a need-to-know.

7. I agree I will report, without delay, to my company security officer or to an NSA security representative the details and circumstances of any possible unauthorized disclosure of Protected Information or of any unauthorized person obtaining or attempting to obtain Protected Information.

8. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement. I have been advised that the action may be brought against me in any of the several appropriate United States District Courts where the United States Government may elect to file the action. Court costs and reasonable attorneys fees incurred by the United States Government may be assessed against me if I lose such action.

9. I agree that I will submit for security review in accordance with NSA/CSS Regulation 10-63, "NSA/CSS Prepublication Review Procedure," all information or materials, including works of fiction, that I have prepared for public disclosure which contain or purport to contain, refer to, or are based upon Protected Information, as defined in paragraph 1 of this Agreement. I understand that the term "public disclosure" includes any disclosure of Protected Information to one or more persons not authorized to have access to it. In addition, I agree:

(a) to submit such information and materials for prepublication review during the course of my access to Protected Information under a contract with the NSA and thereafter;

(b) to make any required submissions prior to discussing the information or materials with, or showing them to anyone who is not authorized to have access to them;

(c) not to disclose such information or materials to any person who is not authorized to have access to them until I have received written authorization from the NSA that such disclosure is permitted; and

(d) to assign to the United States Government all rights, title and interest and all royalties, remuneration, or emoluments of whatever form that have resulted, will result, or may result from any disclosure, publication, or revelation of Protected Information not consistent with the terms of this Agreement.

I understand that the purpose of the prepublication review procedure is to determine whether material contemplated for public disclosure contains Protected Information and, if so, to give the NSA an opportunity to prevent the public disclosure of such information. I understand that the NSA is obligated pursuant to this agreement, and in accordance with the terms of NSA/CSS Regulation 10-63, to conduct the prepublication review in a reasonable time, to consult, as necessary, with me through the review process, and to provide an opportunity for me to appeal initial review determinations.

10. In addition to other conditions imposed on me as a result of my access to Protected Information under a contract with the NSA, I agree to:

(a) Notify the Office of Security, NSA, of any unofficial foreign travel by me during the period of my access to Protected Information under a contract with the NSA;

(b) Accept such restrictions on unofficial foreign travel during the period of my access to Protected Information under a contract with the NSA, as may be deemed necessary, to prevent unacceptable risk to the national security, to the NSA, to personnel associated with the NSA or to Protected Information.

(c) Report foreign national associations that are close and continuing. Close and continuing associations are characterized by ties of affection, kinship, obligation or capacity to influence.

(d) Report, in advance, all visits to foreign embassies.

11. I understand that each of the provisions in this Agreement is severable, i.e., all other provisions of this Agreement will remain in full force should it be determined that any provision of this Agreement does not apply to me or is otherwise unenforceable. I also understand that this Agreement applies to me even though I may have executed a similar government non-disclosure agreement.

12. This Agreement shall be interpreted under and in conformance with the law of the United States.

13. I have read this Agreement and my questions, if any, have been answered. I acknowledge that the briefing officer has made available Sections 793, 794, 798, and 952 of Title 18, United States Code, Section 421 through 426 and 783(b) of Title 50, United States Code; Public Law 88-290; pertinent sections of Executive Order 12958 or any successor order; and NSA/CSS Regulation 10-63, "NSA/CSS Prepublication Review Procedures," so that I may read them at this time, if I so choose. I understand and accept that unless I am released in writing by an authorized representative of the NSA, this Agreement applies during the time I am granted access to Protected Information and at all times thereafter, and applies to all Protected Information to which I may be granted access.

14. I make this Agreement without any mental reservation or purpose of evasion.

15. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12958; Section 7211 of Title 5, United States Code (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 USC 421 et seq.) (governing disclosures that could expose confidential Government agents), and the statutes which protect against disclosures that may compromise the national security, including Sections 841, 793, 794, 798, and 952 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 USC Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

SIGNATURE	COMPANY	ORG
TYPED OR PRINTED NAME	SOCIAL SECURITY NUMBER	DATE

The execution of this Agreement was witnessed by the undersigned who accepted it on behalf of the National Security Agency as a prior condition of access to Protected Information.

SIGNATURE	PRINTED NAME	DATE
-----------	--------------	------

27 MAY 1991

DOCID: 3113861

**CONTROL DOCUMENT**

BY FINANCE AND ACCOUNTING OFFICE 9800 SAVAGE ROAD, ATTN: FORT MEADE, MD 20755-6000	DEFENSE AGENCY CODE	CONTROL SYMBOL NUMBER
TO	FISCAL STATION	CHANGE NUMBER
	DATE	

APPROPRIATION	AFP		FUNDING CHANGE	REVISED NET AMOUNT
	CHANGE	REVISED		

REMARKS

CLASSIFIED MATERIAL MAY BE ATTACHED					
TO <b>J31</b>		FROM		DATE	
BATCH / CONTAINER NUMBER		<b>J31</b>	NUMBER	BATCH	
JOB NUMBER / NAME				FORMAT	
CARD / DOCUMENT COUNT			PROCESS COUNT		
ACTUAL	MEASURED		OPERATOR IDENTIFICATION		
CONTROL TOTAL			PUNCH	VERIFY	
RELEASING AUTHORITY			CONTROL DESK RELEASE		
		DATE	TIME		
<small>FORM H9726 REV JUN 94 (Supersedes H9726 REV AUG 82 which is obsolete)  NSN: 7540-FM-001-2284</small>					
<b>CONTROL RECORD</b>					

**FORM TO BE USED AS HARD COPY STOCK ONLY!!**

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

**CONTROLLED CRYPTOGRAPHIC ITEM (CCI) BRIEFING**

1. As a member of a U.S. military service, agency, department, contractor or an authorized service vendor you have been selected to perform communications electronic maintenance and/or logistic support duties which will require access to sensitive communications security (COMSEC) information. It is, therefore, essential that you are made fully aware of certain facts relative to the protection of this information before access is granted. This written briefing will provide you with a description of the types of COMSEC information you have access to, the reasons why special safeguards are necessary for protecting this information, the directives and rules which prescribe those safeguards, and the penalties which you may incur for willful disclosure of this information to unauthorized persons. In addition, signing of this form indicates that you have received the required COMSEC security awareness training to a level commensurate with your level of involvement with the COMSEC components, equipment or systems.

2. COMSEC equipment is especially sensitive because it is used to protect other information against unauthorized access during the process of communicating that information from one point to another. Any piece of cryptographic equipment, keying or other cryptographic material may be the critical element that protects large amounts of sensitive/classified information from exploitation. If the integrity of the cryptographic system is weakened at any point, all the sensitive information protected by the system may be compromised; even more damaging, this loss of sensitive/classified information may never be detected. The procedural safeguards placed on cryptographic equipment and material, that covers every phase of their existence from design through disposition, are designed to reduce or eliminate the possibility of compromise.

3. COMSEC is the general term used for all steps taken to protect information of value when it is being communicated. COMSEC is usually considered to have four main parts: transmission security, physical security, emission security, and cryptographic security. Transmission security is that component of COMSEC which is designed to protect transmissions from unauthorized intercept, traffic analysis, imitative deception, and disruption. Physical security is that part of COMSEC which results from all physical measures to safeguard cryptographic equipment and materials from access by unauthorized persons. Emissions security is that component of COMSEC which results from all measures taken to prevent compromising emanations from cryptographic equipment or telecommunications equipment. Finally cryptographic security is that component of COMSEC which results from the use of technically sound cryptosystems, and from their proper use. To ensure that telecommunications are secure, all four of these components must be considered.

4. Part of the physical security protection given to COMSEC equipment and material is afforded by its special handling and accounting. There are two separate channels used for the handling of such equipment and materials: "the COMSEC channel" and "the administrative channel." The COMSEC channel, called the COMSEC Material Control System, is used to distribute accountable COMSEC items such as classified and CCI equipment, keying material, and maintenance manuals (EXCEPTION: Some Military Departments have been authorized to distribute CCI equipment through their standard logistics system). This channel is composed of a series of COMSEC accounts, each of which has an appointed COMSEC Custodian who is personally responsible and accountable for all COMSEC materials charged to his account. The COMSEC Custodian assumes accountability for the equipment or material upon receipt, then controls its dissemination to authorized individuals on job requirements and a need-to-know basis. The administrative channel is used to distribute COMSEC information other than that which is accountable in the COMSEC Material Control System.

5. Particularly important to the protection of COMSEC equipment and material is an understanding of their security regulations and timely reporting of any compromise, suspected compromise or other security problems involving COMSEC equipment or materials. If a COMSEC system is compromised, but the compromise is not reported, the continued use of the system, under the assumption that it is secure, can result in the loss of all information that was ever protected by the system. By reporting the compromise, steps can be taken to change the system, replace the key, etc., to reduce the damage. In short, it is your individual responsibility to know and put into practice all the security provisions which relate to the protection of the COMSEC equipment and material to which you will have access.

6. Public disclosure of any COMSEC information, other than those specific cases discussed in the Government Contractors Controlled Cryptographic Item (CCI) Manual is not permitted without the specific approval of your Government contracting office representative or the National Security Agency (NSA). This applies to both classified and unclassified cryptographic information, and means that you may not prepare newspaper articles, speeches, technical papers, or make any other "release" of cryptographic information without specific Government approval. The best personal policy is to avoid any discussions which reveal your knowledge of or access to cryptographic information and thus avoid making yourself of interest to those who would seek information you possess.

7. Finally, you must know that should you willfully disclose or give any unauthorized persons any of the cryptographic equipment, keying material, or other cryptographic materials or information to which you have access, you may be subject to prosecution under the criminal laws of the United States. The laws which apply are contained in Title 18, United States Code, sections 641, 793, 798, and 952.

8. If your duties include access to classified COMSEC equipment, information, or material in addition to the above, you should avoid travel to any countries which are adversaries of the United States, or their establishments/facilities within the U.S. Should such travel become necessary, however, your security office should be notified sufficiently in advance so that you may receive a defensive security briefing. Any attempt by a person or persons to elicit the classified COMSEC information you have, either through friendship, favors, or coercion must be reported immediately to your Security office.

9.a. NAME (Last, First, Middle Initial) (Typed or printed)		10.a. INSTRUCTOR/BRIEFED BY (Typed or printed name - Last, First, Middle Initial)	
b. SIGNATURE	c. DATE SIGNED	b. SIGNATURE	c. DATE SIGNED



<input type="checkbox"/>	<b>CORRECTION</b>	<input type="checkbox"/>	<b>DESTRUCTION</b>
TO		FROM	PRIORITY
DATE			
PRODUCTION ORDER (Job) NUMBER		QUALITY LEVEL	
SHORT TITLE			
EDITION(s) / SIGNATURE NUMBER(s) FRONT(s) / NEGATIVE NUMBER(s)			
EDITION(s) / SIGNATURE NUMBER(s) BACK(s) / NEGATIVE NUMBER(s)			
PHOTO FILE		SHELF / RACK NO.	
<input type="checkbox"/> Relist <input type="checkbox"/> Copy <input type="checkbox"/> Failed to run		<input type="checkbox"/> WEB <input type="checkbox"/> P-55 <input type="checkbox"/> Other (Specify) <input type="checkbox"/> P-40 <input type="checkbox"/> Multi <input type="checkbox"/> XEROX <input type="checkbox"/> M-40	
		TAPE NO. / ELEC. FILE(s)	
<input type="checkbox"/> Composition <input type="checkbox"/> Micrographics <input type="checkbox"/> Intergraph		<input type="checkbox"/> Restrip <input type="checkbox"/> Replate	
		QUANTITY	
		<input type="checkbox"/> Rerun	
		SHEET SIZE	
DESTRUCTION ACCOMPLISHED BY			
FLAT(s)		PLATE(s)	
DISCREPANCY		CORRECTIVE ACTION TAKEN	
BY		CORRECTIVE ACTION BY	
FORM H3341 REV NOV 2000 (Supersedes H3341 REV MAY 98 which is obsolete) NSN: 7540-FM-001-0656			
<b>CORRECTION / DESTRUCTION RECORD</b>			

5-1/2" x 8-1/2"

 Approved for Release by NSA on  
 02-16-2007, FOIA Case # 42877

# COUNTERINTELLIGENCE AWARENESS PROGRAM PARTICIPANT FEEDBACK SUMMARY

NAME (Optional)

BRIEFING TITLE

BRIEFER

TODAY'S DATE

CHECK APPLICABLE BLOCK WHICH BEST IDENTIFIES YOUR PRESENT STATUS

☐ AGENCY EMPLOYEE
 ☐ LIC
 ☐ MILITARY ASSIGNEE
 ☐ CONTRACTOR
 ☐ OTHER

BRIEFING ORGANIZATION

WHAT OVERALL RATING WOULD YOU GIVE THE BRIEFING YOU ARE ATTENDING?

☐ EXCELLENT
 ☐ VERY GOOD
 ☐ AVERAGE
 ☐ BELOW AVERAGE
 ☐ POOR

WERE THE OBJECTIVES OF THE BRIEFING DISCUSSED?

☐ VERY CLEARLY
 ☐ CLEARLY
 ☐ SOMEWHAT CLEARLY
 ☐ VAGUELY
 ☐ NOT AT ALL

WERE THE OBJECTIVES ACHIEVED?

☐ COMPLETELY
 ☐ PARTIALLY
 ☐ SOMEWHAT
 ☐ TO A MINIMAL DEGREE
 ☐ NOT AT ALL

DID THE BRIEFING COVER THE SUBJECT MATTER YOU EXPECTED IT TO COVER?

☐ BEYOND MY EXPECTATIONS
 ☐ EXACTLY
 ☐ NOT AS MUCH AS EXPECTED
 ☐ TO A MINIMAL DEGREE
 ☐ NOT AT ALL

WAS THE SUBJECT MATTER PRESENTED ADEQUATELY?

☐ EXCELLENT
 ☐ VERY GOOD
 ☐ AVERAGE
 ☐ BELOW AVERAGE
 ☐ POOR

WERE PRESENTATIONS WELL PLANNED AND ORGANIZED?

☐ EXCELLENT
 ☐ VERY GOOD
 ☐ AVERAGE
 ☐ BELOW AVERAGE
 ☐ POOR

PROGRAM BRIEFER

HOW DO YOU RATE THE OVERALL EFFECTIVENESS OF THE BRIEFER?

	EXCELLENT	VERY GOOD	AVERAGE	BELOW AVERAGE	POOR
OVERALL RATING					
EXPRESSED IDEAS CLEARLY					
ENTHUSIASM FOR SUBJECT					
KNOWLEDGE OF SUBJECT					
PRESENTATIONS WELL ORGANIZED					

In order to improve future briefings presented by CI Awareness, Q223, your suggestions and comments are greatly appreciated. Please be specific in your comments. (Attach additional pages if necessary).

LIST IN ORDER OF THEIR IMPORTANCE WAYS YOU FEEL INSTRUCTION IN THIS BRIEFING COULD BE IMPROVED.

IN YOUR OPINION, WHAT IS THE MAJOR STRENGTH OF THIS PROGRAM?

IN YOUR OPINION, WHAT IS THE MAJOR WEAKNESS OF THIS PROGRAM?

ADDITIONAL COMMENTS

Approved for Release by NSA on 02-16-2007, FOIA Case # 42877

**CRYPTOGRAPHIC ACCESS CERTIFICATION AND TERMINATION****PRIVACY ACT STATEMENT**

**AUTHORITY:** EO 9397, EO 12333, and EO 12356.  
**PRINCIPAL PURPOSE(S):** To identify the individual when necessary to certify access to classified cryptographic information.  
**ROUTINE USE(S):** None.  
**DISCLOSURE:** Voluntary; however, failure to provide complete information may delay certification and, in some cases, prevent original access to classified cryptographic information.

**INSTRUCTIONS**

Section I of this certification must be executed before an individual may be granted access to classified cryptographic information.

Section II will be executed when the individual no longer requires such access.

Until cryptographic access is terminated and Section II is completed, the cryptographic access granting official shall maintain the certificate in a legal file system, which will permit expeditious retrieval. Further retention of the certificate will be as specified by the DoD Component record schedules.

**SECTION I - AUTHORIZATION FOR ACCESS TO CLASSIFIED CRYPTOGRAPHIC INFORMATION**

- a. I understand that I am being granted access to classified cryptographic information. I understand that my being granted access to this information involves me in a position of special trust and confidence concerning matters of national security. I hereby acknowledge that I have been briefed concerning my obligations with respect to such access.
- b. I understand that safeguarding classified cryptographic information is of the utmost importance and that the loss or compromise of such information could cause serious or exceptionally grave damage to the national security of the United States. I understand that I am obligated to protect classified cryptographic information and I have been instructed in the special nature of this information and the reasons for the protection of such information. I agree to comply with any special instructions, issued by my department or agency, regarding unofficial foreign travel or contacts with foreign nationals.
- c. I acknowledge that I may be subject to a non-lifestyle, counterintelligence scope polygraph examination to be administered in accordance with DoD Directive 5210.48 and applicable law.
- d. I understand fully the information presented during the briefing I have received. I have read this certificate and my questions, if any, have been satisfactorily answered. I acknowledge that the briefing officer has made available to me the provisions of Title 18, United States Code, Sections 641, 793, 794, 798, and 952. I understand that, if I willfully disclose to any unauthorized person any of the U.S. classified cryptographic information to which I might have access, I may be subject to prosecution under the Uniform Code of Military Justice (UCMJ) and/or the criminal laws of the United States, as appropriate. I understand and accept that unless I am released in writing by an authorized representative of (insert appropriate security office) \_\_\_\_\_, the terms of this certificate and my obligation to protect all classified cryptographic information to which I may have access, apply during the time of my access and at all times thereafter.

ACCESS GRANTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19 \_\_\_\_\_.

**1. EMPLOYEE**

a. SIGNATURE	b. NAME (Last, First, Middle Initial)	c. GRADE / RANK / RATING	d. SOCIAL SECURITY NO.
--------------	---------------------------------------	--------------------------	------------------------

**2. ADMINISTERING OFFICIAL**

a. SIGNATURE	b. NAME (Last, First, Middle Initial)	c. GRADE	d. OFFICIAL POSITION
--------------	---------------------------------------	----------	----------------------

**SECTION II - TERMINATION OF ACCESS TO CLASSIFIED CRYPTOGRAPHIC INFORMATION**

I am aware that my authorization for access to classified cryptographic information is being withdrawn. I fully appreciate and understand that the preservation of the security of this information is of vital importance to the welfare and defense of the United States. I certify that I will never divulge any classified cryptographic information I acquired, nor discuss with any person any of the classified cryptographic information to which I have had access, unless and until freed from this obligation by unmistakable notice from proper authority. I have read this agreement carefully and my questions, if any, have been answered to my satisfaction. I acknowledge that the briefing officer has made available to me Title 18, United States Code, Sections 641, 793, 794, 798, and 952; and Title 50, United States Code, Section 783(b).

ACCESS WITHDRAWN THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19 \_\_\_\_\_.

**3. EMPLOYEE**

a. SIGNATURE	b. NAME (Last, First, Middle Initial)	c. GRADE / RANK / RATING	d. SOCIAL SECURITY NO.
--------------	---------------------------------------	--------------------------	------------------------

**4. ADMINISTERING OFFICIAL**

a. SIGNATURE	b. NAME (Last, First, Middle Initial)	c. GRADE	d. OFFICIAL POSITION
--------------	---------------------------------------	----------	----------------------



SECURITY CLASSIFICATION

(continued)

2. WHAT WAS YOUR CAREER FIELD? IF YOU WERE A CRYPTANALYST, LINGUIST, ANALYST, OR SUPERVISOR AGAINST A SPECIFIC TARGET, DESCRIBE YOUR ASSIGNMENT. DESCRIBE AS MANY AS YOU CONSIDER SIGNIFICANT.

3. WHAT DO YOU CONSIDER TO BE YOUR GREATEST ACHIEVEMENT(S)?

4. ARE THERE SPECIFIC SUBJECT AREAS OF WHICH YOU MAY BE ESPECIALLY KNOWLEDGEABLE OR THE SOLE SOURCE OF INFORMATION? *(If YES, please specify)*

☐ YES☐ NO

5. DO YOU HAVE ANY RECORDS, FILES OR EQUIPMENT WHICH YOU BELIEVE TO BE OF HISTORICAL VALUE?

☐ YES☐ NO

IF SO, WOULD YOU CONSIDER DONATING THEM TO THE HISTORY CENTER FOR PERMANENT RETENTION?

☐ YES☐ NO

6. WOULD YOU CONSIDER PARTICIPATION IN A TAPE-RECORDED ORAL INTERVIEW?

☐ YES☐ NO

If you answered "YES" to question 5 or 6, call 972-2893s or (301) 688-2336 to make arrangements with the history staff.

DOCID: 3113911  
CUSTODIAL SUPPLY REQUEST

(b) (3) - P.L. 86-36

DATE (YYYY-MM-DD)

INSTRUCTIONS

1. Prepare in duplicate using this carbonized form.  
DO NOT SEND A REPRODUCED COPY.
2. Send completed form to Supply Ordering Officer.  
S656, OPS 1, Room SR05, Attn: [REDACTED]
3. Duplicate copy will be returned to the  
originator with status of order.

POINT OF CONTACT (Last) (First) (MI) ROOM NUMBER PHONE ORG SUPERVISOR

	QTY DESIRED	S656 USE ONLY			QTY DESIRED	S656 USE ONLY	
		ISSUED	BACK- ORDERED			ISSUED	BACK- ORDERED
BAGS, Trash (large)				PADS, Polishing, floor (20")			
BAGS, Trash (small)				PADS, Polishing, floor (21")			
BAGS, Vacuum				PADS, Polishing, floor (22")			
BAGS, Wax				PADS, Scrubbing (16")			
BIOFORCE SPRAY CLEANER				PADS, Scrubbing (17")			
BLEACH				PADS, Scrubbing (18")			
BROOM, Toy				PADS, Scrubbing (19")			
BRUSH, Counter				PADS, Scrubbing (20")			
BRUSH, Radiator				PADS, Scrubbing (21")			
BRUSH, Toilet				PADS, Scrubbing (22")			
BRUSH, Urinal				PADS, Stripping, high productivity (17")			
CHEESE CLOTH				PADS, Stripping, high productivity (18")			
DUST CLOTH				PADS, Stripping, high productivity (19")			
DUST PAN				PADS, Stripping, high productivity (20")			
ENZYME CLEANER				PADS, Stripping, high productivity (21")			
GLASS CLEANER				PADS, Stripping, high productivity (22")			
GLOVES, Cotton (one size fits all)				PAPER TOWELS, C-fold			
GLOVES, Leather (large)				PAPER TOWELS, Single			
GLOVES, Leather (medium)				PAPER TOWELS, Cormatic			
GLOVES, Leather (small)				PINE OIL			
GLOVES, Rubber (size 7)				PUTTY KNIVES			
GLOVES, Rubber (size 8)				SANI FRESH, Refills			
GLOVES, Rubber (size 9)				SCOURING PADS			
GLOVES, Rubber (size 10)				SCOURING POWDER			
GLOVES, Rubber (size 11)				SEALER			
MAID BUCKETS				SHINE UP			
MOP, Dust (large)				SNAP BACK			
MOP, Dust (medium)				SOAP, White (bar)			
MOP, Dust (small)				SPLITT MITT			
MOP, Wet (large)				SPONGE, Green			
MOP, Wet (small)				SPONGE, Pink			
MOP HANDLE, Dust (large)				SPONGE, Yellow			
MOP HANDLE, Dust (medium)				SPONGE, Host shampoo			
MOP HANDLE, Dust (small)				STAPHENE SPRAY			
MOP HANDLE, Wet (large)				STRIPPER			
MOP HANDLE, Wet (small)				TOILET TISSUE, Twinsavr			
MOPPING OUTFIT				WAX			
NEVR DULL				WRINGER			
NUETRAL CLEANER				ZEP DEODORANT ABSORBENT			
PADS, Buffing, hog hair (18")				ZEP STAINLESS STEEL POLISH			
PADS, Buffing, hog hair (19")				3M MASK			
PADS, Buffing, hog hair (20")				OTHER ITEMS NOT ON LIST			
PADS, Buffing, hog hair (21")							
PADS, Buffing, hog hair (22")							
PADS, Polishing, floor (17")							
PADS, Polishing, floor (18")							
PADS, Polishing, floor (19")							

S656 USE ONLY

DATE REQUEST RECEIVED (YYYY-MM-DD)

DATE REQUEST PROCESSED (YYYY-MM-DD)

ORDERING OFFICER'S SIGNATURE

DOCID: 3113912  
**CWF COUNCIL CANDIDATE APPLICATION/BIOGRAPHICAL SKETCH**

**PRIVACY ACT STATEMENT:** Authority for collecting information requested on this form is contained in 50 U.S.C. 402 note, NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA 09 apply to this information. The requested information will be used by the Agency to process your application as a candidate for the CWF Council. Your disclosure of the requested information is voluntary. However, failure to furnish any of the requested information may delay or prevent the NSA CWF Council from processing your application.

The Civilian Welfare Fund Council appreciates your willingness to be a candidate for Council membership. You will have the opportunity to serve your fellow workers by planning and coordinating welfare and recreation programs. The Council meets monthly; however, periodically extra time has to be spent on other Council projects and programs. Members are elected for a three-year period beginning 1 January each year with the organizational representation as follows:

DO .....	8	DI .....	3
DS .....	4	DP/DIRSTAFF .....	1
DT .....	5	Appointed Active Military .....	1

Elections will be held this year in October/November for six new members. Please circle the organization you represent:

DO .....	4	DS .....	1
DT .....	1		

Anyone from the above-listed organizations is encouraged to fill in the application and return it to the CWF Office or to any CWFC member. Deadline for receiving applications is 27 October 2000. Your biographical sketch may be published. Please include all information that will be helpful in assisting the Agency employees with their voting. Signature of supervisor is required to authorize applicant to participate on CWF Council. Please call (301) 688-7337 to schedule a photo appointment.

NAME		ORG (i.e., A71, E32, etc.)	BUILDING AND ROOM NO.	NON-SECURE PHONE
SID	RESIDENCE (City <u>ONLY</u> )		AGENCY EOD	NO. YRS. WITH AGENCY
PRESENT POSITION			MILITARY EXPERIENCE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CLUB MEMBERSHIP (Agency, community and volunteer experience)			PROFESSIONAL SCHOOLS ATTENDED/DEGREES EARNED	
ADDITIONAL COMMENTS (Use reverse if necessary)				

**PUBLICATION CONSENT**

The NSA may seek to publish your name, photograph, or other personal information in consent with the CWF Council Elections. Your signature below indicates (along with the Privacy Act above) that such consent authorizes public release and constitutes official confirmation of your Agency affiliation, which could affect your eligibility to receive future assignments involving anonymity. Return completed form to CWF, VCC, Ops 2A, No Later Than 27 October. **WHETHER OR NOT YOU GIVE YOUR CONSENT!!!**

HAVE YOU HAD A SENSITIVE TDY OR PCS ASSIGNMENT DURING THE LAST 5 YEARS?		IF SO, WHERE (What designator?)	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> DO <input type="checkbox"/> DO NOT		<b>CONSENT TO PUBLICATION.</b>	
SIGNATURE (Supervisor)		* APPLICANT	DATE



**CWF BOWLING CLASSIC*****Complete in Triplicate!!  
PLEASE PRINT!!***

NAME	BOWLER (Last) (First) (MI)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MISC.
	EMPLOYEE (If not Bowler) (Last) (First) (MI)	ORG	NON-SECURE PHONE
HIGHEST AVG FOR PREVIOUS SEASON		BOWLING ESTABLISHMENT, LEAGUE NAME & CITY WHERE BOWLED	
		E-MAIL SID	

In consideration of the acceptance of my entry, I for myself, my executors, administrators and assignees, do hereby release and discharge the NSA/CSS Civilian Welfare Fund, the National Security Agency/Central Security Service, Ft. Meade and the U.S. Government, their employees and officials for all claims and damages, demands, actions, whatsoever in any manner arising or growing out of my participation in said event. I attest and verify that I have full knowledge of the risks involved and I am physically fit and sufficiently trained to participate in this event.

SIGNATURE (Bowler)

PARENT'S SIGNATURE (Required is bowler is under 18 yrs. of age)  
YABA Sanctioned League Bowlers INELIGIBLE**CWF USE ONLY**

DATE RECEIVED	AMOUNT RECEIVED \$	RECEIVED BY	STARTING TIME								
<b>WHERE SANCTIONED</b> <table border="1"> <tr> <td>ABC</td> <td>WIBC</td> </tr> <tr> <td>BALTIMORE</td> <td>BALTIMORE</td> </tr> <tr> <td>WASHINGTON</td> <td>WASHINGTON</td> </tr> <tr> <td></td> <td>SEVERNA PARK</td> </tr> </table>		ABC	WIBC	BALTIMORE	BALTIMORE	WASHINGTON	WASHINGTON		SEVERNA PARK	<input type="checkbox"/> NOT SANCTIONED  <input type="checkbox"/> SANCTIONED _____	LANE ASSIGNMENT  HANDICAP
ABC	WIBC										
BALTIMORE	BALTIMORE										
WASHINGTON	WASHINGTON										
	SEVERNA PARK										

FORM P9717A REV JAN 99 (Supersedes P9717A REV JAN 98 which is obsolete)  
NSN: 7540-FM-001-3843

SIZE 5" x 8"

If form to be completed on FrameMaker, MUST be printed on carbonized paper

**CWF SPORTS LEAGUE PLAYER ADDITION REQUEST**

DATE

Prepare in duplicate. Submit one copy to CWF for signature; keep one copy for your records. Player additions are not valid until approved by the league's Board, unless the opposing manager agrees, in writing, to allow the addition to play.

SPORT

TEAM NAME

MANAGER'S NAME

PHONE (Secure)

(Non-secure)

**PLEASE ADD THE FOLLOWING PLAYERS TO MY ROSTER**

NAME	ORG	SECURE	NON-SECURE	FORMER TEAM	SIGNATURE

OTHER INFO (Include Contractor and Contract expiration date, if applicable)

I CERTIFY THAT ALL INFORMATION PROVIDED BY ME IS TRUE, COMPLETE, AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

MANAGER'S SIGNATURE

CWF SIGNATURE

DATE

FORM P5164 REV MAR 83 (Supersedes P5164 APR 84 which is obsolete) COMPUTER FACIMILE  
NSN: 7540-FM-001-3439

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**CWF TICKET SERVICE**  
**FORT GEORGE G. MEADE, MD 20755-6105**  
**(301) 688-7337**

NAME (Last)		(First)	EXTENSION (outside)
EVENT		TIME	OPENING
PLACE			DINNER
EVENT/DATE			SHOW
SEC	QTY	@ \$	= \$
ROW			
SEAT		SERVICE CHARGE	
DATE OF PURCHASE		GRAND TOTAL \$	
BY			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK			

**REDEEMABLE AT BOX OFFICE**

FORM P7654 REV SEP 87 (Supersedes P7654 REV MAR 81 which is obsolete)  
 NSN: 7540-FM-001-1474

Approved for Release by NSA on  
 02-16-2007, FOIA Case #42877

FORM SIZE 8" x 5"

# DAO REGISTRATION REQUEST

(Use Form L6683-c for additional registrations)

Send Completed Forms To: EKMS Central Facility  
P.O. Box 718  
Finksburg, MD 21048-0718

<b>A.</b> FOR CENTRAL FACILITY USE ONLY (DO NOT Write In This Section)	TRACKING NUMBER	PARENT ORGANIZATION																																								
<b>B.</b> MANAGING COMMAND AUTHORITY (CA) INFORMATION (ALL entries must be completed unless otherwise noted)	COMMAND AUTHORITY/EKMS ID (Six-digit ID of individual serving as the managing Command Authority for this DAO description. The Command Authority specified must be regis- tered with the EKMS Central Facility).																																									
	NAME																																									
	COMPLETE MAILING ADDRESS																																									
	TELEPHONE (Commercial) (DSN if applicable)																																									
<b>C.</b> TRANSACTION TYPE (Choose One ONLY)	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> ADD (A six-digit DAO Code will be assigned by the EKMS Central Facility)           </div> <div style="width: 48%;"> <input type="checkbox"/> REASSIGN ONE DAO CODE TO A NEW COMMAND AUTHORITY (Enter six-digit code in Section D of DAO to be reassigned. Section E must also be completed.)           </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> MODIFY           </div> <div style="width: 48%;"> <input type="checkbox"/> REASSIGN ALL DAO CODES TO A NEW COMMAND AUTHORITY (Identified by Command Authority ID specified in Section B. Section E must also be completed.)           </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> DELETE (It would be beneficial to enter the DAO description, to ensure correct DAO is deleted from EKMS CF database. NOTE: Deletion automatically deletes all the User Rep key ordering privileges for that DAO.)           </div> </div>																																									
<b>D.</b> DAO INFORMATION	CODE (Six-digit code required for Modify, Delete and Reassign)	REFERENCE NO. (Required when DAO Registration Requests and Privilege Registration Requests are being submitted at the same time. The numbering scheme to be used is as follows:  Example: DAO Code Ref. No. = D1 (1st Dao Code) DAO Code Ref. No. = D2 (2nd DAO Code) DAO Code Ref. No. = Dn (last DAO Code)																																								
	DESCRIPTION (Enter up to two lines (16 characters per line, including spaces and punctuation) of ID Info. Do not use cryptic acronyms or cryptic abbreviations.)																																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">LINE 1:</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>LINE 2:</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		LINE 1:																				LINE 2:																			
	LINE 1:																																									
LINE 2:																																										
COMPLETE MAILING ADDRESS																																										
<b>E.</b> NEW COMMAND AUTHORITY INFORMATION (Required ONLY if transaction type in Section C is <u>REASSIGN</u> )	EKMS ID (Six-digit ID to whom DAO(s) are to be reassigned. Must be registered with EKMS Central Facility)	COMPLETE MAILING ADDRESS																																								
	NAME	TELEPHONE (Commercial) (DSN if applicable)																																								
	SIGNATURE OF NEW COMMAND AUTHORITY	TELEPHONE (Commercial) (DSN if applicable)																																								
<b>F.</b> MANAGING COMMAND AUTHORITY APPROVAL	SIGNATURE (Individual in Section B)																																									
	PRINTED/TYPED NAME	DATE																																								

DOC ID: 3113918  
**DAO REGISTRATION REQUEST CONTINUATION**  
 (See Instructions on Form L6683)

Send Completed Forms To: EKMS Central Facility  
 P.O. Box 718  
 Finksburg, MD 21048-0718

<b>G.</b> FOR CENTRAL FACILITY USE ONLY <i>(DO NOT Write in          This Section)</i>	TRACKING NUMBER			
<b>H.</b> MANAGING COMMAND AUTHORITY (CA) INFORMATION	<b>COMMAND AUTHORITY/EKMS ID</b> <i>(Six-digit ID of individual serving as the managing Command Authority for the following DAO(s). The Command Authority ID specified should be same as ID specified in Block B on Form L6683.)</i>			
<b>I.</b>  ADDITIONAL INFORMATION	TRANSACTION TYPE <i>(Choose One ONLY)</i>	DAO	DESCRIPTION <i>(Enter up to two lines (16 characters per line, including spaces and punctuation) of ID info. Do not use cryptic acronyms or cryptic abbreviations.)</i>	
	ADD	CODE	LINE 1	
	MODIFY	REF #	LINE 2	
	DELETE			
	ADD	CODE	LINE 1	
	MODIFY	REF #	LINE 2	
	DELETE			
	ADD	CODE	LINE 1	
	MODIFY	REF #	LINE 2	
	DELETE			
	ADD	CODE	LINE 1	
	MODIFY	REF #	LINE 2	
	DELETE			
	ADD	CODE	LINE 1	
	MODIFY	REF #	LINE 2	
	DELETE			
	ADD	CODE	LINE 1	
	MODIFY	REF #	LINE 2	
	DELETE			
	ADD	CODE	LINE 1	
	MODIFY	REF #	LINE 2	
	DELETE			
	<b>J.</b> MANAGING COMMAND AUTHORITY APPROVAL	SIGNATURE <i>(Individual in Section B)</i>		
	PRINTED/TYPED NAME		DATE	

DOCID: 3113920

## DCM/DIRECTORATE ACQUISITION REQUEST/JUSTIFICATION

[illegible]

PURPOSE/FUNCTION: (Explain the need, organizational customer, associated project name, and operating system, if applicable)

IMPACT STATEMENT (if not procured)

COMMENTS (Include Vendor name and phone number, if applicable)

REQUESTER'S NAME	CUSTOMER SERIAL NO.	SECURE PHONE	ORG	DATE
OFFICE CHIEF (Signature)			ORG	DATE
SENIOR STAFF BUDGET OFFICER				DATE
NO9 REFERENCE NUMBER	FUND CITE			

# SAMPLE

## DEBRIEFING MEMORANDUM Special Access Programs

PRIVACY ACT STATEMENT: Auth for requesting SSN: EO 9397; info will be used (Principally) To identify individual. (Routinely) NSA's Blanket Routine Uses, found at 50 Fed. Reg. 22,584 (1985) apply. Disclosure of SSN: Voluntary. Effect on individual if requested info not provided: Will delay certifications and original access to national security information. Your signature below \* indicates you have read and understand the above.

THIS MEMORANDUM RECORDS THE FACT THAT I WAS DEBRIEFED ON THIS DATE FOR THE FOLLOWING SPECIAL ACCESS PROGRAMS:

I WAS SHOWN AND GIVEN THE OPPORTUNITY TO READ AN UNSIGNED COPY OF THE NSA SECURITY AGREEMENT THAT I PREVIOUSLY HAD SIGNED AND WAS REMINDED OF MY CONTINUING OBLIGATION TO COMPLY WITH THE TERMS OF THIS AGREEMENT.

SIGNATURE	ORGANIZATION
PRINTED OR TYPED NAME	SOCIAL SECURITY NUMBER (See notice above)
BRIEFING OFFICER SIGNATURE	ORGANIZATION OR COMPANY
PRINTED OR TYPED NAME	DATE

FORM G170H REV AUG 92 (Supersedes G170H MAY 82 which is obsolete)  
NSN: 7540-FM-001-2871

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

# Declaration for Federal Employment

## INSTRUCTIONS

The information collected on this form is used to determine your acceptability for Federal employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or

any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

You must answer all questions truthfully and completely. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses to this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"), including your name, Social Security Number, and item number on each sheet. It is recommended that you keep a photocopy of your completed form for your records.

## PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, and 8716 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this burden, to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, D.C. 20415.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceeding where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognition and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives,

the Federal Acquisitions Institute, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.



# Declaration for Federal Employment

Form Approved:  
O.M.B. No. 3206-0182  
NSN 7540-01-368-7775  
50306-101

## GENERAL INFORMATION

1 FULL NAME



2 SOCIAL SECURITY NUMBER

3 PLACE OF BIRTH (Include City and State or Country)



4 DATE OF BIRTH (MM/DD/YY)



5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)



6 PHONE NUMBERS (Include Area Codes)

DAY ▶

NIGHT ▶

## MILITARY SERVICE

7 Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO".

Yes	No

If you answered "YES",  
list the branch, dates  
(MM/DD/YY), and type  
of discharge for all active  
duty military service.

BRANCH	FROM	TO	TYPE OF DISCHARGE

## BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

- 8 During the last 10 years, have you been convicted, been imprisoned, been on probation or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. ...
- 9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. ....
- 10 Are you now under charges for any violation of law? If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. ....
- 11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address. ....
- 12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. ....

Yes	No

## ADDITIONAL QUESTIONS

- 13 Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works. ....
- 14 Do you receive, or have you ever applied for retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service? .....

Yes	No

**CONTINUATION SPACE / AGENCY OPTIONAL QUESTIONS**

- 15** Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

**CERTIFICATIONS / ADDITIONAL QUESTION**

**APPLICANT:** If you are applying for a position and have not yet been selected. Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

**Appointee:** If you are being appointed. Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

**16** I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, or some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

**16a Applicant's Signature** ►  
(Sign in ink)

**Date** ►

**16b Appointee's Signature** ►  
(Sign in ink)

**Date** ►

APPOINTING OFFICER: Enter Date of Appointment or Conversion

- 17 Appointee Only (Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help you personnel office make a correct determination.

**17a** When did you leave your last Federal job? .....

**17b** When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? .....

**17c** If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled. ....

Date (MM/DD/YY)		
Yes	No	Don't Know

SECURITY CLASSIFICATION

**DECLARATION OF INTENT TO REMAIN AT POST OF DUTY**

IN <input type="checkbox"/> accepting an overseas assignment	AS (Work Role/Grade)	
IN <input type="checkbox"/> the continued performance of my overseas duties		
SKILL COMMUNITY	AT (Location)	FOR A PERIOD OF

I agree to accept the following condition of employment: should an emergency be declared or should the evacuation of non-combatants be ordered during my tour of duty, I will remain at my post of duty and will perform the duties assigned to me by the Director, NSA/CSS, until I am relieved or ordered to a new assignment by the Director, NSA/CSS, or his duly authorized representative, or until I am recalled to active duty.

**CHECK APPROPRIATE ITEMS**

- ☐ I possess no status in the U.S. military reserve system.
- ☐ I hold a (*standby, ready, retired*) reserve status, as indicated below.
- ☐ ARMY      ☐ NAVY      ☐ AIR FORCE      ☐ MARINE CORPS      ☐ COAST GUARD

In accordance with PMM Chapter 390.3-5e, signing this declaration is a condition of assignment overseas. Refusing to sign means (A) Your current tour will not be extended, or (B) You will not be selected for this assignment.

PRINTED NAME	SIGNATURE	DATE
--------------	-----------	------

**WITNESSED**

NAME	DATE
TITLE	

FORM P7929 REV MAR 2001 (Supersedes P7929 REV JAN 2000 which is obsolete)

SECURITY CLASSIFICATION

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**Deed of Gift to the  
NATIONAL CRYPTOLOGIC MUSEUM  
of the  
Department of Defense/National Security Agency**

I (we) do hereby irrevocably and unconditionally give, transfer, and assign to the National Cryptologic Museum of the Department of Defense/National Security Agency by way of gift, all right and title, *(including the nonexclusive license described below)*, in, to and associated with the property described below.

I (we) affirm that I (we) own said property and to the best of my (our) knowledge I (we) have good and complete right and title *(including the right to convey said nonexclusive license)* to give.

To carry out my (our) purpose, I (we) do hereby give, transfer, convey and assign said property, free and clear of all encumbrances, to the National Cryptologic Museum, hereby relinquishing for myself (ourselves), my (our) executors, administrators, heirs, and assigns all ownership, rights *(including copyright)*, title, interest, and possession therein to the donee absolutely.

The herein described gift and transfer of said property does not entail the granting by the donee special concessions or privileges to me (us) or my (our) executors, administrators, heirs and assigns. The herein described gift and transfer of said property is made for the benefit or use in connection with the establishment, operation, or maintenance of the National Cryptologic Museum or other institutions or organizations under the jurisdiction of the Department of Defense in conformance with Section 2601 of Title 10, United States Code.

I (we) give permission to use said object(s) and/or photograph(s) or other reproductions of it (them) for all standard museum purposes including, but not limited to, exhibition, publicity, outgoing loan, and educational endeavors.

I (we) understand it is my (our) responsibility to have an appraisal of the gift made for tax purposes. No appraisals will be performed by the National Cryptologic Museum or its staff.

I (we) understand that no reference to the National Cryptologic Museum or to the fact that the object(s) is (are) in the National Cryptologic Museum collection may be used in any commercial context, and I (we) agree not to permit or condone any such use without the written permission of the National Cryptologic Museum.

---

DESCRIPTION OF PROPERTY

1. DONOR (Printed Name)	(Signature)	DATE (Month, Day, Year)
2. DONOR (Printed Name)	(Signature)	DATE (Month, Day, Year)
3. DONOR (Printed Name)	(Signature)	DATE (Month, Day, Year)

---

ATTACHMENTS

MUSEUM REPRESENTATIVE (Donee) (Signature)	DATE
---	------

# DELINEATION OF PRIVILEGES REPORT- CLINICAL PSYCHOLOGISTS

DATE	REQUESTED BY	PERIOD COVERED (From)	(To)
------	--------------	-----------------------	------

## PRIVILEGES

Delineation of privileges must be based on an individual's education, training, experience, demonstrated current competency, and health. Initial category below.

INITIALS	<b>Category I</b> Practitioner has PhD or PsyD in clinical psychology but is not yet licensed.
	<b>Category II</b> Practitioner has PhD or PsyD in clinical psychology and is licensed.

PRIVILEGES REQUESTED		RECOMMENDATIONS BY DIVISION CHIEF (Indicate by initialing appropriate column)		
		APPROVED WITHOUT LIMITATION	APPROVED (Requires supervision)	NOT APPROVED
	Psychological Evaluation (Assessment through clinical interviews and psychological procedures; diagnosis and recommendations in accordance with Agency standards)			
	OUTPATIENT PSYCHOLOGICAL TREATMENT			
	CONSULTATION			
	(1) COMMAND / MANAGEMENT			
	(2) OCCUPATIONAL HEALTH ACTIVITIES			
	RESEARCH			
	ADDITIONAL (Specify)			
	BIOFEEDBACK			

EXCEPTIONS (Recommended by Division Chief)

SUPERVISOR SIGNATURE

# DECLINATION OF PRIVILEGES REPORT- CLINICAL SOCIAL WORKER

DATE	REQUESTED BY	PERIOD COVERED (From)	(To)
------	--------------	-----------------------	------

## PRIVILEGES

Delineation of privileges must be based on an individual's education, training, experience, demonstrated current competency, and health. Initial category below.

INITIALS	Practitioner has MSW in Clinical Social Work and is licensed at LCSW-C level.
----------	---

INITIALS	PRIVILEGES REQUESTED	RECOMMENDATIONS BY DIVISION CHIEF (Indicate by initialing appropriate column)		
		APPROVED WITHOUT LIMITATION	APPROVED (Requires supervision)	NOT APPROVED
	CLINICAL ASSESSMENT (Assessment through clinical interviews, and a diagnosis and recommendation in accordance with EAS standards)			
	OUTPATIENT TREATMENT			
	(1) CRISIS INTERVENTION			
	(2) INDIVIDUAL PSYCHOTHERAPY			
	(3) GROUP PSYCHOTHERAPY			
	(4) MARITAL/FAMILY THERAPY			
	(5) BIOFEEDBACK			
	(6) HYPNOSIS			
	CONSULTATION			
	(1) COMMAND			
	(2) MANAGEMENT			
	(3) MEDICAL/OCCUPATIONAL HEALTH ACTIVITIES			
	RESEARCH			
	OTHER/ADDITIONAL (Specify: Financial Counseling, Alcohol Tx, Case Mgt, Prevention/ Education Training, Management Training and Staff Development, Preventative Mental Health Education, Biofeedback)			

EXCEPTIONS (Recommended by Division Chief)

SUPERVISOR SIGNATURE

# **DO NOT WRITE IN THESE SPACES** **DELINEATION OF PRIVILEGES REPORT- LICENSED CLINICAL PROFESSIONAL COUNSELOR**

DATE	REQUESTED BY	PERIOD COVERED (From)	(To)
------	--------------	-----------------------	------

## **PRIVILEGES**

Delineation of privileges must be based on an individual's education, training, experience, demonstrated current competency, and health. Initial category below.

INITIALS	Practitioner has a MS in Counseling and is licensed at the Licensed Clinical Professional Counselor (LCPC) level.
----------	---

INITIALS	PRIVILEGES REQUESTED	RECOMMENDATIONS BY DIVISION CHIEF (Indicate by initialing appropriate column)		
		APPROVED WITHOUT LIMITATION	APPROVED (Requires supervision)	NOT APPROVED
	CLINICAL ASSESSMENT (Assessment through clinical interviews, and a diagnosis and recommendation in accordance with EAS standards)			
	OUTPATIENT TREATMENT			
	(1) CRISIS INTERVENTION			
	(2) INDIVIDUAL PSYCHOTHERAPY			
	(3) GROUP PSYCHOTHERAPY			
	(4) MARITAL/FAMILY THERAPY			
	(5) BIOFEEDBACK			
	(6) HYPNOSIS			
	CONSULTATION			
	(1) COMMAND			
	(2) MANAGEMENT			
	(3) MEDICAL/OCCUPATIONAL HEALTH ACTIVITIES (Specify)			
	RESEARCH			
	OTHER/ADDITIONAL (Specify: Financial Counseling, Alcohol Tx, Case Mgt, Prevention/ Education Training, Management Training and Staff Development, Preventative Mental Health Education, Biofeedback)			

EXCEPTIONS (Recommended by Division Chief)

SUPERVISOR SIGNATURE

# DELINEATION OF PRIVILEGES REPORT- PHYSICIAN

DATE		REQUESTED BY		PERIOD COVERED (From)		(To)	
<b>PRIVILEGES</b> Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.				<b>RECOMMENDATIONS BY DIVISION CHIEF</b>			
				<b>APPROVED</b>			<b>NOT</b>
				WITHOUT LIMITATION	REQUIRES SUPERVISION	WITH MODIFICATIONS	APPROVED
<b>SECTION A GENERAL</b>							
1. Physical evaluation. History and physical examination to include vaginal and rectal.							
2. Diagnostic tests. Order and initially interpret ECG; order laboratory tests on blood, urine, and secretions and radiologic tests which do not require hospitalization; basic initial radiographic interpretations (skull, spine, chest, breast, abdomen, and extremities).							
3. Medication. Initiate drug therapy for acute common illnesses not requiring hospitalization.							
4. Procedures. Excision of superficial skin subcutaneous lesions for pathologic study, suture minor lacerations (except eye-lids) I & D simple abscesses, splint simple fractures, and diagnostic procedures.							
5. Diagnose and treat acute minor illness.							
6. Prescribe routine medications.							
7. Administration of medication (excluding I.V. meds, except emergency)							
8. Administration of I.V. fluids and referral							
9. Routine cultures							
10. Local anesthesia							
11. Digital block anesthesia							
12. KOH prep							
13. Pelvic bimanual exam, Pap smear, breast exam							
14. Treatment of pelvic inflammatory disease, with consultation							
15. Nonsurgical management of back and neck pain							
16. Treatment of anterior nose bleeds							
17. Minor EENT problems, i.e., otitis media, tonsillitis, conjunctivitis, sinusitis							
18. Basic neurological examination							
19. Management of minor GU problems							
20. Eye examination (routine)							
<b>SECTION B PROCEDURES</b>							
1. Repair of simple lacerations (not to include the face)							
2. Removal of loose foreign bodies from soft tissues which are exposed and/or superficial in nature to include eye							
3. Initial interpretation of X-rays							
4. Electrocardiograph, final interpretation							
5. Incision and drainage of external thrombotic hemorrhoid, must refer for follow-up.							
6. Suturing of minor digital and extremity lacerations not involving nerve, tendon or vessel repair							
7. Packing of posterior nose bleeds with stat referral							
8. Catheterization followed by referral							
9. Flexible sigmoidoscopy							
<b>SECTION C EMERGENCY CARE</b>							
1. Basic cardiac life support							
2. Advanced cardiac life support							
3. Pneumothorax, emergency treatment							
4. Initial and emergency triage of trauma pending transfer							
5. Initial management and care of closed fracture (splinting)							
6. Psychotherapeutic medication prior to transfer to Acute Care Facility							
7. Immediate crisis intervention pending referral							
8. Administration of emergency I.V. medications							
9. Cricothyroidotomy, emergency							
10. Endotracheal intubation, emergency							



(continued)

**SECTION D**

**ADDITIONAL SPECIFIC PRIVILEGE:**

---

---

---

---

---

---

---

**SECTION E**

**COMMENTS:** Other than acceptable rating will be addressed. Borderline and Unacceptable ratings will require supervisor's plan with HCP for improved performance. Rating of Seldom Exercised will address if privilege(s) rating is due to HCP poor performance or seldom exercised facility wide.

---

---

---

---

---

---

---

SUPERVISOR SIGNATURE

---

---

## DELINEATION OF PRIVILEGES REPORT- PHYSICIAN ASSISTANTS

DATE	REQUESTED BY	PERIOD COVERED (From)	(To)
------	--------------	-----------------------	------

PRIVILEGES	RECOMMENDATIONS BY DIVISION CHIEF	
------------	-----------------------------------	--

Assignment of clinical privileges will be based on education, training, experience, and demonstrated competence.

APPROVED  
REQUIRES  
SUPERVISION

NOT  
APPROVED

### SPECIALTY AREAS (Check box)

- ☐ 1. Emergency medicine
- ☐ 2. Family practice
- ☐ 3. Occupational medicine

### NON-SPECIALTY AREAS (Check box)

- ☐ 1. Ambulatory care clinic
- ☐ 2. Hearing Conservation Program
- ☐ 3. Patient Education at work site
- ☐ 4. Other (Specify)

### CLINICAL PRIVILEGES (Check box)

- ☐ 1. Patient screening to determine need for medical care
- ☐ 2. Temporary profiles (not to exceed 30 days)
- ☐ 3. Diagnose and treat minor illnesses (adult). Referral will be made to a physician for conditions which do not respond to therapy with the first visit or whose cause is not immediately determined. Excludes patients returning for treatment of chronic illnesses previously documented in their medical record.
- ☐ 4. Outpatient history and physical examinations
- ☐ 5. Prescribe and administer TAB aproved medications (attach listing)
- ☐ 6. Order routine laboratory tests on blood, secretions, and urine
- ☐ 7. Order x-rays of chest, abdomen, breast and extremities which do not require contrast material.
- ☐ 8. Order ECGs with initial interpretation
- ☐ 9. Bimanual pelvic exams, pap smear, breast exam
- ☐ 10. Spirometry, conduction and interpretation
- ☐ 11. Other (Specify)

### PROCEDURES (Check box)

- ☐ 1. Wound care, debridement, and suturing of minor lacerations
- ☐ 2. Incision and drainage abscess with routine cultures
- ☐ 3. Urethral catheterization
- ☐ 4. Administer inhalation medications
- ☐ 5. Administer IV fluids to adults
- ☐ 6. Stabilization of fractures (splinting)
- ☐ 7. Other (Specify)
  - ☐ Basic Cardiac Life Support
  - ☐ Advanced Cardiac Life Support
  - ☐ Administer IV fluids with referral
  - ☐ Administer emergency medications under direction of physician
- ☐ 8. Anesthesia
  - ☐ Digital block
  - ☐ Local

### EXCEPTIONS (Recommended by Division/Clinic Chief)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SUPERVISOR SIGNATURE

## DOCID: 3113960

CARRYING AGENT

TOTAL NO. PIECES	
------------------	--

COURIER (Printed Name)

COURIER (Printed Name)

(Signature)

(Signature)

ROOM NUMBER  
AND BUILDING

RECEIVED

CONTROL

SIGNATURE

TIME

**COPY 1 - Signed and returned to sending office**  
**COPY 2 - Retained by addressee**  
**COPY 3 - Retained by carrying agency**

THE FOLLOWING PIECES OF OFFICIAL MATERIAL HAVE BEEN RECEIVED FROM:

[illegible]

LOCATION	
----------	--

DATE \_\_\_\_\_

HOUR	
------	--

INITIALS

CARRYING AGENT	TOTAL NO. PIECES	COURIER <i>(Printed Name)</i>	<i>(Signature)</i>

**COPY 1 - Signed and returned to sending office**  
**COPY 2 - Retained by addressee**  
**COPY 3 - Retained by carrying agency**

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

THE FOLLOWING PIECES OF OFFICIAL MATERIAL HAVE BEEN RECEIVED FROM:

1 RUN NUMBER

LOCATION	
----------	--

DATE \_\_\_\_\_

	HOUR
--	------

INITIALS

Approved for Release by NSA on 03-16-2007 E.O. Case #42877

**CARRYING AGENT**

TOTAL NO. PIECES	
------------------	--

COURIER (Printed Name)

(Signature)

FORM A9843 REV AUG 2000 (Supersedes A9843 REV FEB 86 which is obsolete)  
OVERPRINT B AUG 2000  
NSN: 7540-FM-001-5679

**COPY 1 - Signed and returned to sending office**  
**COPY 2 - Retained by addressee**  
**COPY 3 - Retained by carrying agency**

DOCID: 3114175

**DETERMINATION TO DISSOLVE A SET-ASIDE**

SUBJECT PR NO	AMOUNT	DATE
---------------	--------	------

The subject requirement has been reviewed by the Contracting Officer. It is hereby determined that the Small Business/Small Purchase Set-Aside is dissolved for the following reason(s):

- ☐ This is a sole source requirement available only from: ☐ LARGE Business ☐ SMALL Business
- ☐ There are no distributors or dealers.
- ☐ There is no known small business capability.
- ☐ Two (2) or more small business concerns, which are competitive, cannot be located.
- ☐ Prices obtained from small business(es) are not competitive with market prices. (See FAR 13.106) (See remarks below)
- ☐ The only known small business has a history of:
- ☐ Poor Quality ☐ Late Delivery

(Cite complete examples in remarks below.)

CONTRACTING OFFICER	ORG	PHONE	SIGNATURE
---------------------	-----	-------	-----------

PLEASE NOTE: A determination to solicit LARGE business because prices from SMALL exceed fair market value, must be coordinated with the SADBUs Office.

CONCUR: (Small Business Specialist)	DATE
-------------------------------------	------

**DETERMINATION TO ISSUE AN ORDER UNDER THE ECONOMY ACT**

1. Pursuant to 31 United States Code 1535, The Economy Act; and Secretary of Defense Memorandum, Subject: Use of Orders Under the Economy Act, dated 8 February 1994, I hereby approve the purchase of goods or services based on the following determination.

2. The National Security Agency proposes to issue an Order under the Economy Act to

\_\_\_\_\_ for \_\_\_\_\_  
(Name of Servicing Agency) (Identify supplies or services to be obtained)

3. It is in the Government's best interest to obtain the described supplies and services under the Economy Act. The items identified in paragraph 2. above cannot be provided as conveniently or inexpensively by contracting directly with a private source. Information is provided to support this statement. *(Check applicable example.)*

- ☐ a. Source will only accept orders from the servicing agency.
- ☐ b. NSA is taking advantage of a major buy sponsored by the servicing agency.
- ☐ c. The servicing agency is providing contractual benefits NSA cannot obtain.
- ☐ d. The work will be performed in-house by the servicing agency.
- ☐ e. Other \_\_\_\_\_  
(Specify)

4. If contracting action is required, the following circumstance is applicable: *(Check supporting clause.)*

- ☐ a. The \_\_\_\_\_ has unique expertise or ability not available within DoD.  
(Name of Servicing Agency)
- ☐ b. The supplies or services are within the scope of activities authorized by law or regulation for the \_\_\_\_\_ which normally contracts for those supplies or services for itself.  
(Name of Servicing Agency)
- ☐ c. The acquisition will be made under an existing contract of the servicing agency.

5. This Determination and Findings statement meets the requirements set forth in the Federal Acquisition Regulation, paragraph 17.503.

PRINTED NAME	POSITION	GRADE	SIGNATURE

FORM C7015 REV JUN 2000 *(Supersedes C7015 AUG 97 which is obsolete)*  
 NSN: 7540-FM-001-5550

All Economy Act Orders released outside of DoD, with the exception of agencies that do not comply with the provisions of the Federal Acquisition Regulation, shall include this Determination and Findings statement and **MUST** be approved by an SCES, FLAG, or GENERAL OFFICER.

Approved for Release by NSA on  
 02-16-2007, FOIA Case # 42877

**DEVELOPMENTAL COUNSELING FORM**

For use of this form, see FM 22-100; the proponent agency is TRADOC

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

**PART I - ADMINISTRATIVE DATA**

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

**PART II - BACKGROUND INFORMATION**

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

**PART III - SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

**OTHER INSTRUCTIONS**

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.



**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_

Date: \_\_\_\_\_

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: \_\_\_\_\_

Date: \_\_\_\_\_

**PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.

**HELP DOCUMENT  
FOR  
DIRECT DEPOSIT SIGN-UP FORM  
SF 1199A**

1. Three copies of the form should be completed, printed and delivered to the financial institution. Copy designation is as follows:

Copy 1 - Government Agency Copy;  
Copy 2 - Financial Institution Copy; and  
Copy 3 - Payee(s) Copy.

Change Copy Designator located on the bottom of the body page before printing out Copy 2 and 3.

2. Graphic design of government check, which appears in instructions located on reverse of form, is simulated as close as possible to the 'real' thing.

# DIRECT DEPOSIT SIGN-UP FORM

## DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Section 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

## SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE</b> (last, first, middle initial)		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		<b>E DEPOSITOR ACCOUNT NUMBER</b> <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		<b>F TYPE OF PAYMENT</b> (Check only one)	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b>		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify)	
<b>C CLAIM OR PAYROLL ID NUMBER</b> Prefix Suffix		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</b> (if applicable)	
		TYPE	AMOUNT
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

## SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

## SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
DEPOSITOR ACCOUNT TITLE		
<b>FINANCIAL INSTITUTION CERTIFICATION</b> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER
		DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503

**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

**INFORMATION FOUND ON CHECKS**

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

<b>United States Treasury</b>		15-51 000	Check No. 0000 4157185
Month 08	Day 31	Year 84	AUSTIN, TEXAS
29-693-775		-00	<b>(C)</b>
Pay to the order of JOHN DOE 123 BRISTOL STREET HAWKINS BRANCH TX 76543		28 28	<b>(F)</b>
<b>(A)</b>		VA COMP	<b>(F)</b>
		DOLLARS	CTS
		\$....100	00
<b>NOT NEGOTIABLE</b>			
I:000000518: 041571926I			

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

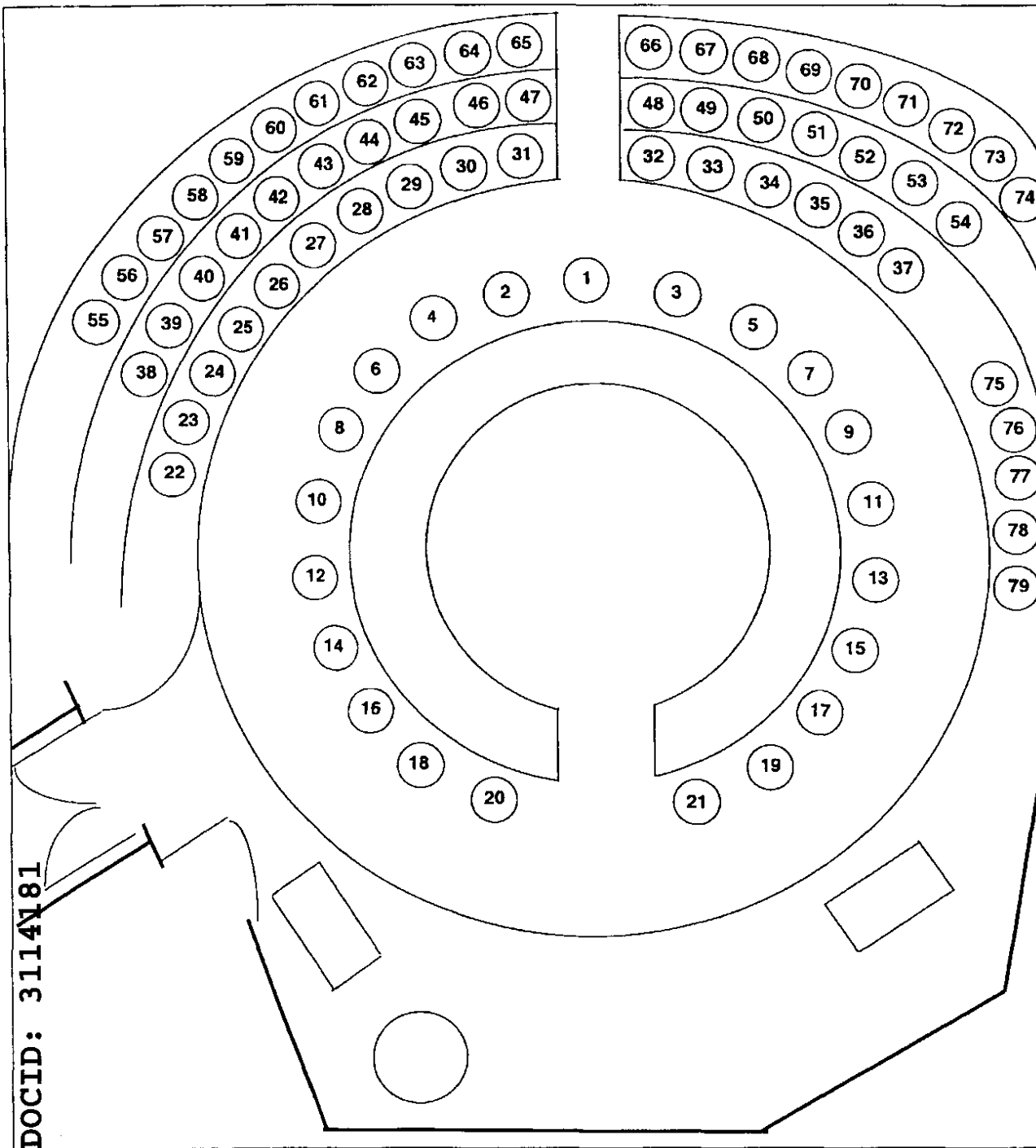
**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

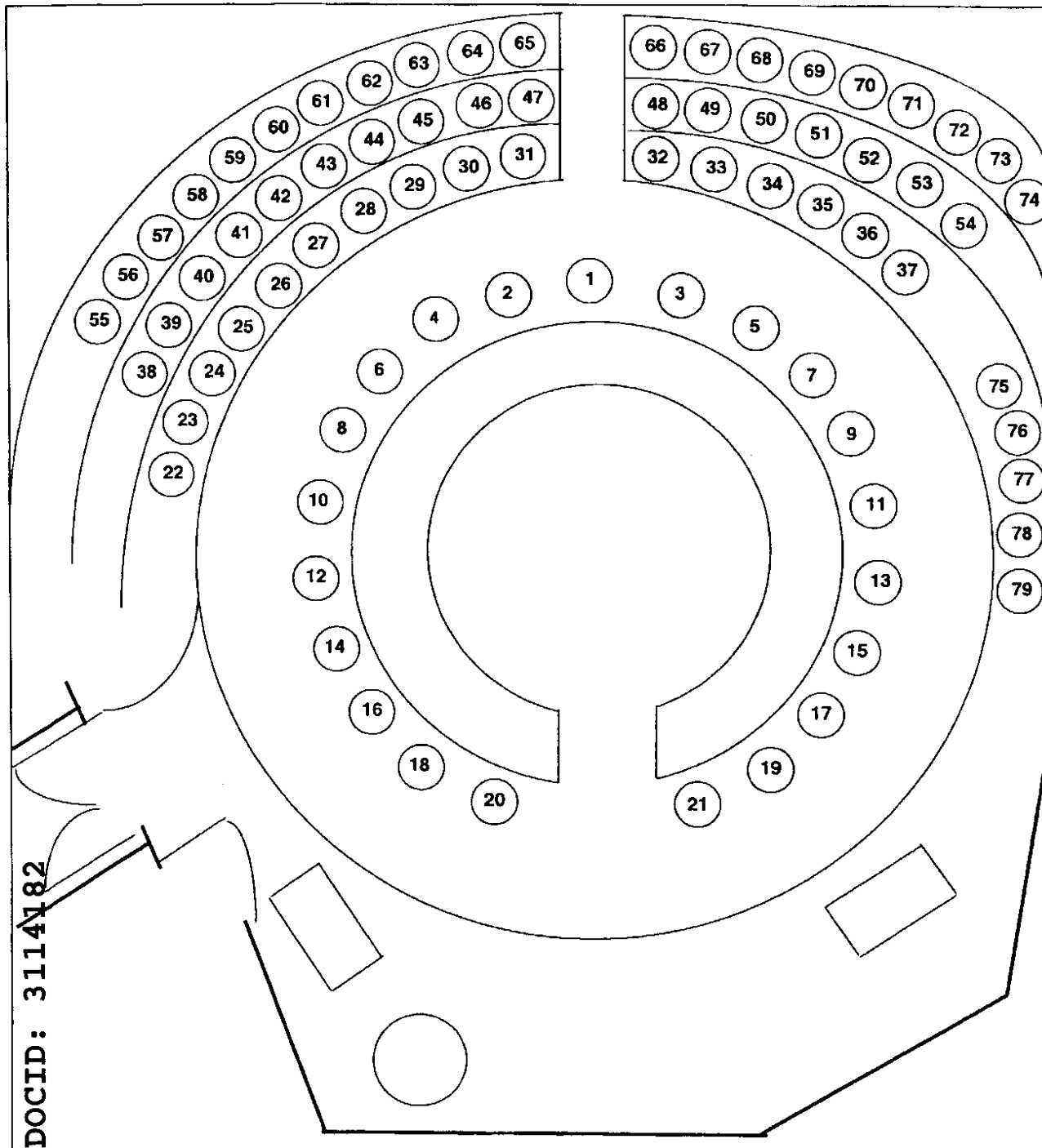
Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

**DOCID: 3114181**

[illegible]

Approved for Release by NSA on 02-16-2007 E.O. Case #42877

# DIRECTOR'S CONFERENCE ROOM 2B8020 SEATING CHART (Numerical)



## SEATING ARRANGEMENT (in numerical sequence)

1	41
2	42
3	43
4	44
5	45
6	46
7	47
8	48
9	49
10	50
11	51
12	52
13	53
14	54
15	55
16	56
17	57
18	58
19	59
20	60
21	61
22	62
23	63
24	64
25	65
26	66
27	67
28	68
29	69
30	70
31	71
32	72
33	73
34	74
35	75
36	76
37	77
38	78
39	79
40	

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

DOCID: 3114182

APPLICATION		REVISIONS			
NEXT ASSY	USED ON	LTR	DESCRIPTION	DATE	APPROVED

REV STATUS OF SHEETS	REV SHEET				
-------------------------	--------------	--	--	--	--

UNLESS OTHERWISE SPECIFIED		DRAWN BY :	DATE:	<b>DEPARTMENT OF DEFENSE</b>	
DIMENSIONS ARE IN INCHES: TOLERANCES ON: FRACTIONS    TWO PLACE DECIMALS $\pm$ $\pm$		CHECKED BY:			
ANGLES +                    + THREE PLACE DECIMALS		CONTRACTOR CERTIFICATION:		Approved for Release by NSA on 02-16-2007, FOIA Case # 42877	
REMOVE ALL BURRS AND SHARP EDGES. DIMENSIONS AND TOLERANCES SHALL BE HELD AFTER PLATING. MACHINE SURFACES TO BE $\sqrt{}$ RMS.		DESIGN APPROVAL:			
MATERIAL		DOCUMENTATION APPROVAL :	SCALE	CONTRACT NO.	SIZE <b>A</b>
					CODE IDENT <b>98230</b>
					DWG NO. 
					SHEET 1 OF 1

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SIZE <b>A</b>	CODE IDENT <b>98230</b>	DWG NO.
SCALE	CONTRACT NO.	SHEET
FIGURE		PAGE <b>2</b>



REV LVL

SIZE <b>A</b>	CODE IDENT <b>98230</b>	DWG NO.	
SCALE		CONTRACT NO.	SHEET
FIGURE			PAGE

# DOCTD 3114193 ECONOMY ACT ORDER FORM

(INSTRUCTIONS ON PAGE 2)

1.a. TYPE OF ORDER (Check <b>ONE</b> ) <input type="checkbox"/> ECONOMY ACT ORDER <input type="checkbox"/> OTHER ORDER (Cite Statute)		TYPE OF FINANCING DESIRED (Check <b>ONE</b> ) <input type="checkbox"/> DIRECT CITATION <input type="checkbox"/> REIMBURSABLE		2. DATE PREPARED (YYYYMMDD)	4. DOCUMENT NUMBER
1.b. INTERNAL ORDER NUMBER				3. COMPLETION DATE (YYYYMMDD)	5. AMENDMENT NUMBER
6. FROM: REQUESTING ACTIVITY (Agency and Address)				7. AGENCY TECHNICAL POINT OF CONTACT	
8. TO: PERFORMING ACTIVITY (Agency and Address)				9. MAIL BILLINGS TO	

10. DESCRIPTION OF ORDER AND OTHER INSTRUCTIONS: <input type="checkbox"/> REMARKS (attach if required) <input type="checkbox"/> CONTINUATION SHEET (attach if required)					
ITEM NO. a.	SCHEDULE OF SUPPLIES/SERVICES b.	QUANTITY c.	UNIT OF ISSUE d.	UNIT PRICE e.	ESTIMATED AMOUNT f.
11. NUMBER (ISA) (MOAMOU)				ESTIMATED GRAND TOTAL 9. THIS DOCUMENT →	
12. ACCOUNTING CLASSIFICATION (Funds for this order are properly chargeable to the following accounting data:)					h. CUMULATIVE TOTAL

13. AUTHORIZING OFFICIAL	NAME (Last) (First) (MI)	TITLE
	SIGNATURE	DATE (YYYYMMDD)

14. APPROVING OFFICIAL: This order is not being placed with another Federal Agency for the purpose of avoiding the requirements of the Competition in Contracting Act. If this order will result in a contract action being taken by the accepting Federal Agency, I verify that a determination has been made that this order meets the requirements set forth in P.L. 103-160, National Defense Authorization Act for Fiscal Year 1994, Section 844, dated 30 November 1993.

NAME (Last) (First) (MI)	TITLE
GRADE SIGNATURE	DATE (YYYYMMDD)

15a. CERTIFYING OFFICIAL: I certify that funds cited are available for obligation. The available balances are sufficient to cover the estimated grand total of this order.

b. FUNDS EXPIRATION DATE (YYYYMMDD)

## TO BE COMPLETED BY ACCEPTING ACTIVITY

16. PROVIDED THROUGH REIMBURSEMENT		17. PROCURED BY DIRECT CITATION		18. FUNDS PROVIDED THROUGH REIMBURSEMENT (Total Block 16b)
ITEM NO. a.	ESTIMATED AMOUNT b.	ITEM NO. a.	ESTIMATED AMOUNT b.	
				19. PROCURED BY DIRECT CITATION (Total Block 17b)

THIS REQUEST/ORDER IS ACCEPTED ON A <input type="checkbox"/> REIMBURSABLE basis and the items will be provided in accordance herewith. <input type="checkbox"/> DIRECT CITE		20. NAME (Last) (First) (MI)	DATE (YYYYMMDD)
		SIGNATURE	TITLE

**ECONOMY ACT ORDER FORM INSTRUCTIONS***(Form B5549 REV SEP 2000)*

**BLOCK 1a: Type of Order** - Indicate the type of order being processed. The order may serve as an Economy Act Order (31 USC 1535), or an order based upon other statutory authority, such as a Project Order (41 USC 23). Performance of the work or services, or both, must be accomplished in accordance with the applicable statutes. The order may be on a reimbursable or direct fund cite basis, or both.

**BLOCK 1b: Internal Order Number** - Enter Internal Key Component Number. This is an 11 character number separated by three hyphens. The first three characters, "EAO," identify the document as an Economy Act Order. After the first hyphen, enter the Agency Alpha Plus One organization which is issuing the Order. After the second hyphen, enter the last two digits of the fiscal year. After the third hyphen, enter a four-digit one-up number, beginning with 0001 at the start of each new fiscal year, to identify the specific EAO.

**BLOCK 2: Date Prepared** - Self-explanatory.

**BLOCK 3: Completion Date** - The date by which the work or services being requested must be completed and/or materials delivered by the performing activity. An extension or change of the completion date, if required, shall be requested in writing and is subject to the approval of the requesting activity cited in Block 6. An amendment to the original order shall be prepared by the requesting activity if extension or change is approved.

**BLOCK 4: Document Number** - To be completed by the DF Organization. Document numbers are used for accountability and control purposes. The number uniquely identifies the document and is the number under which the funds cited in Blocks 10, 16 and 17 are to be recorded (that is, committed, obligated, expensed, etc.).

**BLOCK 5: Amendment Number** - The number assigned by the originating activity to uniquely identify each amendment to the original (basic) document. Amendment numbers reflect the original EAO number, followed by a four-digit, one-up number preceded by the letter "A."

**BLOCK 6: From** - Self-explanatory.

**BLOCK 7: Agency Technical Point of Contact** - The name of an individual at the requesting activity who can be contacted if any question should arise regarding the order. A telephone number and office symbol should also be provided. This individual generally is not the same as the authorizing official identified in Block 13.

**BLOCK 8: To** - Self-explanatory.

**BLOCK 9: Mail Billings To** - The name and address of the organization or activity to which the billings are to be mailed. Billings will normally be submitted by the performing activity on a monthly basis unless stated otherwise in Block 10, under "Remarks."

**BLOCK 10: Description of Order and Other Instructions** - Enter a specific, definite, and complete description of work encompassed by the equipment or services required. If additional space is needed, a continuation sheet may be used. The amount in Block 10h should be the cumulative total for the Economy Act Order (to include amendments). This amount may be the same as that shown in Block 10g, if there are no amendments.

**BLOCK 11: ISA Number/MOA/MOU Number** - Enter any applicable Interservice Support Agreement (ISA), Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU) numbers in this block. Identify in Block 10a those items(s) that pertain to the appropriate ISA, MOA, or MOU number.

**BLOCK 12: Accounting Classification Code** - To be completed by the requesting organization. Use the standard accounting classification structure prescribed in Chapter 7 of the Agency Resources Management Manual 111-5 (RMM). Multiple fund cites require the use of Accounting Classification Records (ACRs). When using ACRs, identify in Block 10a those items which apply to the respective ACRs.

**BLOCK 13: Authorizing Official** - The official in the requesting organization who is authorized to approve acquisitions, as specified in NSA/CSS Regulation 60-10.

**Block 14: Approving Official** - Signature in this block verifies that the Economy Act is not being used to circumvent Competition in Contracting Act requirements; and that the order meets the requirements of the FY 1994 Defense Authorization Act, Section 844, if the order will be placed on a contract by the accepting Federal Agency. Public Law 103-160 requires that a DoD Senior Executive/Flag/General Officer make the determination that use of the Economy Act is in the best interest of the government.

**BLOCK 15a: Certifying Official** - The Finance and Accounting Officer or designee.

**Block 15b: Funds Expiration Date** - To be completed by the Finance and Accounting Officer or designee. This date indicates the date by which the funds must be obligated by the procuring activity. Funds not obligated by the expiration date will be returned to the requesting activity.

**BLOCK 16: Provided Through Reimbursement** - Indicates those amounts to be accepted as reimbursable to the procuring agency.

**BLOCK 17: Procured by Direct Citation** - Indicates those amounts which will be identified separately on a contract let by the procuring agency. Use of direct citation is restricted to orders placed with other DoD Components.

**BLOCK 18: Funds Provided through Reimbursement** - Self-explanatory.

**BLOCK 19: Procured by Direct Citation** - Self-explanatory.

**BLOCK 20: Accepting Official** - The individual in the performing activity authorized to accept the order. Signature in this block constitutes written acceptance of the order. Acceptance must be accomplished within 90 days of receipt of the order by the performing activity.

# EMPLOYEE EDUCATION RECORD

**NOTE:** The employee must provide a transcript to substantiate all data recorded on this form.

PRIVACY ACT STATEMENT: Auth. PL 86-36, Title 5 USC. GNSA12 Auth for Requesting SSN: EO 9397 Info will be used (Principally) to ensure Agency records contain the most current educational data on each employee. For civilian employees, the information will be used for personnel training, career development, and promotional considerations. For military assignees, it will be used to facilitate assignment actions and to report to DoD (ASDI) the educational level of assignees performing Agency duty. SSN is used to identify individual (Routinely) NSA's Blanket Routine Uses, found at 50 Fed. Reg., 22, 584 (1985) apply. Discl of Info and SSN: Voluntary. Effect on indiv if requested info not provided Could adversely affect promotional opportunities, training, and career development considerations, and assignment selections, for civilian employees. There is no effect on military assignees. Not providing SSN could delay processing or verification. Your signature below \* indicates you have read and understand the above.

SOCIAL SECURITY NUMBER	PRINT NAME (last) (first) (MI)	ORGANIZATION	APPROPRIATE IDENTIFICATION CODE C - CIVILIAN M - MILITARY (enter here)
------------------------	--------------------------------	--------------	--

## PART I - HIGHEST LEVEL OF EDUCATION ATTAINED (Enter appropriate letter. If level greater than High School Graduate, complete Part II)

HIGH SCHOOL/EQUIVALENT		COLLEGE		ENTER HERE
O - NON-HIGH SCHOOL GRADUATE	H - HIGH SCHOOL GRADUATE	C - COLLEGE 2 YEARS (60 semester hours or more)	D - DOCTORATE DEGREE	
		B - BACHELORS DEGREE (other than law)	R - REGISTERED NURSE (non-college graduate)	
		L - LAW DEGREE	A - ASSOCIATE	
		M - MASTERS DEGREE	E - CERTIFICATE	

## PART II - ACCREDITED COLLEGES ATTENDED (Indicate college of highest degree first and additional degrees next. For credits earned, complete first four (4) columns only.)

SCHOOL NAME	STATE	LAST YEAR ATTENDED	COURSE OF STUDY	CREDITS	FIELD OF STUDY		DEGREE
					MAJOR	MINOR	

<b>CERTIFICATION</b> - I certify that information provided in Part II (college education) is true and correct.	* EMPLOYEE (Signature)	DATE
	PERSONNEL REPRESENTATIVE (Signature)	

STAMP IDENTIFICATION CARD HERE

DATE	NON-SECURE PHONE	OCCUPATION
------	------------------	------------

EXPOSURE (Date)	(Time)	(Location)

☐ PERCUTANEOUS      ☐ CUTANEOUS      ☐ MUCOSAL

PRESENCE OF OPEN CUTS, SORES OR RASHES ON EXPOSED AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		SHARPS DEVICE INVOLVED? <input type="checkbox"/> YES (Type) _____ <input type="checkbox"/> NO	
---	--	--	--

SOURCE RISK			DATE LAST HBV IMMUNIZATION		NUMBER IN SERIES COMPLETED		
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> LOW	<input type="checkbox"/> HIGH			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

DATE MOST RECENT TETANUS IMMUNIZATION	DATE AND RESULT OF LAST HIV TEST	TEST ORDERED <input type="checkbox"/> LFT's <input type="checkbox"/> HBV AB Titer <input type="checkbox"/> HIV <input type="checkbox"/> HCV AB
---------------------------------------	----------------------------------	---

SUPERVISOR'S REPORT OF MISHAP COMPLETED?		WORKMEN'S COMPENSATION PACKET REQUESTED?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

FOLLOW-UP		HEPATITIS STUDIES ( <i>if indicated</i> )
<input type="checkbox"/> HIV 3 MONTHS	<input type="checkbox"/> 6 MONTHS	

RESULTS OF SOURCE TESTING (if done)			TREATMENT GIVEN (HBV Booster)		(HBIG)								
<input type="checkbox"/>	HBsAG	<input type="checkbox"/>	HCV AR	<input type="checkbox"/>	HIV	<input type="checkbox"/>	YES (date)	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES (date)	<input type="checkbox"/>	NO

HEALTH CARE PROFESSIONAL'S POST-EXPOSURE WRITTEN OPINION AND COUNSELING COMPLETED?

☐ YES ☐ NO DATE \_\_\_\_\_

FORM P6897 REV OCT 2001 (Supersedes P6897 REV AUG 96 which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**EMPLOYMENT / ACCESS AGREEMENT**

FILE NO.

I acknowledge that I have read and understand NSA/CSS Regulation 11-12, NSA/CSS Drug Abuse Policy and Civilian Drug Testing Program, which prescribes Agency policy and standards regarding the illegal use of controlled drugs and substances by personnel employed by NSA or who require access to NSA/CSS classified information or spaces. I further understand that because of such employment or access, I must abide by the policy and standards set forth in NSA/CSS Regulation 11-12 and that failure to do so may result in my separation or loss of access to NSA/CSS classified information or spaces.

Therefore, in consideration of and as a condition of my employment/access with NSA/CSS, I agree to abide by the provisions of NSA/CSS Regulation 11-12 and will refrain from future illegal use of controlled drugs and substances. Furthermore, if randomly selected, I will agree to submit to drug testing which may require my submission of urine specimens for analysis for a period of five years following the date of this Agreement.

NAME (Printed)

(Signature)

DATE

WITNESS

FORM G7021A REV JUN 88 (Supersedes G7021A 11-80 which is obsolete)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 50 U.S.C. 402 note; 10 U.S.C. 1601-1616; 50 U.S.C. 831-835; Executive Orders 12333 and 12968; and DCI Directive 6/4. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA 02, 09, and 10 apply. Authority for requesting your Social Security Number is Executive Order 9397. The requested information will be used by the Agency for screening and processing applicants. Your disclosure of the requested information, including your SSN is voluntary. However, failure to furnish any of the requested information may adversely affect consideration of applicant for employment.

**EMPLOYMENT INTERVIEW RECORD**

<b>I. BIOGRAPHICAL INFORMATION</b>	NAME (Last) (First) (MI)		LOCAL OR SCHOOL ADDRESS			
	SSN		DOB (YYYY-MM-DD)		PHONE ( )	
	SOURCE CODE		DATE AVAILABLE			
	PLACE INTERVIEWED				PERMANENT ADDRESS	
	SIGNATURE		DATE		PHONE ( )	
<b>II. EDUCATION</b>	DEGREE	SCHOOL	YEAR	MAJOR	MINOR	PERFORMANCE
	H.S.					/
	A.A.					/
	BA BS					MAJOR / O/A /
	MA MS					
<b>III. SCREENING</b>	1. PG COVERED		5. DRUG ABUSE		9. NEPOTISM	
	2. CITIZENSHIP		6. ARRESTS - CIV/MIL		10. SELECTIVE SERVICE	
	3. FOREIGN RELATIONSHIPS		7. SEPARATIONS		11. PEACE CORPS	
	4. FOREIGN TRAVEL		8. DEBT PROBLEMS			
	COMMENTS					
<b>IV. WORK INTERESTS</b>						
<b>V. RELATED EXPERIENCE AND TRAINING</b>	DATES		MILITARY AND CIVILIAN			

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

(continued)

<b>V.</b> <b>RELATED</b> <b>EXPERIENCE</b> <b>AND</b> <b>TRAINING</b> <i>(continued)</i>					
<b>VI.</b> <b>ITEMS TO</b> <b>DISCUSS</b>		RELOCATION		COMPETITION FOR EMPLOYMENT	
		TYPE OF APPOINTMENT		SHIFTWORK	
		BENEFITS <i>(Retirement, leave, insurance, education, etc.)</i>			
<b>VII.</b> <b>RECOMMEN-</b> <b>DATIONS</b>		ADDITIONAL PROCESSING	GRADE	STEP	SALARY
			PLACEMENT		
			JOB TITLE		ORGANIZATION
		NO ADDITIONAL PROCESSING <i>(Explain below)</i>	1.		
			2.		
	COMMENTS				
<b>VIII.</b> <b>PROCESSING</b> <b>INFORMATION</b>	TRAVEL, TESTS, INTERVIEWS, ACCOMMODATIONS, ETC.		FORMS		
				ATTACHED	GIVEN
			SF 171		
			LONG FORMS		
			RESUME		
	SIGNATURE		DATE OF INTERVIEW		



## ENGINEERING CHANGE PROPOSAL (ECP), PAGE 1

1. DATE (YYYYMMDD)

Form Approved

OMB No. 0704-0188

2. PROCURING  
ACTIVITY NO.

3. DODAAC

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICE FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THE COMPLETED DD FORM 1692.

## 4. ORIGINATOR

a. TYPED NAME (First, Middle Initial, Last)

b. ADDRESS (Street, City, State, Zip Code)

## 5. CLASS OF ECP

6. JUST. CODE

7. PRIORITY

## 8. ECP DESIGNATION

a. MODEL/TYPE

b. CAGE CODE

c. SYSTEM DESIGNATION

## 9. BASELINE AFFECTED

☐ FUNCTIONAL☐ PRODUCT☐ ALLOCATED

d. ECP NO.

e. TYPE

f. REV

## 10. OTHER SYS./CONFIG. ITEMS AFFECTED

☐ YES☐ NO

## 11. SPECIFICATIONS AFFECTED

## 12. DRAWINGS AFFECTED

	CAGE Code	Specification/Document No.	Rev.	SCN	CAGE Code	Number	Rev.	NOR
a. SYSTEM								
b. DEVELOPMENT								
c. PRODUCT								

## 13. TITLE OF CHANGE

## 14. CONTRACT NO. AND LINE ITEM

## 15. PROCURING CONTRACTING OFFICER

a. NAME (First, Middle Initial, Last)

b. CODE

c. TELEPHONE NO.

## 16. CONFIGURATION ITEM NOMENCLATURE

## 17. IN PRODUCTION

☐ YES ☐ NO

## 18. ALL LOWER LEVEL ITEMS AFFECTED

A. NOMENCLATURE

b. PART NO.

c. NSN

## 19. DESCRIPTION OF CHANGE

## 20. NEED FOR CHANGE

## 21. PRODUCTION EFFECTIVITY BY SERIAL NUMBER

## 22. EFFECT ON PRODUCTION DELIVERY SCHEDULE

## 23. RETROFIT

a. RECOMMENDED ITEM EFFECTIVITY

b. SHIP/VEHICLE CLASS AFFECTED

c. ESTIMATED KIT DELIVERY SCHEDULE

d. LOCATIONS OR SHIP/VEHICLE NUMBERS AFFECTED

## 24. ESTIMATED COSTS/SAVINGS UNDER CONTRACT

## 25. ESTIMATED NET TOTAL COSTS/SAVINGS

## 26. SUBMITTING ACTIVITY

a. AUTHORIZED SIGNATURE

b. TITLE

## 27. APPROVAL/DISAPPROVAL

a. CLASS I

☐ APPROVAL☐ DISAPPROVAL

b. CLASS II

☐ APPROVED☐ DISAPPROVED

c. CLASS II

☐ CONCUR IN CLASSIFI-☐ DO NOT CONCUR IN CLASSIFI-

d. GOVERNMENT ACTIVITY

e. SIGNATURE

f. DATE SIGNED (YYYYMMDD)

g. APPROVAL

☐ APPROVED☐ DISAPPROVED

h. GOVERNMENT ACTIVITY

i. SIGNATURE

j. DATE SIGNED (YYYYMMDD)

ENGINEERING CHANGE PROPOSAL (ECP), PAGE 2		Form Approved OMB No. 0704-0188
<small>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>		
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICE FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THE COMPLETED DD FORM 1692.		ECP NUMBER
EFFECTS ON FUNCTIONAL / ALLOCATED CONFIGURATION DOCUMENTATION		
28. OTHER SYSTEM AFFECTED	29. OTHER CONTRACTORS / ACTIVITIES AFFECTED	
30. CONFIGURATION ITEMS AFFECTED		
31. EFFECTS ON PERFORMANCE ALLOCATIONS AND INTERFACES IN SYSTEM SPECIFICATION		
32. EFFECTS ON EMPLOYMENT, INTEGRATED LOGISTICS SUPPORT, TRAINING, OPERATIONAL EFFECTIVENESS OR SOFTWARE		
33. EFFECTS ON CONFIGURATION ITEM SPECIFICATIONS		
34. DEVELOPMENTAL REQUIREMENTS AND STATUS		
35. TRADE-OFFS AND ALTERNATIVE SOLUTIONS		
36. DATE BY WHICH CONTRACTUAL AUTHORITY IS NEEDED (YYYYMMDD)		

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THE COMPLETED DD FORM 1692.

ECP NUMBER

## EFFECTS ON PRODUCT CONFIGURATION DOCUMENTATION, LOGISTICS AND OPERATIONS

(X)	FACTOR	ENCL	PAR.	(X)	FACTOR	ENCL	PAR.
	<b>37. EFFECT ON PRODUCT CONFIGURATION DOCUMENTATION OR CONTRACT</b>				<b>39. EFFECT ON OPERATIONAL EMPLOYMENT</b>		
	a. PERFORMANCE				a. SAFETY		
	b. WEIGHT-BALANCE -STABILITY ( <i>Aircraft</i> )				b. SURVIVABILITY		
	c. WEIGHT-MOMENT ( <i>Other equipment</i> )				c. RELIABILITY		
	d. CDRL, TECHNICAL DATA				d. MAINTAINABILITY		
	e. NOMENCLATURE				e. SERVICE LIFE		
					f. OPERATING PROCEDURES		
	<b>38. EFFECT ON INTEGRATED LOGISTICS SUPPPORT (ILS) ELEMENTS</b>				g. ELECTROMAGNETIC INTERFERENCE		
	a. ILS PLANS				h. ACTIVATION SCHEDULE		
	b. MAINTENANCE CONCEPT, PLANS AND PROCEDURES				i. CRITICAL SINGLE POINT FAILURE		
	c. LOGISTICS SUPPORT ANALYSES				j. INTEROPERABILITY		
	d. INTERIM SUPPORT PROGRAMS						
	e. SPARES AND REPAIR PARTS				<b>40. OTHER CONSIDERATIONS</b>		
	f. TECH MANUALS/ PROGRAMMING TAPES				a. INTERFACE		
	g. FACILITIES				b. OTHER AFFECTED EQUIPMENT/GFE/GFP		
	h. SUPPORT EQUIPMENT				c. PHYSICAL CONSTRAINTS		
	i. OPERATOR TRAINING				d. COMPUTER PROGRAMS AND RESOURCES		
	j. OPERATOR TRAINING EQUIPMENT				e. REWORK OF OTHER EQUIPMENT		
	k. MAINTENANCE TRAINING				f. SYSTEM TEST PROCEDURES		
	l. MAINTENANCE TRAINING EQUIPMENT				g. WARRANTY/ GUARANTEE		
	m. CONTRACT MAINTENANCE				h. PARTS CONTROL		
	n. PACKAGING, HANDLING, STORAGE,				i. LIFE CYCLE COSTS		

## 41. ALTERNATE SOLUTIONS

## 42. DEVELOPMENTAL STATUS

## 43. RECOMMENDATIONS FOR RETROFIT

## 44. WORK-HOURS PER UNIT TO INSTALL RETROFIT KITS

a. ORGANIZATION	b. INTERMEDIATE	c. DEPOT	d. OTHER
-----------------	-----------------	----------	----------

## 45. WORK-HOURS TO CONDUCT SYSTEM TESTS AFTER RETROFIT

## 46. THIS CHANGE MUST BE ACCOMPLISHED

<input type="checkbox"/> BEFORE	<input type="checkbox"/> WITH	<input type="checkbox"/> AFTER THE FOLLOWING CHANGES
---------------------------------	-------------------------------	--

## 47. IS CONTRACTOR FIELD SERVICE ENGINEERING REQUIRED?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

## 48. OUT OF SERVICE TIME

## 49. EFFECT OF THIS ECP AND PREVIOUSLY APPROVED ECP'S ON ITEM

## 50. DATE CONTRACTUAL AUTHORITY NEEDED FOR (YYYYMMDD)

a. PRODUCTION

b. RETROFIT

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THE COMPLETED DD FORM 1692.

ECP NUMBER

51. ESTIMATED NET TOTAL COST IMPACT (Use parentheses for savings)

FACTOR	COST/ SAVINGS UNDER CONTRACT				Total (e)	Other Costs/ Savings to the Government (f)
	Non- Recurring (a)	Unit (b)	Quantity (c)	Total (Recurring) (d)		
a. PRODUCTION COSTS/ SAVINGS						
(1) CONFIGURATION ITEM/ CSCI						
(2) FACTORY TEST EQUIPMENT						
(3) SPECIAL FACTORY TOOLING						
(4) SCRAP						
(5) ENGINEERING, ENGINEERING DATA REVISION						
(6) REVISION OF TEST PROCEDURES						
(7) QUALIFICATION OF NEW ITEMS						
(8) SUBTOTAL OF PROD COSTS/ SAVINGS						
b. RETROFIT COSTS						
(1) ENGINEERING DATA REVISION						
(2) PROTOTYPE TESTING						
(3) KIT PROOF TESTING						
(4) RETROFIT KITS FOR OPERATIONAL SYSTEMS						
(5) PREP OF MWO/ TCTO/ SC/ ALT/ TD						
(6) SPECIAL TOOLING FOR RETROFIT						
(7) INSTALLATION - CONTRACTOR PERSONNEL						
(8) INSTALLATION - GOVERNMENT PERSONNEL						
(9) TESTING AFTER RETROFIT						
(10) MODIFICATION OF GFE/ GFP						
(11) QUALIFICATION OF GFE/ GFP						
(12) SUBTOTAL OF RETROFIT COSTS/ SAVINGS						
c. INTEGRATED LOGISTICS SUPPORT COSTS/						
(1) SPARES/ REPAIR PARTS REWORK						
(2) NEW SPARES AND REPAIR PARTS						
(3) SUPPLY/ PROVISIONING DATA						
(4) SUPPORT EQUIPMENT						
(5) RETROFIT KITS FOR SPARES						
(6) OPERATOR TRAINING COURSES						
(7) MAINTENANCE TRAINING COURSES						
(8) REVISION OF TECH MANUALS						
(9) NEW TECH MANUALS						
(10) TRAINING/ TRAINERS						
(11) INTERIM SUPPORT						
(12) MAINTENANCE MANPOWER						
(13) COMPUTER PROGRAMS/ DOCUMENTATION						
(14) SUBTOTAL OF ILS COSTS/ SAVINGS						
d. OTHER COSTS/ SAVINGS						
e. SUBTOTAL COSTS/ SAVINGS						
(1) SUBTOTAL UNDER CONTRACT						
f. COORDINATION OF CHANGES WITH OTHER CONTRACTORS						
g. COORDINATION CHANGES BY GOVERNMENT						
h. ESTIMATED NET TOTAL COSTS/ SAVINGS						

ENGINEERING CHANGE PROPOSAL (ECP), PAGE 5

FORM APPROVED  
OMB NO. 0704-0188

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THE COMPLETED DD FORM 1692.

ECP NUMBER

52. ESTIMATED COSTS/ SAVINGS SUMMARY, RELATED ECP'S (Use parentheses for savings)

	CAGE CODE (a)	ECP NUMBER (b)	COSTS/ SAVINGS UNDER CONTRACTS (c)	OTHER COSTS/ SAVINGS TO GOVERNMENT (d)
a. PRODUCTION COSTS/ SAVINGS (Subtotal of Costs/ Savings Elements from Page 4, Item 4.a., applicable to aircraft, ship,				
(1) SUBTOTAL PRODUCTION COSTS/ SAVINGS				
b. RETROFIT COSTS (Applicable to aircraft, ship, tank, vehicle, missile or its subsystem)				
(1) SUBTOTAL RETROFIT COSTS				
c. INTEGRATED LOGISTICS SUPPORT COSTS/ SAVINGS REVISED REQUIREMENTS				
(1) ITEM RETROFIT (If not covered under "b") (Applicable to aircraft, ship, tank, vehicle, missile or its subsystem)				
(2) ILS SUBTOTAL (Applicable to aircraft, ship, tank, vehicle, missile or its subsystem)				
(3) OPERATOR TRAINER (Net total cost/ saving from each ECP covering operator trainer)				
(4) MAINTENANCE TRAINER (Net total cost/ saving from each ECP covering maintenance trainer)				
(5) OTHER TRAINING EQUIPMENT				
(6) SUPPORT EQUIPMENT (Net total cost/ saving from each ECP on support equipment)				
(7) ILS PLANS				
(8) MAINTENANCE CONCEPT, PLANS, SYSTEM DOCUMENTS				
(9) INTERIM SUPPORT PLAN				
NEW REQUIREMENTS	CAGE CODE	NON RECURRING COSTS	RECURRING COSTS UNIT QTY TOTAL	
(10) PROVISIONING DOCUMENTATION				
(11) OPER. TRNR/ TRNG DEVICES/ EQUIP				
(12) MANUALS/ SPARES, REPAIR PARTS (For (11))				
(13) MAINTENANCE TRNR/ TRNG DEVICES/ EQUIPMENT				
(14) MANUALS/ SPARES, REPAIR PARTS (For (13))				
(15) SUPPORT EQUIPMENT				
(16) MANUALS (For (15))				
(17) PROVISIONING DOCUMENTATION (For (15))				
(18) REPAIR PARTS (For (15))				
(19) SUBTOTAL ILS COSTS/ SAVINGS (Sum of c(1) through c(18))				
d. OTHER COSTS/ SAVINGS (Total from page 4, item 4.d., or related ECP's)	CAGE CODE	ECP NUMBER		
(1) TOTAL OTHER COSTS/ SAVINGS				
(2) SUBTOTALS OF COLUMNS				
(3) SUBTOTAL UNDER CONTRACT				
e. ESTIMATED NET TOTAL COSTS/ SAVINGS (a + b + c + d)				

## ENGINEERING CHANGE PROPOSAL (ECP) (HARDWARE), PAGE 6

Form Approved  
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

ECP NUMBER

53. CAGE CODE

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THE COMPLETED DD FORM 1692.

54. CONFIGURATION ITEM NOMENCLATURE

55. TITLE OF CHANGE

56. DATE AUTHORIZATION TO PROCEED  
RECEIVED BY CONTRACTOR (YYYYMMDD)☐ S

START DELIVERY

☐ C

COMPLETE DELIVERY



PROGRESS POINT

NO. OF MONTHS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			
a. C O N F I G U R A T I O N  I T E M	(1) Production																																							
	(2) Tech Manuals																																							
	(3) Retrofit																																							
	(4) MWO / TCTO / SC / ALT / TD																																							
	(5) Spares / Repair Parts																																							
b. S U P P O R T  E Q U I P M E N T	(1) Production																																							
	(2) Tech Manuals / Prog. Tapes																																							
	(3) Retrofit																																							
	(4) MWO / TCTO / SC / ALT / TD																																							
	(5) Repair Parts																																							
c. T R A I N E R	(1) Operator																																							
	(2) Maintenance																																							
NO. OF MONTHS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			

DOCID: 3114222

## ENGINEERING CHANGE PROPOSAL (ECP) (SOFTWARE), PAGE 7

Form Approved  
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

ECP NUMBER

57. CAGE CODE

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THE COMPLETED DD FORM 1692.

58. COMPUTER SOFTWARE ITEM NOMENCLATURE

YY

60. DATE AUTHORIZATION TO PROCEED

RECEIVED BY CONTRACTOR (YYYYMMDD)

☒ S

START DELIVERY

☐ C

COMPLETE DELIVERY

▼ PROGRESS POINT

NO. OF MONTHS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
a. C O N F I G U R A T I O N  I T E M	(1) Software Engineering																																						
	(2) Software Documentation																																						
	(3) Software Replication																																						
	(4) Software Distribution																																						
b. S U P P O R T  E Q U I P M E N T	(1) Software Engineering Environment Upgrade																																						
	(2) Software Test Environment Upgrade																																						
c. T R A I N E R	(1) Operator																																						
	(2) Maintenance																																						
NO. OF MONTHS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		

DOCID: 3114222

## ENGINEERING CHANGE PROPOSAL

(SHORT FORM)

(See MIL-STD-481 for instructions)

DATE (YYMMDD)

Form Approved

OMB No. 0704-0188

PROCURING ACTIVITY NUMBER

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. ORIGINATOR NAME AND ADDRESS

2. CONTRACT NUMBER AND LINE ITEM

3. PROCURING CONTRACTING OFFICER

CODE

TEL

4. TITLE OF CHANGE

5. ECP NUMBER

REV

AMEND

6. CAGE CODE

7. CLASS OF ECP

8. JUST. CODE

9. PRIORITY

10. SPECIFICATIONS AFFECTED

11. DRAWINGS AFFECTED

CAGE CODE

SPECIFICATION / DOCUMENT NO.

REV

CAGE CODE

NUMBER

REV

12. CONFIGURATION ITEM NOMENCLATURE / TYPE DESIGNATION / WEAPON SYSTEM CODE

13. IN PRODUCTION

☐ YES☐ NO

14. LOWEST ASSEMBLY AFFECTED

NOMENCLATURE

PART NO.

NSN

15. DESCRIPTION OF CHANGE

16. NEED FOR CHANGE

17. EFFECT ON ASSOCIATED EQUIPMENT

18. PRODUCTION EFFECTIVITY BY SERIAL NUMBER

19. EFFECT ON PRODUCTION DELIVERY SCHEDULE

20. RECOMMENDED RETROFIT EFFECTIVITY

21. ESTIMATED KIT DELIVERY SCHEDULE

22. ESTIMATED COSTS / SAVINGS

23. SUBMITTING ACTIVITY AUTHORIZED SIGNATURE

23.a. TITLE

24. APPROVAL / DISAPPROVAL

a. RECOMMEND

☐ APPROVAL☐ DISAPPROVAL

b. APPROVAL

☐ APPROVED☐ DISAPPROVED

c. GOVERNMENT ACTIVITY

SIGNATURE

DATE (YYMMDD)

d. APPROVAL

☐ APPROVED☐ DISAPPROVED

e. GOVERNMENT ACTIVITY

SIGNATURE

DATE (YYMMDD)



ENGINEERING RELEASE RECORD (ERR)							Form Approved OMB No. 0704-0188				
<p>The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Service, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 3 OF THIS FORM.</p>											
1. ERR NO.			2. DATE (YYMMDD)		3. PROCURING ACTIVITY NUMBER			4. DODAAC			
5. BASELINE ESTABLISHED OR CHANGED (X one)				6. TYPE OF RELEASE (X one)		7. a. ECP NUMBER		b. EFFECTIVE DATE (YYMMDD)			
<input type="checkbox"/> FUNCTIONAL		<input type="checkbox"/> ALLOCATED		<input type="checkbox"/> INITIAL							
<input type="checkbox"/> PRODUCT				<input type="checkbox"/> CHANGE							
8. FUNCTIONAL ASSEMBLY NOMENCLATURE											
9. SYSTEM/CONFIGURATION ITEM											
a. NOMENCLATURE						b. PART NUMBER					
10. REMARKS/MISCELLANEOUS											
11. DATA RELEASED OR REVISED											
CAGE CODE a.	DOCUMENT				REVISION		RELEASE h.		CHANGE i.		OTHER j.
	TYPE b.	NUMBER c.	PAGE of PAGES d. e.		LETTER f.	DATE (YYMMDD) g.	IR	NAR	CH	CAN	
12. SUBMITTED BY (Signature)						13. APPROVED BY (Signature)					

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Service, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 3 OF DD FORM 2617.**

[illegible]

SECURITY CLASSIFICATION (if any)

## EQUIPMENT INSPECTION LOG

☐

ENTRY

☐

EXIT

GATEHOUSE

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 50 U.S.C. 402 note; 40 U.S.C. 759 note; 32 C.F.R. Part 228.6; and E.O. 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA10 and GNSA15 apply to this info. Auth for requesting SSN is E.O. 9397. Info you provide will be used (primarily) to document and control entry or exit of prohibited or restricted items into or out of NSA/CSS property. Disc of requested info, including your SSN, is voluntary. However, failure to furnish requested info, other than your SSN, may delay or prevent the entry or exit of restricted items.

NAME (Last)	(First)	(MI)	SSN	ORG
BADGE (Color)	(Type)	PHONE (Secure)	(Non-Secure - Include Area Code)	DESTINATION
SUPERVISOR NAME (Last)	(First)	(MI)	DATE (YYYY-MM-DD)	TIME

ITEM DESCRIPTION

UNCLASSIFIED PURPOSE

CLASSIFIED	→	<input type="checkbox"/> PROCEED	<input type="checkbox"/> RETURN/DW	<input type="checkbox"/> SECURE
PROHIBITED	→	<input type="checkbox"/> PROCEED	<input type="checkbox"/> SECURE	<input type="checkbox"/> CONFISCATE

REMARKS

ACS/AGENT/OFFICER PRINTED NAME (Last)	(First)	(MI)	VERIFY BADGE (Color)	(Type)	DATE (YYYY-MM-DD)	TIME
---------------------------------------	---------	------	----------------------	--------	-------------------	------

FORM G7037B REV MAY 2002 (Supersedes G7037B MAR 2002 which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

# SAMPLE

## ESCORT AUTHORIZATION/BRIEFING STATEMENT

PRIVACY ACT STATEMENT: Auth: GNSA09, Pub.L. 86-36, EO 10450 and 12333, and DoD Directive 5100.23; NSA's Blanket Routine Uses found at 58 Fed. Reg., 10,531 (1993) apply to this information. Auth for requesting SSN: EO 9397. Info will be used to maintain records on authorized escorts and to determine an individual's eligibility to perform escort duty. Disclosure of the information, including SSN, is voluntary. Failure to furnish any of the requested information may result in inability to verify identity for purposes of determining eligibility for escort assignments.

NAME (Last, First, MI)	ORGANIZATION	SOCIAL SECURITY NUMBER
------------------------	--------------	------------------------

1. The primary function of an escort is to ensure that uncleared visitors do not have access to any classified information or equipment and that their activities do not violate security policies. Each escort is responsible for the following:

- a. Alerting occupants of an office before uncleared visitors are permitted to enter.
- b. Keeping uncleared visitors under constant visual observation to ensure they do not have access to classified information and that they observe all security requirements. Uncleared workers will not be left alone under any circumstances while they are working.
- c. Checking all spaces to ensure that uncleared workers do not have physical, visual, or aural access to classified information or equipment (i.e., *telephones or computer terminals*). The Security Duty Officer (SDO), 963-3371/688-6911, will be contacted immediately if uncleared visitors have access to any type of classified information or office equipment.
- d. Maintaining positive control and visual contact of escorted visitors at all times.
- e. Advising the SDO of any situation encountered by the escort which he/she believes to be a violation of security regulations or which is not consistent with good security practices.

2. When authorized by Physical Security, the escort may be authorized to draw an office or master key. Keys must be strictly controlled at all times. The following procedures apply:

- a. Keys will be used only to permit the escort and uncleared visitors to enter an area. The escort will not unlock doors for Agency personnel.
- b. Escorts will be responsible for locking all doors which they have unlocked.
- c. Escorts will only release keys to authorized Physical Security or Protective Services Division (PSD) personnel.
- d. Escorts will not remove keys from NSA/CSS facilities. All keys will be drawn from and returned to the appropriate Key Access Machine (KAM) or key desk each day.
- e. When a master key is drawn, the escort will complete NSA Form G7685, Master Key Use Record. The G7685 and master key will be returned to the Protective Services Division (PSD) key desk from which it was drawn.
- f. Contractor escorts **MAY NOT** draw a master key. If access to a specific space is required which may not be accessed without a MASTER KEY, Protective Services Division should be contacted to access and resecure the room.

3. Contractor escorts may not escort personnel except as authorized and directed by sponsoring Agency organization.

4. All questions regarding escort duties should be directed to the NSA escort coordinator. If additional assistance is needed or if assistance is required after normal duty hours, the escort may contact the Security Duty Officer at 963-3371/688-6911.

*I hereby certify that I have read, understand and will abide by escort procedures as stated in NSA/CSS Regulation 120-20.*

SIGNATURE	DATE
WITNESS (Escort Coordinator)	DATE

DOCID: 3114229

## FACTS SUMMARY

NAME (Last)	(First)	(Middle)	FILE
PURPOSE			

SOURCE/DATE	FACTS CONSIDERED

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

## FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

## PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.

ROUTINE USE(S): None.

**PRINCIPAL PURPOSE(S):** To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

**DISCLOSURE:** Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

1. DATE INITIATED (YYYYMMDD)		2. INQUIRY / INVESTIGATION NUMBER		3. DATE LOSS DISCOVERED (YYYYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION		6. QUANTITY	7. UNIT COST	8. TOTAL COST
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)			<input type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED

10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)

## 11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10

a. ORGANIZATIONAL ADDRESS (Office Designation, Office Symbol, Base, State/Country, Zip Code)	b. TYPED NAME (Last, First, Middle Initial)	c. DSN NUMBER
	d. SIGNATURE	e. DATE SIGNED

12. (X one) ☐ RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) ☐ REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)

a. NEGLIGENCE OR ABUSE EVIDENT / SUSPECTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS / RECOMMENDATIONS	
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	d. TYPED NAME (Last, First, Middle Initial)	e. DSN NUMBER
	f. SIGNATURE	g. DATE SIGNED

## 13. APPOINTING AUTHORITY

a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. COMMENTS / RATIONALE	c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	e. TYPED NAME (Last, First, Middle Initial)	f. DSN NUMBER
	g. SIGNATURE	h. DATE SIGNED

## 14. APPROVING AUTHORITY

a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. COMMENTS / RATIONALE	c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	e. TYPED NAME (Last, First, Middle Initial)	f. DSN NUMBER
	g. SIGNATURE	h. DATE SIGNED

a. FINDINGS AND RECOMMENDATIONS (Attach additional pages as necessary)

b. DOLLAR AMOUNT OF LOSS

c. MONTHLY BASIC PAY

d. RECOMMENDED FINANCIAL LIABILITY

e. ORGANIZATIONAL ADDRESS (Unit Designation,  
Office Symbol, Base, State/Country, Zip Code)

f. TYPED NAME (Last, First, Middle Initial)

g. DSN NUMBER

h. DATE REPORT SUBMITTED TO APPOINTING  
AUTHORITY (YYYYMMDD)i. DATE APPOINTED  
(YYYYMMDD)

j. SIGNATURE

k. DATE SIGNED

## 16. INDIVIDUAL CHARGED

a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND (X one)

☐ Submit the attached statement of objection.☐ Do not intend to make such a statement.

b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.

c. ORGANIZATIONAL ADDRESS (Unit Designation,  
Office Symbol, Base, State/Country, Zip Code)

d. TYPED NAME (Last, First, Middle Initial)

e. SOCIAL SECURITY  
NUMBER

f. DSN NUMBER

g. SIGNATURE

h. DATE SIGNED

## 17. ACCOUNTABLE OFFICER

a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD

b. ORGANIZATIONAL ADDRESS (Unit Designation,  
Office Symbol, Base, State/Country, Zip Code)

c. TYPED NAME (Last, First, Middle Initial)

d. DSN NUMBER

e. SIGNATURE

f. DATE SIGNED

# FINANCIAL STUDY QUESTIONNAIRE

(as of 31 December 2000)

PRIVACY ACT STATEMENT: Auth: 50 USC Section 831; EO 12968; GNSA 10, NSA's Blanket Routine uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Information will be used to determine access to classified information. Disclosure of SSN: voluntary. Effect on individual if information is not provided: access eligibility may be delayed, denied or revoked.

NAME (First)	(Initial)	(Last)	SSN
--------------	-----------	--------	-----

IF ANY ANSWER REQUIRES AN EXPLANATION, PROVIDE IN **REMARKS** below.

1. What was your total household gross income from employment during 2000? (Include <u>all</u> annual income received by you, your spouse, your dependents and all other household members <u>before</u> payroll deductions and withholdings. Include profits from any owned business and any miscellaneous employment income.)	\$
2. What is your total household income from all sources during 2000? (Include <u>total</u> household employment income (from question 1), gross rental receipts, interest income, dividend income, retirement income, trust income, capital gains, inheritances, gifts, life insurance proceeds, gambling winnings, child support, alimony, court awards, legal settlements, veteran's benefits, miscellaneous income and all non-taxable income.)	\$
3. What is the total average amount paid monthly by your household for all debt-like payments? (Include <u>all</u> mortgages or amount paid for housing rental. Also the amounts paid for <u>all</u> credit cards, home equity loans, personal loans, lease payments and miscellaneous debt payments.)	\$
4. What is the total value of your household's assets (everything owned) as of 31 December 2000? (Include the <u>amount paid</u> for house, rental property, vacation property, real estate, vehicles, boats, airplanes; and the <u>amount paid</u> for all improvements if the improvement was greater than \$10,000. Include the account balances for <u>all</u> checking accounts, savings accounts, investment accounts including IRAs, thrift savings accounts and annuities. Include the following assets at <u>current market value</u> if the asset is greater than \$5,000: cash, travelers checks, self-held securities; savings bonds; life insurance cash values; jewelry; furniture; collectibles; antiques; and miscellaneous assets.)	\$
5. What is the total value of your household's liabilities (everything owed) as of 31 December 2000? (Include <u>balances</u> for <u>all</u> mortgages, home equity loans, credit cards, vehicle loans, installment loans, garnishments, child support, alimony, judgements, and miscellaneous balances.)	\$

REMARKS

I certify that the entries made by me are true, complete and accurate.	SIGNATURE	DATE
--	-----------	------



SECURITY CLASSIFICATION (if any)

## FIXED FACILITY CHECKLIST

☐ PRECONSTRUCTION
 ☐ NEW
 ☐ MODIFIED FACILITY

DATE (YYYYMMDD)

## SECTION A - GENERAL INFORMATION

1. SCIF DATA	ORGANIZATION/COMPANY NAME		IDENTIFICATION NUMBER (if applicable)	
	ORGANIZATION SUBORDINATE TO (if applicable)		CONTRACT NUMBER	EXPIRATION DATE (YYYYMMDD)
	CSA		PROJECT HEADQUARTER SECURITY OFFICE (if applicable)	
2. SCIF LOCATION	LOCATION	STREET ADDRESS		BLDG NAME/#
	ROOM NUMBER(s) (All rooms see BLUEPRINTER drawings)		CITY	
			STATE/COUNTRY	ZIP CODE
3. RESPONSIBLE SECURITY PERSONNEL	PRIMARY		ALTERNATE	
	TELEPHONE NUMBERS (Include Area Codes if applicable)	COMMERCIAL	DSN	SECURE (Include Type)
		FAX (Classified)	(Unclassified)	HOME
4. ACCREDITATION DATA	a. CATEGORY OF SCI REQUESTED		STORAGE REQUIRED	
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> SECURE WORKING AREA <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> TEMPORARY SECURE WORKING AREA	
	b. EXISTING ACCREDITATION INFORMATION (if applicable)			
	CATEGORY OF SCI		ACCREDITATION GRANTED BY	ON (YYYYMMDD)
	c. LAST TEMPEST ACCREDITATION (if applicable)			
	ACCREDITATION GRANTED BY		ON (YYYYMMDD)	
	d. IF AUTOMATED INFORMATION SYSTEMS (AISs) ARE USED:			
HAS AN ACCREDITATION BEEN GRANTED?		ACCREDITATION GRANTED BY		
<input type="checkbox"/> YES <input type="checkbox"/> NO		ON (YYYYMMDD)		
e. SAP CO-LOCATED WITH SCIF? IF "YES", CLASSIFICATION: (Provide copy of Co-utilization Agreement for SAP operation in SCIF)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
f. DUTY HOURS (Hours to hours)		(Days per week)	g. TOTAL SQUARE FEET SCIF OCCUPIES	
5. CONSTRUCTION/MODIFICATION	CONSTRUCTION/MODIFICATION COMPLETE?		(If "NO", expected date of completion) (YYYYMMDD)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
6. INSPECTIONS	a. TSCM SERVICE COMPLETED BY	ON (Attach copy of report) (YYYYMMDD)	WERE DEFICIENCIES CORRECTED? (If "NO", explain)	
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
	b. LAST PHYSICAL SECURITY INSPECTION BY	ON (Attach copy of report) (YYYYMMDD)	WERE DEFICIENCIES CORRECTED? (If "NO", explain)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
c. LAST SECURITY ASSISTANCE VISIT BY		ON (YYYYMMDD)		

SECURITY CLASSIFICATION (if any)

 Approved for Release by NSA on  
 02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)

(continued)

## SECTION B - PERIPHERAL SECURITY

7. BUILDING EXTERIOR SECURITY DESCRIPTION	a. FENCE	b. FENCE ALARM
	c. FENCE LIGHTING	d. TELEVISION (CCTV)
	e. GUARDS	1. OTHER
8. BUILDING	a. CONSTRUCTION TYPE	
	b. DESCRIBE ACCESS CONTROLS	CONTINUOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", during what hours?)

## SECTION C - SCIF SECURITY

9. HOW IS ACCESS TO SCIF CONTROLLED?	a. BY GUARD FORCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SECURITY CLEARANCE LEVEL	b. BY ASSIGNED PERSONNEL? <input type="checkbox"/> YES <input type="checkbox"/> NO
	c. BY ACCESS CONTROL DEVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	(If "YES", Manufacturer)	(Model Number)
10. DOES SCIF HAVE WINDOWS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	a. HOW ARE THEY ACOUSITCALLY PROTECTED? (if applicable)	
	b. HOW ARE THEY SECURED AGAINST OPENING?	c. HOW ARE THEY PROTECTED AGAINST VISUAL SURVEILLANCE? (if applicable)	
11. DO VENTILATION DUCTS PENETRATE THE SCIF PERIMETER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	a. NUMBER AND SIZE (Indicate on floor plan)	
	b. IF OVER 96 SQUARE INCHES, TYPE OF PROTECTION USED		
	1. IDS (Describe in Section E) <input type="checkbox"/> YES <input type="checkbox"/> NO 2. BARS/GRILLS/METAL BAFFLES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER (Explain)		
	c. METAL DUCT SOUND BAFFLES: Are ducts equipped with:		
	1. METAL BAFFLERS <input type="checkbox"/> YES <input type="checkbox"/> NO 2. NOISE GENERATOR <input type="checkbox"/> YES <input type="checkbox"/> NO 3. NON-CONDUCTIVE JOINTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
	4. INSPECTION PORTS (If "YES", are they within the SCIF?) (If located outside the SCIF, how are they secured?) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. CONSTRUCTION	d. If TEMPEST accreditation authority required, are pipes, conduits, etc., penetrating the SCIF equipped with non-conductive unions at the point they breach the SCIF perimeter? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE THEY PROVIDED ACOUSTICAL PROTECTION? (if applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO
	a. PERIMETER WALLS 1. MATERIAL AND THICKNESS		2. DO THE WALLS EXTEND FROM THE TRUE FLOOR TO THE TRUE CEILING? <input type="checkbox"/> YES <input type="checkbox"/> NO
	b. TRUE CEILING (Material and thickness)	c. FALSE CEILING? (If "YES", type ceiling material) <input type="checkbox"/> YES <input type="checkbox"/> NO	(Distance between false and true ceiling)
	d. TRUE FLOOR (Material and thickness)	e. FALSE FLOOR? (If "YES", distance between false and true floor) <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECURITY CLASSIFICATION (if any)

(continued)

## SECTION D - DOORS

13. SCIF PRIMARY ENTRANCE	DESCRIBE (Indicate on floor plan)	IS AN AUTOMATIC DOOR CLOSER INSTALLED (if "NO", explain)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
14. SCIF EMERGENCY EXITS AND OTHER PERIMETER DOORS	DESCRIBE TO INCLUDE NUMBER AND TYPE (Indicate on floor plan)	IS AN AUTOMATIC DOOR CLOSER INSTALLED (if "NO", explain)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
15. DOOR HINGES	DESCRIBE HOW HINGES EXTERIOR TO SCIF ARE SECURED AGAINST REMOVAL (if in an uncontrolled area)		
16. LOCKING DEVICES	a. PERIMETER SCIF ENTRANCE DOOR		
	1. MANUFACTURER	MODEL	GROUP RATING
	2. DOES ENTRANCE DOOR STAND OPEN INTO AN UNCONTROLLED AREA? (If "YES", describe tamper protection)		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	b. EMERGENCY EXITS AND OTHER PERIMETER DOORS (Describe locks, metal strip/bar, deadbolts, panic hardware)	c. WHERE ARE DOOR LOCK COMBINATIONS FILED?	

## SECTION E - INTRUSION DETECTION SYSTEMS

17. INTERIOR MOTION DETECTION PROTECTION (Provide Manufacturer and Model Numbers where applicable)	a. ACCESSIBLE PERIMETER?		STORAGE AREAS?
	b. MOTION DETECTION SENSORS (Indicate on floor plan)		TAMPER PROTECTION?
	c. OTHER (i.e., CCTV, etc.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
18. DOOR AND WINDOW PROTECTION (Indicate on floor plan)	a. BALANCED MAGNETIC SWITCH (BMS) ON DOOR?		TAMPER PROTECTION?
	b. IF SCIF HAS GROUND FLOOR WINDOWS, HOW PROTECTED?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	c. OTHER (i.e., CCTV, etc.)		
19. VENTILATION AND DUCT WORK PROTECTION	METHOD		
20. SPACE ABOVE FALSE CEILING (Outside U.S. ONLY, if required)	a. MOTION DETECTION SENSORS	TAMPER PROTECTION?	b. OTHER (i.e., CCTV, etc.)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
21. SPACE BELOW FALSE FLOOR (Outside U.S. ONLY, if required)	a. MOTION DETECTION SENSORS	TAMPER PROTECTION?	b. OTHER (i.e., CCTV, etc.)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
22. IDS TRANSMISSION LINE SECURITY PROTECTION	a. ELECTRONIC LINE SUPERVISION (Manufacturer)	(Model)	CLASS. OF SERVICE (if applicable)
			<input type="checkbox"/> I <input type="checkbox"/> II
23. EMERGENCY POWER	AVAILABLE FOR IDS	TYPE	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> BATTERY <input type="checkbox"/> EMERGENCY GENERATOR <input type="checkbox"/> OTHER	

SECURITY CLASSIFICATION (if any)

(continued)

## SECTION E - INTRUSION DETECTION SYSTEMS (continued)

24. SCIF IDS CONTROL UNIT	LOCATED? (Indicated on floor plan)		
25. IDS ALARM ANNUNCIATOR PANEL	LOCATED? (Indicate on floor plan, Address)		
26. IDS RESPONSE PERSONNEL	DESCRIBE		
	RESPONSE FORCE SECURITY CLEARED? <input type="checkbox"/> YES <input type="checkbox"/> NO	a. LEVEL	
	b. EMERGENCY PROCEDURES DOCUMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	c. RESERVE FORCE AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	d. RESPONSE TIME REQUIRED FOR ALARM CONDITION (Number of minutes)
	e. ARE RESPONSE PROCEDURES TESTED AND RECORDS MAINTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", explain)		
27. IDS TESTED AND RECORDS MAINTAINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", explain)		

## SECTION F - TELEPHONE SYSTEM

28. METHOD OF ON-HOOK SECURITY PROVIDED	a. TSG-2 COMPUTERIZED TELEPHONE SYSTEM (CTS)			
	<input type="checkbox"/> YES	1. MANUFACTURER	MODEL	
	<input type="checkbox"/> NO			
	2. CTS LOCATION			
	3. Do the CTS installers and programmer have security clearances?	YES (If "YES", at what access level (minimum established by CSA)):		
		NO (If "NO", are escorts provided?) <input type="checkbox"/> YES <input type="checkbox"/> NO		
	4. Is the CTS installed as per TSG-2 Configuration Requirements?	YES	IF "NO", EQUIPMENT (Make) (Model)	EXPLAIN CONFIGURATION (attach drawing)
		NO		
	IS ACCESS TO THE FACILITY HOUSING THE SWITCH CONTROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE ALL LINES BETWEEN SCIF AND SWITCH IN CONTROLLED SPACES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	5. DOES THE CTS USE REMOTE MAINTENANCE AND DIAGNOSTIC PROCEDURES OR OTHER REMOTE ACCESS FEATURES? <input type="checkbox"/> YES (If YES, explain procedures) <input type="checkbox"/> NO			
b. TSG-6 APPROVED TELEPHONES		2. TSG NUMBER	3. Ringer Protection (if required)	
1. MANUFACTURER		MODEL		
c. TSG-6 APPROVED DISCONNECT DEVICES		2. TSG NUMBER		
1. MANUFACTURER		MODEL		
29. METHODS OF OFF-HOOK SECURITY PROVIDED	a. Is there a "HOLD" or "MUTE" feature?	YES	IF "YES", WHICH FEATURE? <input type="checkbox"/> HOLD <input type="checkbox"/> MUTE	PROVIDED BY? <input type="checkbox"/> CTS <input type="checkbox"/> TELEPHONE
		NO	IF "NO", APPROVED PUSH-TO-OPERATED HANDSETS PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE

SECURITY CLASSIFICATION (if any)

(continued)

**SECTION F - TELEPHONE SYSTEM (continued)**

<b>30. AUTOMATIC CALL ANSWERING</b>	b. Is there an "automatic call answering service" for the telephones in the SCIF?	YES	IF "YES", EQUIPMENT (Make) (Model)	EXPLAIN CONFIGURATION (provide line drawing)
		NO		

**SECTION G - ACOUSTICAL PROTECTION**

31. DO ALL AREAS OF THE SCIF MEET ACOUSTICAL REQUIREMENTS? (If "NO", describe additional measures taken to provide minimum acoustical protection, i.e., door, windows, etc.)

☐ YES ☐ NO

32. IS THE SCIF EQUIPPED WITH A PUBLIC ADDRESS, EMERGENCY/FIRE ANNOUNCEMENT OR MUSIC SYSTEM? (If "YES", describe and explain how protected)

☐ YES ☐ NO

33. IF ANY INTERCOMMUNICATION SYSTEM THAT IS NOT PART OF THE TELEPHONE SYSTEM IS USED, DESCRIBE AND EXPLAIN HOW PROTECTED

**SECTION H - ADMINISTRATIVE SECURITY**

<b>34. DESTRUCTION METHODS</b>	a. DESCRIBE METHOD USED FOR DESTRUCTION OF CLASSIFIED/SENSITIVE MATERIAL	
	MANUFACTURER	MODEL
	MANUFACTURER	MODEL
	b. DESCRIBE LOCATION OF DESTRUCTION SITE(S) IN RELATION TO THE SECURE FACILITY	
c. HAVE PROVISIONS BEEN MADE FOR THE EMERGENCY DESTRUCTION OF CLASSIFIED/SENSITIVE PROGRAM MATERIAL? (if required)	IF "YES", HAS THE EMERGENCY DESTRUCTION EQUIPMENT AND PLAN BEEN COORDINATED WITH THE CSA?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

35. IF REPRODUCTION OF CLASSIFIED/SENSITIVE MATERIAL TAKES PLACE OUTSIDE THE SCIF, DESCRIBE EQUIPMENT AND SECURITY PROCEDURES USED TO REPRODUCE DOCUMENTS

**COMMENTS**

## FLOW WORKSHEET

[illegible]

Approved for Release by NSA on  
02-16-2007, FOIA Case #428777



		TODAY'S DATE
INFLUENZA VACCINE (Type)		(Date)
<b>FLU IMMUNIZATION CONSENT</b>		

PRIVACY ACT STATEMENT: Auth for requesting info: PL 86-36; 5 U.S.C. 301 Records System: GNSA06; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Auth for requesting SSN: EO 9397. Principal Purpose: SSN will be used to identify the individual; Disclosure of the information including SSN, is voluntary. Failure to provide requested information may delay immunization. Your signature below indicates you have read and understand the above.

*I understand the benefits and risks of the Flu Vaccination as described on the Vaccine Information Statement - Influenza, and I have had an opportunity to ask questions. I request the vaccine be given to me or to the person named below for whom I am responsible.*

PRINTED NAME (Last) (First)		SSN
SIGNATURE	ADMINISTERED BY	

FORM P7086A REV OCT 99 (Supersedes P7086A REV SEP 98 which is obsolete)  
NSN: 7540-FM-001-1304

		TODAY'S DATE
INFLUENZA VACCINE (Type)		(Date)
<b>FLU IMMUNIZATION CONSENT</b>		

PRIVACY ACT STATEMENT: Auth for requesting info: PL 86-36; 5 U.S.C. 301 Records System: GNSA06; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Auth for requesting SSN: EO 9397. Principal Purpose: SSN will be used to identify the individual; Disclosure of the information including SSN, is voluntary. Failure to provide requested information may delay immunization. Your signature below indicates you have read and understand the above.

*I understand the benefits and risks of the Flu Vaccination as described on the Vaccine Information Statement - Influenza, and I have had an opportunity to ask questions. I request the vaccine be given to me or to the person named below for whom I am responsible.*

PRINTED NAME (Last) (First)		SSN
SIGNATURE	ADMINISTERED BY	

FORM P7086A REV OCT 99 (Supersedes P7086A REV SEP 98 which is obsolete)  
NSN: 7540-FM-001-1304

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877



SECURITY CLASSIFICATION (if any)

**FMS PRICING ELEMENT WORKSHEET (PEW)****GENERAL INFORMATION**

This worksheet must accompany each LOA, LOA Amendment, and LOA Modification to DF2242. Detailed pricing information can be found in the DoD 7000.14R, Subject: Foreign Military Sales Financial Management Manual. This form is broken down into four categories as follows: *Source, Surcharges, Personnel Services, and Travel and Per Diem*. Use the DoD 7000.14R to determine the applicable surcharge percentages.

The FMS PEW will be prepared in conjunction with the LOA and updated as necessary. The PEW is instrumental in pricing materials and services sold against FMS cases and will help insure that all cost elements applicable to the sale of articles and services are charged to foreign customers.

CASE DESIGNATOR		RELATED CASE		DATE (YYYYMMDD)	
SUB-LINE NUMBERS (LOA or related document)					
ITEM DESCRIPTION					
<b>SOURCE</b> (Equipment Cost)	CONTRACT (31EA)				
	NATIONAL RESERVE (31DA)				
	CUP (31DA)				
	INVENTORY (26DB)				
	OTHER (Specify)				
<b>CHARGE / SURCHARGE</b> (Value)	CAS (2551) %				
	REPLACE FACTOR				
	R&D RECOUP (4150)				
	OTHER (Specify)				
<b>OTHER CHARGES</b> (Specify type and Value)					
TRAVEL / PER DIEM (220)0 (if applicable)					
UNIT COST (Total unit cost for item sold on LOA or related document)					
QUANTITY SOLD (LOA or related document)					
SUB-LINE TOTAL (Amount will equate to UNIT COST x QUANTITY)					
LINE TOTALS (Amount will equate to total of all sub-lines associated with a particular line on the case, i.e., 1a + 1b + 1c = 1; 2a + 2b + 2c + 2d = 2.)					
ESTIMATED COST OF MATERIAL OR SERVICES (Equate to total of all lines on the 1513, i.e., 1 + 2 + 3 = Total Cost of Material or Services)					

<b>BELOW THE LINE CHARGES</b> (Calculate applicable Below-the-Line Accessorial charges using guidance contained in the DoD 7000.14R)	PC&H	x	% =
	Admin	x	% =
		x	% =
	Transportation	x	% =
		x	% =
<b>ESTIMATED TOTAL COST</b> (Computed by adding Below-the-Line Charges to Total Cost of Material or Services)	PROGRAM OFFICE (P.O.C.)	(Organization)	(Non-Secure Phone)
	CASE MANAGER		
	FINANCIAL COUNTRY DESK OFFICER		

SECURITY CLASSIFICATION (if any)

**FMS PRICING ELEMENT WORKSHEET (PEW)****GENERAL INFORMATION**

This worksheet must accompany each LOA, LOA Amendment, and LOA Modification to DF2242. Detailed pricing information can be found in the DoD 7000.14R, Subject: Foreign Military Sales Financial Management Manual. This form is broken down into four categories as follows: *Source, Surcharges, Personnel Services, and Travel and Per Diem*. Use the DoD 7000.14R to determine the applicable surcharge percentages.

The FMS PEW will be prepared in conjunction with the LOA and updated as necessary. The PEW is instrumental in pricing materials and services sold against FMS cases and will help insure that all cost elements applicable to the sale of articles and services are charged to foreign customers.

<b>SUB-LINE NUMBERS</b> (LOA or related document)					
<b>ITEM DESCRIPTION</b>					
<b>SOURCE</b> (Equipment Cost)	CONTRACT (31EA)				
	NATIONAL RESERVE (31DA)				
	CUP (31DA)				
	INVENTORY (26DB)				
	OTHER (Specify)				
<b>CHARGE / SURCHARGE</b> (Value)	CAS (2551) %				
	REPLACE FACTOR				
	R&D RECOUP (4150)				
	OTHER (Specify)				
<b>OTHER CHARGES</b> (Specify type and Value)					
<b>TRAVEL / PER DIEM (220)0</b> (if applicable)					
<b>UNIT COST</b> (Total unit cost for item sold on LOA or related document)					
<b>QUANTITY SOLD</b> (LOA or related document)					
<b>SUB-LINE TOTAL</b> (Amount will equate to UNIT COST x QUANTITY)					
<b>LINE TOTALS</b> (Amount will equate to total of all sub-lines associated with a particular line on the case, i.e., $1a + 1b + 1c = 1$ ; $2a + 2b + 2c + 2d = 2$ .)					

**FMS PRICING ELEMENT WORKSHEET (PEW)****GENERAL INFORMATION**

This worksheet must accompany each LOA, LOA Amendment, and LOA Modification to DF2242. Detailed pricing information can be found in the DoD 7000.14R, Subject: Foreign Military Sales Financial Management Manual. This form is broken down into four categories as follows: *Source, Surcharges, Personnel Services, and Travel and Per Diem*. Use the DoD 7000.14R to determine the applicable surcharge percentages.

The FMS PEW will be prepared in conjunction with the LOA and updated as necessary. The PEW is instrumental in pricing materials and services sold against FMS cases and will help insure that all cost elements applicable to the sale of articles and services are charged to foreign customers.

<b>SUB-LINE NUMBERS</b> (LOA or related document)					
<b>ITEM DESCRIPTION</b>					
<b>SOURCE</b> (Equipment Cost)	CONTRACT (31EA)				
	NATIONAL RESERVE (31DA)				
	CUP (31DA)				
	INVENTORY (26DB)				
	OTHER (Specify)				
<b>CHARGE / SURCHARGE</b> (Value)	CAS (2551) %				
	REPLACE FACTOR				
	R&D RECOUP (4150)				
	OTHER (Specify)				
<b>OTHER CHARGES</b> (Specify type and Value)					
<b>TRAVEL / PER DIEM (220)0</b> (if applicable)					
<b>UNIT COST</b> (Total unit cost for item sold on LOA or related document)					
<b>QUANTITY SOLD</b> (LOA or related document)					
<b>SUB-LINE TOTAL</b> (Amount will equate to UNIT COST x QUANTITY)					
<b>LINE TOTALS</b> (Amount will equate to total of all sub-lines associated with a particular line on the case, i.e., $1a + 1b + 1c = 1$ ; $2a + 2b + 2c + 2d = 2$ .)					

SECURITY CLASSIFICATION (if any)

## FOIA/PA ACTION RECORD

POLICY LOG DATE (Date of Policy correspondence - YYYY-MM-DD)	POLICY SERIAL NUMBER
ACTION TITLE (Description or title of customer request)	
SUSPENSE DATE (Date required to meet Policy suspense (usually 10 days) - YYYY-MM-DD)	GROUP LOG NO. (GROUP originated reference no.) <b>DIR -</b>
CUSTOMER CORRESPONDENCE DATE (Date on customer's original correspondence - YYYY-MM-DD)	CASE OFFICER (Individual assigned to process the customer request and ensure completeness of response)
DATE ASSIGNED (Date case officer assigned action - YYYY-MM-DD)	DATE COMPLETED (Date case officer completed action - YYYY-MM-DD)
SUBJECT (Prepare one of the following which depends upon the request received from Policy) <input type="checkbox"/> COST ESTIMATE (An estimate, based in hours, on how long it would take to do the search, if requested to do so) <input type="checkbox"/> FOIA/PA SEARCH (Perform search of all files and databases. Use DD 2086 to keep track of time and level of effort expended in completing search or providing cost estimate)	

## SEARCH STRATEGY

DATABASES/FILES SEARCHED

☐

ANCHORY

☐

AIRS

☐

STINFO

KEY WORDS USED

NO RECORDS FOUND	
<input type="checkbox"/>	I reasonably believe that my organization does not have information responsive to the attached request.
<input type="checkbox"/>	A search was performed but there are no responsive records in our files. (Complete a Form DD 2086.)
MUST SEARCH TO DETERMINE IF RESPONSIVE RECORDS EXIST	
RECORDS FOUND (A search was performed and records were found. Complete a Form DD 2086.)	
DOC (s)	PAGE (s)
SIGNATURE	OFFICE
PHONE (Secure) (Non-Secure)	

## FOIA/PA LETTER OF REFERRAL

		DATE
TO	SERIAL	DATE RECEIVED BY NSA
		FOI/PA REQUEST OF:
FROM <b>FOI / PA National Security Agency</b>	NSA FOI/PA NUMBER	

IN OUR REVIEW OF NSA RECORDS RESPONSIVE TO THE ABOVE REQUEST, THE FOLLOWING WAS SURFACED

## 1. FOR YOUR DIRECT RESPONSE TO THE REQUESTER

\_\_\_\_\_ document(s), attached as enclosure \_\_\_\_\_, which originated with your agency. We will advise the requester of this referral.

<input type="checkbox"/>	a. We have identified the NSA-originated information in the document(s) and have no objection to its release.
<input type="checkbox"/>	b. We have been unable to identify any information as having originated with this Agency. If, as a result of your review of the documents, information is identified which originated with this Agency, you are requested to coordinate this information with us prior to its release.
<input type="checkbox"/>	c. Information that is currently and properly classified in accordance with E.O. 12958 has been indicated for deletion pursuant to:
<input type="checkbox"/>	FOIA exemption (b) (1) and 5 U.S.C. 552a (k) (1), the Privacy Act of 1974.
<input type="checkbox"/>	This information is also exempt from disclosure pursuant to FOIA exemption (b) (3) which provides for the withholding of information specially protected from disclosure by statute. The specific statutes applicable in this case are:
<input type="checkbox"/>	Title 18 U.S. Code 798 Title 50 U.S. Code 403-3 (c) (5)
<input type="checkbox"/>	Section 6, Public Law 86-36 (50 U.S. Code 402 note)
<input type="checkbox"/>	d. Unclassified information which would reveal titles and names of NSA/CSS employees, or functions and activities of the Agency has been indicated for deletion pursuant to
<input type="checkbox"/>	FOIA exemption (b) (3) and/or Section 6 of Public Law 86-36 (50 U.S. Code 402 note)
<input type="checkbox"/>	e. The initial denial authority for NSA information is the Deputy Director of Policy. The requester may appeal these deletions within 60 days after notification of the denial by writing to the NSA/CSS Appeal Authority, National Security Agency, Ft. George G. Meade, MD 20755-8000. The appeal shall reference the initial denial of access and shall contain in sufficient detail and particularity, the grounds upon which the requester believes release of the information is required. The NSA/CSS Appeal Authority shall respond to the appeal within _____ working days after receipt.

## 2. FOR YOUR REVIEW AND RESPONSE BACK TO THIS AGENCY

\_\_\_\_\_ NSA document(s), attached as enclosure \_\_\_\_\_, containing information provided by, or in respect to, your agency. Please review your information (in brackets) and return the document(s) to us making any deletions you deem appropriate, citing FOIA/PA exemption(s) claimed, and stating the current and proper level of any classified information. In your response, please cite the date of this memo, the name of the requester, and the NSA case number.

3. A COPY OF THE REQUESTER'S INITIAL LETTER AND ANY OTHER SIGNIFICANT CORRESPONDENCE IS ATTACHED AS ENCLOSURE \_\_\_\_\_ FOR YOUR CONVENIENCE. IF YOU HAVE ANY QUESTIONS CONCERNING THIS REFERRAL, PLEASE CONTACT:

on (301) 688-6527

See attached for additional comments.

Sincerely,

ENCL(s)  
a/s

FORM O4870 REV OCT 96  
NSN: 7540-F M-001-3435

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**FOREIGN CITIZENSHIP  
RENUNCIATION CERTIFICATION**

PRIVACY ACT STATEMENT: Auth: P.L. 88-290, GNSA 10; info will be used (Principally) to document former foreign citizenship and renunciation of that citizenship. (Routinely) NSA's Blanket Routine Uses found at 58 Fed. Reg 10,531 (1993) apply. Disclosure of Info: Voluntary; Effect on individual if requested info not provided: May delay or prevent completion of processing for access to sensitive compartmented information. Your signature below \* indicates you have read and understand the above.

---

COUNTRY FORMERLY A CITIZEN OF

---

In order to have access to Sensitive Compartmented Information, a person must have unquestioned loyalty to the United States.

I understand that because of the citizenship laws of the country listed above, it is possible that country currently considers me to be its citizen thereof regardless of my valid U.S. citizenship.

Notwithstanding such a possibility, and recognizing that my action here may not be legally accepted by the foreign state, I hereby state that I am a citizen of the United States and only the United States, and disavow and renounce any citizenship claimed by the above stated country. To that end I will return any foreign passport that may have been issued by that country and forego any other privileges to which I may have been entitled by virtue of such citizenship.

PRINTED NAME	DATE
SIGNATURE	WITNESS

FORM G6411 REV NOV 98 (Supersedes G6411 JAN 92 which is obsolete)  
NSN: 7540-FM-001-5340

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**FOREIGN TRANSFER ALLOWANCE CLAIMS****(Supplement to DD Form 1351-2)****COMPLETE PAGE 2 AND ATTACH RECEIPTS**

PRIVACY ACT STATEMENT: Auth for collecting info requested is contained in 50 U.S.C. 402 note, 5 U.S.C. 5923, and E.O. 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA08 and GNSA09 apply to this info. Auth for requesting SSN is E.O. 9397. Info you provide will be used to verify your claim for reimbursement of expenses associated with temporary qtrs lodging. Disc of requested info, including your SSN, is voluntary. However, failure to furnish requested info, other than your SSN, may prevent Agency from processing your request for reimbursement. If you decline to provide your SSN, there may be a delay in processing your request for reimbursement.

**NOTE:** FTA reimburses you for the costs actually incurred (up to a maximum amount) while your family occupies temporary quarters prior to your departure to an overseas station. FTA is payable for up to ten days, provided it is necessary to vacate your permanent quarters. No FTA is payable until permanent quarters are vacated. Family expenses which can be reimbursed are:

- a. Lodging (For you and your family. Receipts required.)
- b. Groceries (Purchased to prepare meals in your temporary quarters. Itemized receipts required.)
- c. Meals Eaten at Restaurants (Each meal must be itemized. Receipts are required in excess of \$75.00.)
- d. Non-Commercial Quarters (Living quarters, usually owned by a relative or friend, not normally rented. Expenses limited to costs actually incurred by the host as a result of your stay. Attach Form F8550A.)

A routine function of voucher examination is the review of expenses for reasonableness. Each expense stands alone, i.e., a dinner. Even if the total day's expenses are lower than the maximum daily allowance, an individual expense may be considered unreasonably high and adjusted downward based on appropriate considerations.

NAME (Last)		(First)	(MI)	SOCIAL SECURITY NUMBER	
AGENCY	PAYGRADE	GROUP	CURRENT POST/COUNTRY OF ASSIGNMENT/LOCALITY CODE		ARRIVAL DATE (YYYYMMDD)

PERMANENT ADDRESS

DATE PERMANENT RESIDENCE VACATED (YYYYMMDD) (By employee)	(By dependents)	DATE PROCEEDED TO NEW STATION (YYYYMMDD) (Employee)	(Dependents)
--	-----------------	--	--------------

**LIST TEMPORARY QUARTERS OCCUPIED** (If employee and all dependents listed on the travel order did not stay in the listed quarters, please list the names of those that stayed at each establishment)

ESTABLISHMENT AND ADDRESS	NAMES OF OCCUPANTS	RELATIONSHIP	DOB (Children only) (YYYYMMDD)
START DATE (YYYYMMDD)	END DATE (YYYYMMDD)		
START DATE (YYYYMMDD)	END DATE (YYYYMMDD)		
START DATE (YYYYMMDD)	END DATE (YYYYMMDD)		

TRANSFER ALLOWANCE ADVANCE

 PORTION(S): ☐ SUBSISTENCE ☐ WARDROBE ☐ LEASE PENALTY

\$

**EMPLOYEE STATEMENT AND SIGNATURE:** The information given on this application is true and correct to the best of my knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in the conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (including fines and imprisonment) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.

EMPLOYEE'S SIGNATURE

DATE

# FTA

DAY	DATE	ROOM <i>(plus tax)</i>	GROCERIES	COIN LAUNDRY	LAUNDRY AND DRY CLEANING	OTHER <i>(specify)</i>	MEALS <i>(plus tips)</i>			DAILY TOTAL
							BREAKFAST	LUNCH	DINNER	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
TOTALS										

FORM F8550S2 REV APR 2001 - Page 2

DOCID: 3114273



SECURITY CLASSIFICATION (if any)

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 10 U.S.C. Section 1601-1616; 50 U.S.C. Section 402 note; 50 U.S.C. Section 831-835; Executive Orders 10450, 10865, 12333, and 12968; and DCI Directive No. 6/4. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses enumerated in GNSA10 apply to this info. Auth for requesting SSN is EO 9397. The requested info will be used to gather counterintelligence info and to ascertain whether the indiv had any reportable problems or difficulties as a result of their foreign travel. Your disclosure of requested info, including SSN, is voluntary. However, failure to furnish the requested info may delay processing foreign travel forms and may also result in suspension or revocation of access to classified info.

**FOREIGN TRAVEL QUESTIONNAIRE**

NAME (PLEASE PRINT) (Last)

(First)

(Middle)

NSA ORG OR COMPANY AFFILIATION

TELEPHONE (Secure)

(Non-Secure)

COUNTRY(IES)

**INSTRUCTIONS**

In conjunction with the approval of your UFT request involving a Travel Alert Area, you are required to complete this form at the conclusion of your trip. This questionnaire must remain in your work area while you are away on your proposed trip. Please answer all questions completely, sign the form and return it to S443, Ops 1, Suite 6321 within two weeks of your return. Contractors should submit the form to their C/SSO for return to S443. If your answer is "YES" to any questions, please explain in the remarks section below. Remember to classify the form if necessary based on your remarks.

	YES	NO
1. Did your travel itinerary vary from the information provided on your UFT request?		
2. Did you have any trouble entering or exiting the country (i.e., problems with customs or airport personnel)?		
3. Did you encounter any security-related problems or suspicious incidents at your hotel(s)?		
4. Did you meet any foreign national who displayed an unusual ability to converse in English with you or otherwise showed an undue interest in you?		
5. Did you feel that you were under surveillance (i.e., photographed, followed, etc.) at any time during your trip?		
6. Were you approached to engage in black market activities, to exchange money, to engage in sexual activity, or any other activity with the potential for blackmail?		
7. Do you recall any incident which might have indicated an effort on the part of the foreign intelligence service to target, entrap, cultivate or subvert you or other U.S. personnel?		
8. Did anyone try to solicit biographical and/or sensitive information from you?		
9. Were you aware of any terrorist threats or acts occurring in the country(ies) during your trip?		
10. Were you a victim or a witness to any criminal activity or did you otherwise have any direct contact with law enforcement officials?		
11. During the trip, did you exchange telephone numbers, addresses, or otherwise develop an association with a foreign national which might continue?		
12. Did you have any problems maintaining your anonymity as an NSA affiliate during your trip?		

REMARKS (Use Reverse if necessary)

SIGNATURE

SOCIAL SECURITY NUMBER

DATE

SECURITY CLASSIFICATION (if any)

**FOREIGN TRAVEL REQUEST**

Submit to Q223 in duplicate at least 30 days before departure.  
Contractors, submit form to Q223 thru your Security Officer.

PRIVACY ACT STATEMENT: Auth: GNSA10, P.L. 88-290, E.O. 10450, 12333; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Auth for requesting SSN: EO 9397. Principal Purpose: to permit NSA Office of Security to review proposed foreign travel as provided in NSA Security Agreement. Disclosure of the information is mandatory. Disclosure of SSN is voluntary. Failure to provide information on foreign travel is a violation of NSA Security Agreement and regulations and may result in adverse personnel action and removal from access. Failure to provide SSN may delay processing of request.

**NOTICE:** Personnel should not make advance deposits/reservations prior to receiving approval for proposed Unofficial Foreign Travel (UFT). Should local conditions in any country to be visited change and require cancellation of the travel, personnel must be prepared to absorb any losses from deposits/reservations that are not refundable. Public travel advisories may be obtained by contacting the State Department (202) 847-5225.

TO <b>Q223 Ops 1 1S079 Suite 6321</b>	FROM (Name of requester) (Last) (First) (MI)		SOCIAL SECURITY NUMBER		NSA ORG OR COMPANY AFFILIATION
	TELEPHONE NO. (Secure)	(Non-Secure, include Area Code)	NSA BLDG & ROOM NO.	SUITE NO.	
CONTRACTORS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
CONTRACTORS ONLY (List COR name and telephone number)					

**1. PROPOSED ITINERARY (Continue on reverse side)**

ALL FOREIGN COUNTRIES	MAJOR CITIES	MODE OF TRAVEL	DATES (YYYYMMDD)	
			FROM	TO

2. IS THIS TRIP IN CONJUNCTION WITH OFFICIAL TRAVEL, TRAINING OR COMPANY BUSINESS? ☐ YES ☐ NO

3. ARE YOU VISITING / TRAVELING WITH A FOREIGN NATIONAL? (If "YES", list below - continue on reverse side if necessary) ☐ YES ☐ NO

NAME AND NATURE OF ASSOCIATION (Business associate, relative, friend, etc.)	FULL ADDRESS	CITIZENSHIP
I certify that I have read and understand the statements above.	REQUESTER SIGNATURE	DATE (YYYYMMDD)

**THRU: NSA SUPERVISOR (Program Manager of C/SSO for Contractors)**

BASED ON A REVIEW OF THIS INDIVIDUAL'S CURRENT ASSIGNMENT AND SENSITIVE AGENCY ACCESS, THIS PROPOSED TRAVEL

☐ WILL ☐ WILL NOT PRESENT A RISK TO SENSITIVE INFORMATION, ACTIVITIES, OR PROJECTS OF WHICH THIS INDIVIDUAL HAS KNOWLEDGE.

REMARKS (Use reverse side or attach separate sheet and classify as necessary)	PRINTED NAME (Last) (First) (MI)	SID
	SIGNATURE (Supervisor/Program Manager or C/SSO)	
	TITLE	DATE (YYYYMMDD)

REQUESTER OR COMPANY SECURITY OFFICER FOR CONTRACTORS	ADDRESS OF COMPANY SECURITY OFFICE
TELEPHONE NO.	

THE PROPOSED ITINERARY IS APPROVED, if your travel exceeds 30 days, your badge should be stored for safekeeping at the Main Visitor Control Center which services your building.	A DEFENSIVE SECURITY BRIEFING IS NOT REQUIRED
THE PROPOSED ITINERARY IS NOT APPROVED. For further information, telephone Q223, 963-3273 or (301) 688-6535b.	A DEFENSIVE SECURITY BRIEFING IS REQUIRED. For an appointment, phone Q223, Ops. Bldg. 1, 963-3273a/688-6535b. Briefings for contractors not assigned at NSA Baltimore/Washington complex will be arranged by the Company Security Officer.

REMARKS (For Q USE ONLY)

FILE NO.

FOR Q223 (Reviewer)	PRINTED NAME (Last) (First) (MI)	DATE (YYYYMMDD)
---------------------	----------------------------------	-----------------

SECURITY CLASSIFICATION (if any)

**FOREIGN TRAVEL REQUEST (Continued)**

### 1. PROPOSED ITINERARY (Continued)

[illegible]

### 3. FOREIGN NATIONAL ASSOCIATIONS (Continued)

[illegible]

REMARKS (Continued)

SECURITY CLASSIFICATION (if any)

Complete and forward along with actual form in question,  
to **Forms Management, LC15, Ops 1, Suite 6445** or via  
e-mail to 'nsafco'.

**FORMS ACTION REQUEST**

REQUEST DATE	SUSPENSE DATE (if any)	TYPE OF ACTION <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Reinstated <input type="checkbox"/> Cancel	
ORIGINATOR (Point of Contact)	SID	ORG.	PHONE NO. (Secure) (Non-Secure) LOCATION (Building/Room No./Suite No.)
FORM TITLE		FORM NUMBER (If <b>NEW</b> , leave blank)	
IS FORM TITLE: <input type="checkbox"/> Unclassified <input type="checkbox"/> Classified		STOCK NUMBER (To be completed by Forms Management)	
SUPERSEDES FORM NUMBER(S) (if any)		DISPOSITION OF OLD STOCK (if any) <input type="checkbox"/> Destroy <input type="checkbox"/> Issue All to OPI	CLASSIFICATION OF REFERENCED FORM (when blank) (when filled)
HOW WILL FORM BE USED? (Check <b>ALL</b> applicable blocks)	<input type="checkbox"/> <b>ELECTRONIC GENERATION</b> (FrameMaker and FormFlow)	IF ELECTRONIC USE, SHOULD FORM BE ACCESSIBLE: <input type="checkbox"/> Agency-Wide <input type="checkbox"/> Originator Only	
	<input type="checkbox"/> <b>HARD COPY</b> (If so, how many are required to be stocked in the Agency Stock Supply System)? Quantity Needed Per Month: _____	INFORMATION FILLED IN BY: <input type="checkbox"/> Handwritten <input type="checkbox"/> Electronic <input type="checkbox"/> Both	
SIZE <input type="checkbox"/> 5-1/2 x 8-1/2 <input type="checkbox"/> 8-1/2 x 11 <input type="checkbox"/> 8-1/2 x 14 <input type="checkbox"/> Other (Specify) _____	COMPLETED FORM FILED <input type="checkbox"/> Electronically <input type="checkbox"/> Hard Copy (Check appropriate box below) <input type="checkbox"/> Card Box <input type="checkbox"/> Visible File <input type="checkbox"/> Binder <input type="checkbox"/> Folder		
		IS PRIVACY ACT STATEMENT REQUIRED? <input type="checkbox"/> YES (MUST obtain approved P.A.S. from General Counsel before request will be processed) <input type="checkbox"/> NO	

**COMPLETE THIS SECTION ONLY IF FORM TO BE AVAILABLE IN HARD COPY STOCK**

TYPE OF STOCK <input type="checkbox"/> Plain Paper <input type="checkbox"/> Light Cardstock <input type="checkbox"/> Letterhead <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Carbonized <input type="checkbox"/> Heavy Cardstock		COLOR (Paper) (Ink)
PRINT <input type="checkbox"/> One Side Only <input type="checkbox"/> Front and Back <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Toe	<input type="checkbox"/> Single Sheet <input type="checkbox"/> Pad (100 sheets per pad)	
HOLES (If required, state no. of holes and position; i.e., 2-TOP, 3-LEFT, etc.)	FORM IS PREPARED <input type="checkbox"/> Original Copy Only <input type="checkbox"/> Original Plus _____ Copies	

REMARKS (Describe purpose of form and how it will be used)

SUPERVISOR'S SIGNATURE (MANDATORY)	TITLE AND ORGANIZATION	DATE
<b>FORMS MANAGEMENT USE ONLY</b>		
DATE RECEIVED	SIGNATURE	DATE COMPLETED

FORM O1713 REV FEB 2001 (Supersedes O1713 REV MAY 2000 which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

[illegible]

Approved for Release by NSA on 02-16-2007, FOIA Case #42877

# NOTICE

**THIS UNIT IS CFC, HCFC & HFC FREE**

CERTIFIED BY			
NAME	#	ORG	DATE

FORM H6758 REV DEC 96 (Supersedes H6758 SEP 93 which is obsolete)  
NSN: 7540-FM-001-5448

## FUNDING DOCUMENT



AUTHORIZATION



ALLOWANCE

ISSUED	1. BY FINANCE AND ACCOUNTING OFFICE 9800 SAVAGE ROAD, ATTN: FORT MEADE, MD 20755-6000	2. DEFENSE AGENCY	3. ALLOTMENT SERIAL NUMBER
	6. TO	4. STATION NUMBER	5. CHANGE NUMBER
		7. EFFECTIVE DATE	8. ISSUED DATE

9. APPROPRIATION OR FUND SYMBOL PROGRAM OR PROJECT NUMBER	10. ANNUAL PROGRAM		11. CHECK APPLICABLE BLOCK	
	<input type="checkbox"/> FUNDING	<input type="checkbox"/> ALLOWANCE	<input type="checkbox"/> ALLOCATION	<input type="checkbox"/> SUBALLOCATION
	<input type="checkbox"/> ALLOWANCE ISSUED		<input type="checkbox"/> ALLOTMENT	<input type="checkbox"/> SUBALLOTMENT
	INCREASE OR (DECREASE) (a)	REVISED NET AMOUNT (b)	INCREASE OR (DECREASE) (a)	REVISED NEW AMOUNT (b)

REMARKS

APPROPRIATION SYMBOL	QUARTER			
	1ST	2ND	3RD	4TH
NAME AND TITLE OF APPROVING OFFICER			SIGNATURE	



NATIONAL SECURITY AGENCY  
Fort George G. Meade, MD 20755-6000

SERIAL:

DATE:

NAME OF INDIVIDUAL OF YOUR ORGANIZATION

SSN

**ELIGIBILITY FOR ACCESS TO SENSITIVE COMPARTMENTED INFORMATION**

The above named individual is cleared TOP SECRET and is eligible for Sensitive Compartmented Information (SCI) Access required for NSA programs as approved by the Contracting Officer's Representative (COR). This individual may be authorized access to other NSA/CSS programs provided the NSA/CSS Program COR for each new program has officially, and in writing, authorized the access. Requests for Special Accesses should be coordinated with the Special Access Office, S4313/SAO. Briefings for the initial SCI and any additional accesses should be coordinated between the CSSO and the COR. The Contractor Security Agreement (G170B) is to be forwarded to Initial Clearances, S4311 immediately upon completion of the indoctrination. Special Access Indoctrination Memoranda (G170G) are to be forwarded to the Special Access Office, S4313/SAO.

The CSSO is responsible for maintaining a permanent record reflecting the project names of NSA programs to which the above individual has access, the level of access, and the time period of that access. A Program Access Log (G3052) is included for this purpose.

If the above named individual has been granted an exception to DCID 6/4 due to foreign national family members or associates, and the individual is subsequently sponsored for work on a project other than that for which he/she was originally sponsored, a Cryptologic Risk Assessment must be provided to the Special Actions Office, S4313. The CSSO must coordinate this action with the COR.

In the event the above individual no longer has a need-to-know or terminates employment with your organization, the individual is to be debriefed and his/her name is to be removed from all access lists. This letter, the Program Access Log (G3052), and the Access Termination and Debriefing Statement (G170A) are to be returned to this Agency, ATTN: S434. Special Access Debriefing Memoranda (G170H) are to be forwarded to S4313/SAO.

This letter is for official purposes only and is to be maintained by the CSSO. It is not to be reproduced without permission from this office nor shall it be furnished to the above referenced individual.

(b) (3) - P.L. 86-36

**Chief, Adjudicative Services**  
**Adjudicative and Security Information Services**

FS PG	FS PG BY	CI PG	CI PG BY
SSBI/SSBI PR DATE	BY	SCI INDOCTRINATION DATE	DCID 6/4 EXCEPTION DATE



**DEVELOPMENTAL COUNSELING FORM**

For use of this form, see FM 22-100; the proponent agency is TRADOC

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

**PART I - ADMINISTRATIVE DATA**

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
------------------------	------------	---------------------	--------------------

Organization	Name and Title of Counselor
--------------	-----------------------------

**PART II - BACKGROUND INFORMATION**

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

**PART III - SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

**OTHER INSTRUCTIONS**

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.



**HOME LEAVE ELIGIBILITY**

NAME (Last)	(First)	(MI)	ORG	DATE (YYYY-MM-DD)
-------------	---------	------	-----	-------------------

I have served a minimum of 24 months (*18 months for SCAs*) of continuous creditable overseas duty and am eligible for home leave. I understand that, as is the case with all other categories of leave, home leave must be approved by my immediate supervisor.

All civilian employees of the National Security Agency (NSA), as a condition of their employment, have agreed to serve anywhere in the world at the command of the Director, NSA. I understand that I will be required to repay home leave used if:

1. I fail to return to service abroad in fulfillment of my specified tour of duty, or;
2. The Director, NSA, orders me to return to a foreign location at some future date and I fail to follow that order, or;
3. I fail to remain in the service of the Agency for at least 6 months following my use of home leave.

I understand that I will not be required to refund home leave if one of the following apply:

1. I have completed 6 months service after completing my use of home leave, or;
2. The Agency determines that my failure to return to a foreign location was due to compelling personal reasons, such as physical or mental health or circumstances over which I had no control, or that it is not in the public interest to return me to my overseas assignment.

I understand that prior to leaving site I am required to coordinate my home leave schedule with:

1. My new supervisor if I am returning to an identified position, or;
2. The Reassimilation POC if I plan to interview for a position after my return to Headquarters.

EMPLOYEE SIGNATURE			DATE (YYYY-MM-DD)
AGENCY REPRESENTATIVE (Printed Name) (Last)	(First)	(MI)	(Signature) DATE (YYYY-MM-DD)

FORM P4984 REV JUN 2001 (Supersedes P4984 REIN JUL 98 which is obsolete)

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

PROVIDER REMARKS		NAME / SSN
DATE ORDERED	DATE COMPLETED	

REQUESTING PROVIDER'S SIGNATURE

COMPLETED BY \_\_\_\_\_

MT (ASCP)

REVIEWING PROVIDER'S SIGNATURE \_\_\_\_\_

You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to certify that you have had access to the information indicated below. While disclosure of your SSN is not mandatory, your failure to do so may delay the processing of such certification.

## INADVERTENT DISCLOSURE AGREEMENT (U)

SUBJECT : Special Instructions for Maintaining the Security of Special Intelligence or Sensitive Compartmented Information

TO :

1. Information from a class of special intelligence or sensitive compartmented information, the source of which cannot be disclosed, has been either discussed with you or exposed to your view. In the light of this unintentional disclosure, it is deemed necessary that you execute an oath binding you to secrecy in connection with any information you may have gained from such special intelligence or sensitive compartmented information.

2. It is impossible to overemphasize the importance of safeguarding this intelligence. It must be remembered that THE TIME LIMIT FOR THE SAFEGUARDING OF SUCH INTELLIGENCE NEVER EXPIRES. It is directed therefore that all references to the existence of this intelligence, or to words which identify it, be strictly avoided.

3. Although you inadvertently gained information not intended for you, the signature on the oath below does NOT constitute an indoctrination or clearance for such intelligence.

4. You are advised that the unauthorized disclosure of this information may constitute a violation of the provisions of one or more of the following statutes; section 793, 794, 798, or 951 of Title 18, United States Code. An unauthorized disclosure of this intelligence by you could result in your being prosecuted under those statutes, which provide criminal sanctions for such unauthorized disclosure.

### OATH

I hereby affirm that I have read and understand the above instructions for maintaining the security of special intelligence or sensitive compartmented information. I certify that I shall never, without proper authority, divulge any information which I may have learned from special intelligence or sensitive compartmented information which has been disclosed to me, nor will I reveal to any person whomsoever my knowledge of the existence of such intelligence. I further certify that I shall never attempt to gain access to such information.

SIGNATURE		SSN
SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE (Day, Month, Year)		WITNESS

# INCOMPLETE SENTENCES

NAME (Last)	(First)	(Middle)	DATE
-------------	---------	----------	------

FINISH THESE SENTENCES TO EXPRESS YOUR TRUE FEELINGS

1. I ALWAYS WANTED TO BE

2. I CAN'T

3. IF MY FATHER WOULD ONLY

4. PEOPLE THINK OF ME AS

5. I SUFFER MOST FROM

6. WHAT UPSETS ME MOST IS

7. MOST MEN

8. MY FAMILY TREATS ME LIKE

9. MY GREATEST WORRY IS

10. SOME MEMBERS OF THE OPPOSITE SEX

11. MOST WOMEN

12. I REGRET

13. THE MAIN THING IN LIFE

14. SECRETLY

15. IF MY MOTHER WOULD ONLY

16. I DON'T LIKE PEOPLE WHO

17. I WISH I COULD FORGET THE TIME I

18. WHEN TROUBLED

19. IT BOTHERS OR ANNOYS ME THAT I

20. WHAT MOST ANGERS ME IS

## INDIVIDUAL DEVELOPMENT PLAN

EMPLOYEE'S NAME (Last, First, MI)

DATE

PERIOD COVERED

6 MONTH REVIEW DATE

SIGNATURE	SUPERVISOR	DATE	SIGNATURE	SUPERVISOR	DATE
	EMPLOYEE			EMPLOYEE	

## CURRENT STATUS OF DEVELOPMENTAL ACTIVITIES

(Check ALL that apply)

## 1. EDUCATION

☐

ATTENDING COLLEGE

☐

COLLEGE DEGREE

## 2. PROFESSIONALIZATION

(Career Field)

☐

PROFESSIONALIZED

☐

ASPIRANT

## 3. DEVELOPMENT PROGRAM PARTICIPATION

☐

FLP

☐

BLP

☐

MLP

☐

TECH

SHORT-TERM GOALS (Up to 2 years)	KNOWLEDGE, SKILLS AND ABILITIES NEEDED FOR EACH TARGETED GOAL	DEVELOPMENTAL ACTIVITY TO ACCOMPLISH EACH GOAL	DATE	
			TARGET START	COMPLETED

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877



DATE
------

[illegible]

DOCID: 3114400

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

# INDOCTRINATION MEMORANDUM

## *Special Access Programs*

Authority to solicit Social Security Number (SSN) is Executive Order 9397. Routine and sole use of the SSN is to precisely identify the individual when necessary to certify access to national security information. While disclosure of SSN is voluntary, your failure to do so may delay certifications and, in some cases, prevent original access to national security information.

THE MEMORANDUM RECORDS THE FACT THAT I WAS BRIEFED ON THIS DATE FOR THE FOLLOWING SPECIAL ACCESS PROGRAM(S).

---



---



---



---



---

THE NEED FOR SPECIAL PROTECTION OF THIS MATERIAL WAS MADE KNOWN TO ME, AND I WAS REMINDED THAT MY ACCESS TO THIS MATERIAL IS GOVERNED BY THE TERMS OF THE NSA SECURITY AGREEMENT THAT I HAVE PREVIOUSLY SIGNED.

SIGNATURE	ORGANIZATION
PRINTED OR TYPED NAME	SOCIAL SECURITY NUMBER <i>(See notice above)</i>
BRIEFING OFFICER SIGNATURE	ORGANIZATION OR COMPANY
PRINTED OR TYPED NAME	DATE

FORM G170G APR 82

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

## INFORMATION RELEASE REQUEST

TYPE

☐

MEDICAL

☐

PSYCHOLOGICAL/PSYCHIATRIC

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form contained in 10 U.S.C. 1601-161, 50 U.S.C. 402 note, 50 U.S.C. sections 831-835, 42 U.S.C. 290 dd, and 5 U.S.C. section 552a; and Executive Orders 10450, 12564, 12958, 12968. NSA's Blanket Routine Uses found at 58 Fed Reg. 10,531 (1993) and the specific uses found in GNSA03, GNSA06, GNSA09, GNSA16, and GNSA17 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. Information you provide will be used to obtain medical information necessary to assess eligibility and suitability for access to sensitive cryptologic information and NSA/CSS facilities, job assignments, disability retirement, and to process accident and compensation claims. Disclosure of requested information, including your SSN, is voluntary but failure to provide information, other than your SSN, may result in a negative security, suitability, assignment, disability, or compensation determination

PRINT FULL NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DATE OF ADMISSION / DATES OF TREATMENT

HOSPITAL I.D. NUMBER (if known) / TREATMENT ORGANIZATION

ATTENDING PHYSICIAN / TREATMENT PROVIDER

## RELEASE FROM

	NAME AND ADDRESS	1. PHONE AND 2. FAX NUMBER
HOSPITAL		1. 2.
PRIVATE PRACTITIONER		1. 2.
NSA/CSS EMPLOYEE ASSISTANCE SERVICE		1. 2.
NSA/CSS OCCUPATIONAL HEALTH, ENVIRONMENTAL AND SAFETY SERVICES		1. 2.
OTHER		1. 2.

## SUBMISSION TO

	NAME AND ADDRESS	PHONE NUMBER
PRIVATE PRACTITIONER		FAX NUMBER
NSA/CSS OCCUPATIONAL HEALTH, ENVIRONMENTAL AND SAFETY SERVICES		
INVESTIGATIVE REPRESENTATIVE, DEPARTMENT OF DEFENSE		
NSA/CSS EMPLOYEE ASSISTANCE SERVICE		
NSA/CSS SUPERVISOR	NAME	
NSA/CSS WORKER'S COMPENSATION COORDINATOR	ATTN:	
LEAVE SHARING PROGRAM OFFICE		
OTHER		

*I hereby give my full consent and permission for the release of information as indicated above.*

PATIENT'S SIGNATURE

DATE

WITNESSES' SIGNATURE

DATE

## INFORMED CONSENT FOR A MEDICAL EVALUATION

1. The purpose of this medical evaluation is to obtain information which will assist management in reaching an informed decision regarding your ability to perform the essential functions of your job.
2. This evaluation will consist of an Agency physician obtaining a medical history, performing a physical examination, requesting relevant laboratory testing, and reviewing medical reports/discussing your medical status with your personal physician.
3. You may choose to decline to undergo this medical evaluation. If you do, management will make a decision without the benefit of medical assessment findings.
4.
  - A. Upon completion of your medical evaluation, a summary report will be written and given to the Management Consultation Process Owner. This medical summary will then be sent to S2ER, along with the report of the psychological evaluation (*if one has been performed*).
  - B. In order to provide management with information that is specific enough to allow them to make the best informed decision regarding your ability to perform the essential functions of your job, it is sometimes necessary that such information contain specific facts related to your medical condition. This information would be conveyed on a strictly need-to-know basis, and only after discussion with you.
5. Findings from this medical evaluation may be shared with personnel outside of the Management Consultation Process Owner and Employee Relations. For instance:
  - a. Information relative to the determination of whether or not you remain eligible for access to classified information will be reported to S4.
  - b. When you provide written authorization to release information or documents from your medical records.

### PRIVACY ACT STATEMENT

Auth: GNSA06, GNSA10, Pub. L. 86-36, and Pub. L. 88-290; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Auth for requesting SSN: EO 9397. Principal Purpose: to obtain information which will assist management in reaching an informed decision regarding ability to perform the essential functions of your job. Disclosure of the information, including SSN, is voluntary. Failure to provide requested information: management will make decision without the benefit of medical assessment findings.

I UNDERSTAND AND AGREE TO THE ABOVE.

PRINTED NAME

DATE

SIGNATURE

SOCIAL SECURITY NUMBER

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

## PSYCHOLOGICAL SERVICES

**INFORMED CONSENT FOR PSYCHOLOGICAL CONSULTATION**  
**Urgent Care Consultation/Crisis Intervention**

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 ~~note~~; 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA09, and GNSA10 apply to this information. Disclosure of requested information is voluntary. If you refuse to provide requested information, other than SSN, the Agency will make its administrative decisions without the benefit of a completed psychological consultation.

1. The purpose of this psychological consultation is to obtain information that will assist the National Security Agency ("NSA" or "Agency") in reaching informed administrative decisions regarding your current psychological condition, to include determining whether immediate treatment is indicated.

2. The consultation may cover your developmental and family history, education and work experiences, relationships, illicit drug and alcohol use, financial matters, legal issues, medical and psychiatric history, or any other issue relevant to determining your current psychological condition. In connection with the consultation, you may be asked to provide the Agency with authorization to contact your private health care practitioners and/or to obtain copies of your private medical records. The psychologist may review with you the findings and conclusions of this consultation.

3. A summary of the results of this psychological consultation, and any associated recommendations, will be provided to those Agency officials with an official need-to-know. In addition, the consultation and recommendations will be documented and retained in your NSA psychological record.

4. Information in your psychological record is principally used to consider your suitability for NSA employment/assignments and your eligibility for access to classified information. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.

5. In some instances, information obtained during your psychological consultation may be disclosed outside of NSA. For instance:

- a. With your written authorization, NSA may provide information from your psychological consultation to the institutions or individuals you specify.
- b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological evaluation.
- c. When there is information in your psychological consultation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
- d. When there is information in your psychological consultation about child abuse or neglect, it will be reported to the appropriate authorities.

6. As a final matter, you should understand that participation in this psychological consultation is voluntary. You may choose to end the consultation at any time or choose not to participate at all. If you decline to participate or end your participation prior to completion of the consultation, the Agency will make its administrative decisions without the benefit of a completed psychological consultation.

## I UNDERSTAND AND AGREE TO THE ABOVE

PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER
FORM P4983I REV APR 2002 (Supersedes P4983I DEC 2001 which is obsolete)			SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

# PSYCHOLOGICAL SERVICES

## INFORMED CONSENT FOR PSYCHOLOGICAL CONSULTATION Leave Sharing Program

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 note; 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA08, GNSA09, and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, may prevent the Leave Sharing Program from making a favorable decision, or any decision at all, regarding the application.

1. The purpose of this psychological consultation is to obtain information assist the National Security Agency ("NSA" or "Agency") in making a determination about approving leave through the Leave Sharing Program.
2. In connection with this consultation, you will be asked to submit documentation from private health care practitioners and provide authorization to contact those clinicians. If the documentation provided is adequate, the psychologist should be able to offer an opinion to NSA's Leave Sharing Program case manager regarding your eligibility for leave through the Leave Sharing Program.
3. In some circumstances, you may be asked to participate in a psychological evaluation so that an independent determination regarding the nature and severity of your condition can be made. This evaluation would consist of a clinical interview and the administration of psychological tests. When the psychological consultation or evaluation is completed, the psychologist may discuss the findings and conclusions with you.
4. Your case will be re-evaluated every 30 days. Written and verbal consultation with your treatment provider will be required as part of the re-evaluation process.
5. The psychological consultation or evaluation report and all summaries forwarded to the Leave Sharing Program will be retained in your NSA psychological record. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.
6. Information in your psychological record is principally used to consider your suitability for NSA employment/ assignments and your eligibility for access to classified information. Information from your psychological evaluation may also be disclose to other NSA personnel on a strict need-to-know basis. In some instances, information obtained during your psychological consultation or evaluation may be disclosed outside of NSA. For instance:
  - a. With your written authorization, NSA may provide information from your psychological consultation or evaluation to the institutions or individuals you specify.
  - b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological consultation or evaluation.
  - c. When there is information in your psychological consultation or evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
  - d. When there is information in your psychological consultation or evaluation about child abuse or neglect, it will be reported to the appropriate authorities.
7. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or you may choose not to participate at all. If you decline to participate or if you end your participation prior to completion of the evaluation, the Leave Sharing Program case manager may be unable to make a favorable decision, or any decision at all, about your application.

### I UNDERSTAND AND AGREE TO THE ABOVE

PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER

FORM P4983G REV APR 2002  
(Supersedes P4983G DEC 2001  
which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

## PSYCHOLOGICAL SERVICES

## INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION

## Applicant for Employment

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 ~~note~~, 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA09, and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, may prevent the Agency from making a favorable decision, or any decision at all, regarding employment suitability or security eligibility.

1. The purpose of this psychological evaluation is to obtain information to assist the National Security Agency ("NSA" or "Agency") in reaching an informed decision regarding your suitability for NSA employment ("employment suitability") and eligibility for access to classified information ("security clearance eligibility").

2. The evaluation will consist of the administration of psychological tests and a clinical interview. The aspects of your life that will be discussed will include, but may not be limited to, your developmental and family history, education and work experiences, relationships, illicit drug and alcohol use, financial matters, legal issues and medical and psychiatric history. The psychologist may review with you the assessment findings and conclusions.

3. The psychological evaluation report will be retained in your NSA psychological record. If you choose not to become an NSA employee, the material in your psychological record will be destroyed after one year. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.

4. Relevant information from your psychological evaluation will be provided to those NSA personnel responsible for administrative decisions regarding your employment suitability and security clearance eligibility. Information from your psychological evaluation may also be disclosed to other NSA personnel on a strict need-to-know basis.

5. In some instances, information obtained during your psychological evaluation may be disclosed outside of NSA. For instance:

- a. With your written authorization, NSA may provide information from your psychological evaluation to the institutions or individuals you specify.
- b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological evaluation.
- c. When there is information in your psychological evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
- d. When there is information in your psychological evaluation about child abuse or neglect, it will be reported to the appropriate authorities.

6. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or choose not to participate at all. However, if you decline to participate or end your participation prior to completion of the evaluation, it may not be possible for NSA to make a favorable decision, or any decision at all, regarding your employment suitability or security clearance eligibility.

## I UNDERSTAND AND AGREE TO THE ABOVE

PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER

FORM P4983C REV APR 2002  
(Supersedes P4893C DEC 2001  
which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877



SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

## PSYCHOLOGICAL SERVICES

## INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION

## Applicant for Employment - Minor

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 *note*; 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA09 and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, may prevent the Agency from making a favorable decision, or any decision at all, regarding employment suitability or security eligibility.

1. The purpose of this psychological evaluation is to obtain information to assist the National Security Agency ("NSA" or "Agency") in reaching an informed decision regarding your suitability for NSA employment ("employment suitability") and eligibility for access to classified information ("security clearance eligibility").

2. The evaluation will consist of the administration of psychological tests and a clinical interview. The aspects of your life that will be discussed will include, but may not be limited to, your developmental and family history, education and work experiences, relationships, illicit drug and alcohol use, financial matters, legal issues, and medical and psychiatric history. The psychologist may review with you the evaluation findings and conclusions.

3. The psychological evaluation report will be retained in your NSA psychological record. If you choose not to become an employee, the material in your psychological record will be destroyed after one year. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.

4. Relevant information from your psychological evaluation will be provided to those NSA personnel responsible for administrative decisions regarding your employment suitability and security clearance eligibility. Information from your psychological evaluation may also be disclosed to other NSA personnel on a strict need-to-know basis.

5. In some instances, information obtained during your psychological evaluation may be disclosed outside of NSA. For instance:

- a. With your written authorization, NSA may provide information from your psychological evaluation to the institutions or individuals you specify.
- b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological evaluation.
- c. When there is information in your psychological evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
- d. When there is information in your psychological evaluation about child abuse or neglect, it will be reported to the appropriate authorities.

6. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or choose not to participate at all. However, if you decline to participate or end your participation prior to completion of the evaluation, it may not be possible for NSA to make a favorable decision, or any decision at all, regarding your employment suitability or security clearance eligibility.

## I UNDERSTAND AND AGREE TO THE ABOVE

APPLICANT PRINTED NAME (Last) (First) (MI)	DATE (YYYYMMDD)
APPLICANT SIGNATURE	SOCIAL SECURITY NUMBER
PARENT OR GUARDIAN SIGNATURE (Required <u>ONLY</u> if Applicant under 18 years of age)	

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

## PSYCHOLOGICAL SERVICES

## INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION

## Fitness-for-Duty

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 ~~note~~: 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA08, GNSA09, and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, may prevent the Agency from making a favorable determination, or any determination at all, regarding your fitness for duty.

1. The purpose of this psychological evaluation is to obtain information to assist the National Security Agency ("NSA" or "Agency") in determining your fitness for duty, to include determining whether there are any medical/psychiatric or functional limitations on your possible fitness for duty.

2. The evaluation will consist of a clinical interview and you may also be asked to take certain psychological tests. In addition, you will be asked to submit documentation from your private health care practitioner, and you may also be asked to provide authorization for the Agency to contact that clinician. When the evaluation is completed, the psychologist may discuss the findings and conclusions with you.

3. A psychological evaluation report will be prepared and retained in your NSA psychological record. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.

4. Relevant information in your NSA psychological record, to include that derived from this evaluation, may be considered in determining your suitability for certain Agency assignments or continued employment and may also be considered in determining your eligibility for continued access to classified information. Information from your psychological evaluation may also be disclosed to other NSA personnel on a strict need-to-know basis.

5. In some instances, information obtained during your psychological evaluation may be disclosed outside of NSA. For instance:

- a. With your written authorization, NSA may provide information from your psychological evaluation to the institutions or individuals you specify.
- b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological evaluation.
- c. When there is information in your psychological evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
- d. When there is information in your psychological evaluation about child abuse or neglect, it will be reported to the appropriate authorities.

6. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or choose not to participate at all. If you decline to participate or end your participation prior to completion of the evaluation, it may not be possible for NSA to make a favorable determination, or any determination at all, concerning your fitness for duty, to include your return to duty, if applicable.

## I UNDERSTAND AND AGREE TO THE ABOVE

PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER

FORM P4983H REV APR 2002  
(Supersedes P4983H DEC 2001  
which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

## PSYCHOLOGICAL SERVICES

INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION  
Management Consultation

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 ~~note~~; 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA09, and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, will result in management making a decision without benefit of psychological consultation.

1. The purpose of this psychological evaluation is to obtain information to assist the National Security Agency ("NSA" or "Agency") in reaching informed supervisory and personnel decisions.
2. The evaluation will consist of a clinical interview and the administration of psychological tests. In some instances, you will be asked to submit documentation from private health care practitioners and provide authorization to contact those clinicians. When the assessment is completed, the psychologist may discuss the findings and conclusions with you.
3. A summary of the evaluation will be prepared and provided to Employee Relations (ER), which coordinates the NSA Management Consultation Program. This will be followed by a conference, chaired by an ER counselor, and attended by members of your management chain and a Personnel Representative from your organization. The conference also may include representatives from other NSA offices, if the Agency determines such participation is necessary to reach an informed decision. The ER counselor will provide a written summary of the conference for your management that may include information obtained during the psychological evaluation.
4. The psychological consultation or evaluation report and all summaries forwarded to ER will be retained in your NSA psychological record. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.
5. Information in your psychological record is principally used to consider your suitability for NSA employment/assignments and your eligibility for access to classified information. Information from your psychological evaluation may also be disclosed to other NSA personnel on a strict need-to-know basis. In some instances, information obtained during your psychological consultation or evaluation may be disclosed outside of NSA. For instance:
  - a. With your written authorization, NSA may provide information from your psychological consultation or evaluation to the institutions or individuals you specify.
  - b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological consultation or evaluation.
  - c. When there is information in your psychological consultation or evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
  - d. When there is information in your psychological consultation or evaluation about child abuse or neglect, it will be reported to the appropriate authorities.
6. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or choose not to participate at all. If you decline to participate or end your participation prior to completion of the evaluation, your management will make administrative and personnel decisions without the benefit of this evaluation.

## I UNDERSTAND AND AGREE TO THE ABOVE

PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER
FORM P4983D REV DEC 2001 (Supersedes P4893D JUN 97 which is obsolete)			SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

## PSYCHOLOGICAL SERVICES

## INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION

Office of Security - Contractor

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 note; 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06 and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, may prevent the Agency from making a favorable security clearance eligibility determination.

1. The purpose of this psychological evaluation is to obtain information to assist the National Security Agency ("NSA" or "Agency") in reaching an informed decision regarding your eligibility for access to Sensitive Compartmented Information ("SCI") and/or other categories of classified information ("security clearance eligibility").

2. The evaluation will require a clinical interview and in most instances the administration of psychological tests, which could consist of clinical and personality questionnaires. The aspects of your life that will be discussed may include developmental and family history, education and work experiences, relationships, illicit drug and alcohol use, financial matters, legal issues, medical and psychiatric history, and any other issue relevant to the Agency's security clearance eligibility decision. You may be asked to submit documentation from private health care practitioners and provide authorization to contact those clinicians. The psychologist may review with you the assessment findings and conclusions.

3. The psychological evaluation report and the summary provided to NSA's Office of Security will be retained in your NSA psychological record. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.

4. Information in your psychological record is principally used to consider your security clearance eligibility and may be disclosed to NSA personnel only on a strict need-to-know basis. In some instances, information obtained during your psychological evaluation may be disclosed outside of NSA. For instance:

- a. With your written authorization, NSA may provide information from your psychological evaluation to the institutions or individuals you specify.
- b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological evaluation.
- c. When there is information in your psychological evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
- d. When there is information in your psychological evaluation about child abuse or neglect, it will be reported to the appropriate authorities.

5. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or choose not to participate at all. However, if you decline to participate or end your participation prior to completion of the evaluation, this may not be possible for NSA to make a favorable decision, or any decision at all, regarding your security clearance eligibility.

## I UNDERSTAND AND AGREE TO THE ABOVE

PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER
FORM P4983F DEC 2001			SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

**PSYCHOLOGICAL SERVICES****INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION****Office of Security - Employee**

PRIVACY ACT STATEMENT. Authority for collecting information is contained in 50 U.S.C. 402 note, 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA09, and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, may prevent the Agency from making a favorable security clearance eligibility determination.

1. The purpose of this psychological evaluation is to obtain information to assist the National Security Agency ("NSA" or "Agency") in reaching an informed decision regarding your continued eligibility for access to Sensitive Compartmented Information ("SCI") and/or other categories of classified information ("security clearance eligibility").

2. The evaluation will require a clinical interview and in most instances the administration of psychological tests, which could consist of clinical and personality questionnaires. The aspects of your life that will be discussed may include developmental and family history, education and work experiences, relationships, illicit drug and alcohol use, financial matters, legal issues, medical and psychiatric history, and any other issue relevant to the Agency's security clearance eligibility decision. You may be asked to submit documentation from private health care practitioners and provide authorization to contact those clinicians. The psychologist may review with you the assessment findings and conclusions.

3. The psychological evaluation report and the summary provided to NSA's Office of Security will be retained in your NSA psychological record. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.

4. Information in your psychological record is principally used to consider your suitability for NSA employment/assignments and your security clearance eligibility. Information from your psychological evaluation may also be disclosed to other NSA personnel on a strict need-to-know basis. In some instances, information obtained during your psychological evaluation may be disclosed outside of NSA. For instance:

- a. With your written authorization, NSA may provide information from your psychological evaluation to the institutions or individuals you specify.
- b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological evaluation.
- c. When there is information in your psychological evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
- d. When there is information in your psychological evaluation about child abuse or neglect, it will be reported to the appropriate authorities.

5. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or choose not to participate at all. However, if you decline to participate or end your participation prior to completion of the evaluation, it may not be possible for NSA to make a favorable decision, or any decision at all, regarding your continued security clearance eligibility.

**I UNDERSTAND AND AGREE TO THE ABOVE**

PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER

FORM P4983B REV DEC 2001  
(Supersedes P4893B JUN 97  
which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

# PSYCHOLOGICAL SERVICES

## INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION

### Permanent Change of Station (PCS) - (Employees, Affiliates and Dependents)

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 note, 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA09, and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, may prevent the Agency from making a favorable decision, or any decision at all, regarding your selection for the PCS assignment under consideration.

1. The purpose of this psychological evaluation is to obtain information to assist the National Security Agency ("NSA" or "Agency") in reaching an informed decision regarding your and, if applicable, your family's suitability and security eligibility for a PCS assignment.
2. As part of the evaluation, you will be asked to complete a psychological questionnaire and may also be asked to participate in a clinical interview. Your evaluation may include questions regarding your and your family's developmental history, career, relationships, drug and alcohol use, finances, legal issues, medical/psychiatric history, and your children's developmental and academic background. You may be asked to submit documentation from health care providers or your children's school records, and you may also be asked to take specialized psychological tests. The psychologist may review with you the assessment findings and conclusions.
3. The psychological evaluation report will be retained in your NSA psychological record. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.
4. Relevant information from your psychological evaluation will be provided to the NSA officials responsible to make a decision about your and your family members' suitability and security eligibility for the PCS assignment under consideration. Information from your psychological evaluation may also be disclosed to other NSA personnel on a strict need-to-know basis.
5. Information in your psychological record is principally used to consider your suitability for NSA employment/assignments and, if applicable, your eligibility for access to classified information. In some instances, information obtained during your psychological evaluation may be disclosed outside of NSA. For instance:
  - a. With your written authorization, NSA may provide information from your psychological evaluation to the institutions or individuals you specify.
  - b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological evaluation.
  - c. When there is information in your psychological evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
  - d. When there is information in your psychological evaluation about child abuse or neglect, it will be reported to the appropriate authorities.
6. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or choose not to participate at all. If you decline to participate or end your participation prior to completion of the evaluation, it may not be possible for NSA to make a favorable decision, or any decision at all, regarding your suitability or security eligibility for the PCS assignment.

#### I UNDERSTAND AND AGREE TO THE ABOVE

PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER

FORM P4983A REV DEC 2001  
(Supersedes P4893 REV JUN 97 and  
P4893A JUN 97 which are obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

## PSYCHOLOGICAL SERVICES

INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION  
Special Selection Program

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 ~~note~~; 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA09, and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, may prevent NSA from making a favorable determination, or any determination at all, regarding your suitability or security eligibility for special programs, assignments, or training.

1. The purpose of this psychological evaluation is to obtain information to assist the National Security Agency ("NSA" or "Agency") in determining your suitability or security eligibility for special programs, assignments, or training.

2. The evaluation will consist of a clinical interview and, in most instances, the administration of psychological tests which could consist of clinical and personality questionnaires. You may also be asked to submit documentation from private health care practitioners and provide authorization for the Agency to contact those clinicians. The psychologist may review with you the evaluation findings and conclusions.

3. The psychological evaluation report will be retained in your NSA psychological record. Information in your psychological record is principally used to determine your suitability for NSA employment/assignments and your eligibility for access to classified information. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.

4. Relevant information from your psychological evaluation will be provided to those NSA personnel responsible for determining your suitability or security eligibility for special programs, assignments, or training. Information from your psychological evaluation may also be disclosed to other NSA personnel on a strict need-to-know basis.

5. In some instances, information obtained during your psychological evaluation may be disclosed outside of NSA. For instance:

- a. With your written authorization, NSA may provide information from your psychological evaluation to the institutions or individuals you specify.
- b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological evaluation.
- c. When there is information in your psychological evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
- d. When there is information in your psychological evaluation about child abuse or neglect, it will be reported to the appropriate authorities.

6. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or choose not to participate at all. If you decline to participate or end your participation prior to completion of the evaluation, it may not be possible for NSA to make a favorable determination, or any determination at all, regarding your suitability or security eligibility for special programs, assignments, or training.

## I UNDERSTAND AND AGREE TO THE ABOVE

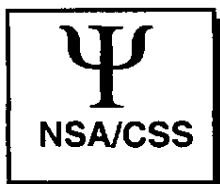
PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER

FORM P4983J DEC 2001

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)



NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE

## PSYCHOLOGICAL SERVICES

**INFORMED CONSENT FOR PSYCHOLOGICAL EVALUATION**  
**Temporary Duty (TDY) Assignment**

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. 402 ~~note~~, 50 U.S.C. 403-3(c)(6) and Executive Orders 10450, 10865, 12333, 12958 and 12968. The authority for collecting Social Security Number (SSN) is Executive Order 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, GNSA09, and GNSA10 apply to this information. Disclosure of requested information is voluntary but refusal to provide requested information, other than SSN, may prevent the Agency from making a favorable determination, or any determination at all, regarding your suitability or security eligibility for a TDY assignment.

1. The purpose of this psychological evaluation is to obtain information to assist the National Security Agency ("NSA" or "Agency") in reaching an informed decision regarding your suitability or security eligibility for a specific TDY assignment.
2. The evaluation will consist of completion of a questionnaire and, possibly, a clinical interview. The aspects of your life that will be discussed during the interview may include developmental and family history, career, relationships, illicit drug and alcohol use, financial matters, legal issues, and medical and psychiatric history. You may be asked to submit documentation from private health care providers or complete specialized clinical and personality questionnaires. The psychologist may review with you the assessment findings and conclusions.
3. The psychological evaluation report will be retained in your NSA psychological record. Information in your psychological record is principally used to determine your suitability for NSA employment/assignments and your eligibility for access to classified information. The federal Privacy Act, 5 U.S.C. 552a, authorizes you to submit a request to review the material in your NSA psychological record. If you choose to submit such a request, it will be processed in accordance with NSA's Privacy Act regulations.
4. Relevant information from your psychological evaluation will be provided to those NSA personnel responsible for determining your suitability or security eligibility for the TDY assignment at issue. Information from your psychological evaluation may also be disclosed to other NSA personnel on a strict need-to-know basis.
5. In some instances, information obtained during your psychological evaluation may be disclosed outside of NSA. For instance:
  - a. With your written authorization, NSA may provide information from your psychological evaluation to the institutions or individuals you specify.
  - b. If NSA determines that you or someone else is in imminent danger, NSA will take appropriate action, which may include notifying others about information obtained during your psychological evaluation.
  - c. When there is information in your psychological evaluation regarding a serious violation of the law - past or future, this will be reported to NSA's Office of the General Counsel for possible reporting to the Department of Justice or other appropriate entity.
  - d. When there is information in your psychological evaluation about child abuse or neglect, it will be reported to the appropriate authorities.
6. As a final matter, you should understand that participation in this psychological evaluation is voluntary. You may choose to end the evaluation at any time or choose not to participate at all. If you decline to participate or end your participation prior to completion of the evaluation, this may prevent NSA for making a favorable determination, or any determination at all, regarding your suitability or security eligibility for the TDY assignment.

---

**I UNDERSTAND AND AGREE TO THE ABOVE**


---

PRINTED NAME (Last)	(First)	(MI)	DATE (YYYYMMDD)
SIGNATURE			SOCIAL SECURITY NUMBER
FORM P4983E DEC 2001			SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877



## INITIAL REQUEST FOR PRIVILEGES

## SECTION I

*I request that I be granted clinical privileges as delineated on the attached OHS form.*

PRINTED NAME (Last) (First) (MI)	SIGNATURE	DATE (YYYY-MM-DD)
PERIOD (From) (To)	<b>BY EDUCATION AND TRAINING, THIS PRACTITIONER IS QUALIFIED IN THE FOLLOWING:</b>	
	SPECIALTIES	YES NO
	a.	
	b.	

PRACTITIONER'S DEMONSTRATED CLINICAL COMPETENCY REMARKS

## SECTION II - CREDENTIALS MANAGER/SUPERVISOR

All documents of education, training, licensure/certification/registration and ECFMG (if applicable) have been verified with a primary source.		This practitioner has the capability of performing the medical duties required at OHES.	
VERIFYING INDIVIDUAL (Printed Name) (Last) (First) (MI)		SUPERVISOR (Printed Name) (Last) (First) (MI)	
SIGNATURE		SIGNATURE	
TITLE	DATE (YYYY-MM-DD)	TITLE	DATE (YYYY-MM-DD)

## SECTION III - SR. MEDICAL/PSYCHOLOGICAL ADVISOR RECOMMENDATION

REMARKS/MODIFICATIONS

<b>RECOMMENDED STATUS</b> <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> FULL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CONTRACTOR	<b>CLINICAL PRIVILEGES RECOMMENDED</b> <input type="checkbox"/> AS REQUESTED <input type="checkbox"/> MODIFIED, as recommended <input type="checkbox"/> AS REQUESTED, under supervision <input type="checkbox"/> OTHER (See Remarks)
SR. MEDICAL/PSYCHOLOGICAL ADVISOR (Printed Name) (Last) (First) (MI)	(Signature) DATE (YYYY-MM-DD)

## SECTION IV - APPROVING AUTHORITY

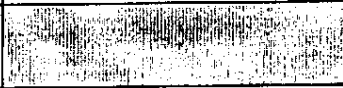
CHIEF, OHES (Printed Name) (Last) (First) (MI)	(Signature)	DATE (YYYY-MM-DD)
--	-------------	-------------------

## INTERIM MEDICAL HISTORY

The purpose of this form is to ask about any medical problems that have occurred since you were last examined by the Agency. The requested information is subject to the Privacy Act as explained by the DD 2005 contained in your medical record.

NAME (Last, First, MI)			SOCIAL SECURITY NUMBER	DATE OF BIRTH
PHONE NO. (Secure)		(Non-Secure)	ORGANIZATION	ROOM NO.
				BUILDING
HEIGHT	WEIGHT	APPROXIMATE DATE OF LAST AGENCY PHYSICAL	PURPOSE OF LAST PHYSICAL	

SINCE YOUR LAST PHYSICAL: (Check YES or NO. If "YES", please explain)	YES	NO
1. HAVE YOU BEEN HOSPITALIZED?		
2. HAVE YOU HAD SURGERY?		
3. HAVE YOU BEEN SERIOUSLY ILL?		
4. HAVE YOU BEEN IN AN ACCIDENT?		
5. HAVE YOU BEEN TREATED FOR <u>ANY</u> ILLNESS? (Medical or Psychological)		
6. ARE YOU CURRENTLY ON ANY PRESCRIPTION MEDICATION? (If "YES", please list medication(s)/dosage/frequency)		
7. ARE YOU CURRENTLY RECEIVING THERAPY? (Physical, Chemo, X-Ray, etc.)		
8. HAVE YOU DEVELOPED ANY DRUG ALLERGIES?		
9. HAVE YOU BEEN EXPOSED TO ANY EXCESSIVE: <input type="checkbox"/> NOISE <input type="checkbox"/> CHEMICALS <input type="checkbox"/> LIGHT <input type="checkbox"/> OTHER _____		
10. DO YOU SMOKE? (How much?)		
11. DO YOU DRINK ALCOHOL? (How much?)		

PATIENT'S SIGNATURE	DATE
PHYSICIAN'S NAME / STAMP	
PHYSICIAN'S SIGNATURE	DATE

PRIVACY ACT STATEMENT: Auth: GNSA06, GNSA09, GNSA10, 10 U.S.C. 1601 et seq, Pub. L. 86-36, and Pub. L. 88-290, NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Auth for requesting SSN: EO 9397. Principal Purpose: to obtain information which will assist Medical and Psychological Services in reaching an informed decision regarding suitability for a CONUS PCS assignment. Disclosure of the information, including SSN, is voluntary. Failure to provide requested information: Medical and Psychological Services may be unable to recommend applicant for a CONUS PCS assignment. Failure to provide SSN may delay processing

## INTERIM MEDICAL HISTORY (CONUS PCS)

NAME (Last, First, MI)			SOCIAL SECURITY NUMBER	DATE OF BIRTH
PHONE NO. (Secure)		(Non-Secure)	ORGANIZATION	ROOM NO.
				BUILDING
HEIGHT	WEIGHT	APPROXIMATE DATE OF LAST AGENCY PHYSICAL	PURPOSE OF LAST PHYSICAL	
SINCE YOUR LAST PHYSICAL: (Check YES or NO. If "YES", please explain)				
1. HAVE YOU BEEN HOSPITALIZED?				YES NO
2. HAVE YOU HAD SURGERY?				
3. HAVE YOU HAD A SERIOUS ILLNESS OR INJURY?				
4. HAVE YOU HAD ANY RESTRICTIONS TO ACTIVITIES? (i.e., bending, lifting, climbing, walking, medical parking)				
5. HAVE YOU HAD OR DO YOU CURRENTLY HAVE ANY MEDICAL/PSYCHOLOGICAL CONDITIONS WHICH REQUIRE ON-GOING CARE/TREATMENT/MEDICATION?				
6. ARE YOU CURRENTLY ON ANY PRESCRIPTION MEDICATION? (If "YES", please list medication(s)/dosage/frequency)				
7. ARE YOU CURRENTLY RECEIVING THERAPY? (Physical, Chemo, Radiation, Counseling, etc.)				
8. HAVE YOU PARTICIPATED IN OR ARE YOU CURRENTLY PART OF AN ENVIRONMENTAL/MEDICAL SURVEILLANCE PROGRAM? (Antenna, PRP, Hearing Conservation Program, Respirator, etc.)				
9. HAVE YOU EVER WORKED/DO YOU ANTICIPATE WORKING IN AN OCCUPATIONAL HAZARD AREA?				
<input type="checkbox"/> Noise <input type="checkbox"/> Chemicals <input type="checkbox"/> Laser <input type="checkbox"/> Other _____ <input type="checkbox"/> Asbestos <input type="checkbox"/> Radiation <input type="checkbox"/> Antenna Climbing				
10. DO YOU WEAR/HAVE YOU EVER WORN COMMUNICATION HEADSETS OR EAR MOLDS?				
11. DO YOU ANTICIPATE O/S TDYs WHILE ASSIGNED TO THE CONUS LOCATION? (If so, please make arrangements to be seen in Travel Medicine as soon as possible to ensure immunizations are current prior to your PCS.)				
CLIENT SIGNATURE			DATE	
HEALTH CARE PROVIDER				
HEALTH CARE PROVIDER SIGNATURE			DATE	

FORM P5556A REV DEC 2000 (Supersedes P5556A JUL 98 which is obsolete)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)

## INTERN MONTHLY ACTIVITY REPORT

TO:	MONTH	ORGANIZATION	SUPERVISOR
-----	-------	--------------	------------

WORK PERFORMED

MEETINGS, VISITS, TDY

TRAINING COURSES (External & Internal)

PROBLEMS

ADVISOR / INTERN RELATIONSHIP

ADDITIONAL COMMENTS

SIGNATURE

DATE

SECURITY CLASSIFICATION

**JOINT MILITARY DECORATION RECOMMENDATION**

(Reference: NSA/CSS PMM 30-2, Chapter 230, Military Decorations and Awards)

DATE ACTION INITIATED (YYYY-MM-DD)

NAME (Last)	(First)	(MI)	RANK	GRADE	SERVICE	SSN
-------------	---------	------	------	-------	---------	-----

KEY COMPONENT / OFFICE	DUTY TITLE	AFSC / MOS / NEC
------------------------	------------	------------------

RECOMMENDATION FOR <input type="checkbox"/> <b>Defense Meritorious Service Medal</b>  <input type="checkbox"/> <b>Joint Service Commendation Medal</b>	REASON FOR AWARD <input type="checkbox"/> <b>Outstanding Achievement</b> (One specific act/program)   <input type="checkbox"/> <b>Meritorious Service</b> (Entire Tour)		
	OCCASION FOR AWARD <input type="checkbox"/> PCA <input type="checkbox"/> PCS <input type="checkbox"/> SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> POSTHUMOUS		
FORWARDING ADDRESS / GAINING UNIT	START (YYYY-MM-DD)	END (YYYY-MM-DD)	DESIRED PRESENTATION DATE (YYYY-MM-DD)
USSID 4000 <input type="checkbox"/> YES <input type="checkbox"/> NO			

LIST **ALL** DECORATIONS AWARDED DURING THIS TOUR  
(Inclusive dates; YYYY-MM)LIST **ALL** PREVIOUS JOINT/DEFENSE DECORATIONS  
(Inclusive dates; YYYY-MM)

UNCLASSIFIED CITATION (NO ABBREVIATIONS OR ACRONYMS) MUST BE TYPED IN 12 PITCH!!!

**ROUTING**

DATE (YYYY-MM-DD)	TYPED NAME	SIGNATURE	ORG	CONCUR	
				YES	NO
			ALPHA +2		
			SEA		

CLASSIFICATION ADVISORY OFFICER REVIEW (Signature and date)

QUALITY FORCE / SERVICE CLEARED (Printed name, initials and date)

SECURITY CLASSIFICATION

NAME (Last)

(First)

(MI)

SSN

JUSTIFICATION: (Bullet statements. Stress accomplishment, impact, and end result. **LIMIT ONE PAGE!! - NO continuations permitted. MUST be typed in 12 pitch!!**)

DRAFTER (Signature)

(Typed Name)

(Org.)

(Secure Phone)

(Date)

CONCUR (Signature)

(Typed Name)

(Org.)

(Secure Phone)

(Date)

## LANGUAGE CAREER PANEL PQR EVALUATION

(Based on Criteria Revised NOV 98)

				PQR DATE	EVALUATION DATE	
NAME	SOCIAL SECURITY NO.	COSC	EOD	GRADE	ORG	EXT

ADDENDUM DATE

EVALUATED BY/DATE

## EDUCATION

HIGH SCHOOL:	<input type="checkbox"/> Diploma	<input type="checkbox"/> Equivalency	
COLLEGE:	<input type="checkbox"/> A.A.	<input type="checkbox"/> B.A./B.S. (major) _____	
	<input type="checkbox"/> M.A./M.S. (major) _____	<input type="checkbox"/> PH.D <input type="checkbox"/> OTHER _____	
			REQUIREMENT MET <input type="checkbox"/> YES <input type="checkbox"/> NO

## SIGINT LANGUAGE EXPERIENCE

SCE	(From)	(To)	M O S	-24		
CIV	(From)	(To)		-24		
REMARKS						REQUIREMENT MET <input type="checkbox"/> YES <input type="checkbox"/> NO

## RELATED FIELDS TRAINING

TA	MP	IS	
CA	EA/TM	IS OR ELECTIVE	
			REQUIREMENT MET <input type="checkbox"/> YES <input type="checkbox"/> NO

## COMPREHENSIVE REQUIREMENT

	LANGUAGE	PQE PART I	PQE PART II	
1st				REQUIREMENT MET <input type="checkbox"/> YES <input type="checkbox"/> NO
addtl.				
addtl.				
addtl.				

## CERTIFICATION

	DATE CERTIFIED	LANGUAGE	TRACK	DIGRAPH	PQC CODE	DATE ENTERED
1st						
addtl.						
addtl.						
addtl.						

NOTE: If you have any questions concerning this evaluation, please contact the Language Career Panel Executive, OPS 1, 2W082, 963-4264s or (301) 688-6951b.

Executive,  
Language Career Panel

## LANGUAGE PERFORMANCE TEST

NAME (Last)		(First)	(Middle)	SOCIAL SECURITY NO.	DATE (Year)	(Month)	(Day)
EDUC				TEST/RETEST	REQUESTED BY (Name)		
<input type="checkbox"/> O	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> D	<input type="checkbox"/> G	<input type="checkbox"/> X	<input type="checkbox"/> 1	<input type="checkbox"/> 3
<input type="checkbox"/> H	<input type="checkbox"/> C	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> E		<input type="checkbox"/> 2	<input type="checkbox"/> 4
TEST NUMBER	TEST				TIME (Began)	(Completed)	
PART				CORRECT		PASS/ FAIL CUTOFF	FIVE POINT OFFSET
				NUMBER ITEMS/ TOTAL	RAW SCORE/ PERCENT		
C - COMPLETION / KEYED COMPLETION							
T - TRANSLATION PASSAGE(S) / INFORMATION IDENTIFICATION							
<b>*OVERALL SCORE</b>							

*\*Individuals who do not meet these standards may be considered for a job with a "T" in the 7th position of the job number.*

## EXPLANATION

☐ NEEDS

☐ SHOWS ADEQUATE PROFICIENCY TO BEGIN USING LANGUAGE ON THE JOB.

SIGNATURE OF SCORER		DATE
TELEPHONE	RETURN FORM P6303 AND TEST PAPERS TO	ROOM
(410) 854-6575	S12	FANX I - FX1N17



SECURITY CLASSIFICATION (if any)

## LANGUAGE TESTING ANSWER SHEET

LANGUAGE

PQE NUMBER

PART

I.D. NUMBER (DO NOT USE SSN)

NOTE: WRITE ON EVERY OTHER LINE

COMM USE  
ONLY

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

## LEAD SHEET/SPECIAL INSTRUCTIONS

DATE REQUESTED

NSA FILE NUMBER

TO

SUBJECT (Last)

(First)

(Middle)

(Maiden)

DATE OF BIRTH

PLACE OF BIRTH

SOCIAL SECURITY NUMBER

SPECIAL INSTRUCTIONS

SUPERVISOR (Printed/Typed Name)

(Signature)

*The above information is furnished for lead purposes only. Under no circumstances will this information be released outside your agency without authorization of this office.*

AUTHORITY

DIRECTOR OF SECURITY

**LEAVE BANK REGISTRATION REQUEST****NOTE:** Read **ALL** instructions on reverse side carefully before completing this form!

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 50 U.S.C. 402 note and 5 U.S.C. 6339. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA09 and GNSA11 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. The information provided will be used primarily to document voluntary leave donations and the amount of unused accrued annual leave to be donated to the Leave Bank Program. Your disclosure of requested information, including your SSN, is voluntary. However, failure to furnish any of the requested information may delay processing enrollment application as a leave recipient and or leave request under the program.

**SECTION 1 - IDENTIFICATION**

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NO.	ORG.	DATE
-------------	---------	----------	---------------------	------	------

**SECTION 2 - CONTRIBUTION TYPE (Check ONE box ONLY. Submit separate form request for each action.)**

<input type="checkbox"/>	A. I HEREBY APPLY FOR MEMBERSHIP IN THE VOLUNTARY LEAVE BANK PROGRAM. I AUTHORIZE PAYROLL TO ANNUALLY DEDUCT 4, 6, OR 8 HOURS (based on years of service) OF ANNUAL LEAVE FROM MY ACCOUNT FOR DEPOSIT INTO THE LEAVE BANK.			
<input type="checkbox"/>	B. I WISH TO MAKE A ONE-TIME CONTRIBUTION OF ANNUAL LEAVE TO THE LEAVE BANK. (Leave may be contributed any time throughout the year and during Open Season. Making this one-time contribution <b>DOES NOT</b> make you a member of the Leave Bank. You do not have to be a Leave Bank member to contribute leave.)			HOURS CONTRIBUTED TO LEAVE BANK
<input type="checkbox"/>	C. I WISH TO DESIGNATE THE NUMBER OF HOURS OF ANNUAL LEAVE TO THE QUALIFIED RECIPIENT NAMED BELOW. I CERTIFY THAT THIS EMPLOYEE IS NOT MY IMMEDIATE SUPERVISOR.			HOURS DESIGNATED FOR INDIVIDUAL BELOW
	QUALIFIED LEAVE RECIPIENT'S NAME	SOCIAL SECURITY NO.	ORG.	

Your signature below authorizes Payroll to deduct the amount of annual leave from your annual leave account as indicated in "A", "B", or "C" above.

SIGNATURE	DATE
-----------	------

**SECTION 3 - TERMINATION**

<input type="checkbox"/>	D. I WISH TO TERMINATE MY MEMBERSHIP IN THE VOLUNTARY LEAVE BANK PROGRAM. ANY LEAVE ALREADY DONATED TO THE LEAVE BANK WILL NOT BE RETURNED TO ME. I UNDERSTAND THAT I CANNOT BECOME A LEAVE BANK RECIPIENT ONCE MY MEMBERSHIP HAS BEEN TERMINATED.
--------------------------	--

Your signature below authorizes termination of your Voluntary Leave Bank membership as indicated in "D" above. You must wait until the next Open Season to rejoin the Leave Bank and to again become a member. As a non-Bank member, you are eligible to participate in the Voluntary Leave Transfer Program.

SIGNATURE	DATE
-----------	------

**FOR PERSONNEL / PAYROLL USE ONLY**

(NOTE FOR PERS' REP: If the recipient is a Leave Bank member, deposit these hours into the Leave Bank. If the recipient is **NOT** a Leave Bank member, immediately forward this form to S214 for action.)

**SECTION 4 - CERTIFICATION**

EFFECTIVE DATE	AUTHORIZED AGENCY OFFICIAL SIGNATURE	DATE SIGNED
----------------	--------------------------------------	-------------

**GENERAL INSTRUCTIONS**

(Be sure to read and sign Privacy Act Statement)

The purpose of this form is to:

- (1) Become a Leave Bank Member
- (2) Contribute leave to the Leave Bank
- (3) Contribute leave to a specific leave recipient
- (4) Terminate Leave Bank Membership

You may check Section 2A and join the Leave Bank only during an Open Season for all Agency employees or during an individual enrollment period. Individual enrollment periods are for those individuals new to the Agency or employees who are returning from an absence that covered an entire Open Season.

Sections 2B, 2C and Section 3 may be completed at any time during the year, including an Open Season.

Leave donations deposited into the Leave Bank cannot be returned to the contributor. Leave donations designated for a Leave Transfer recipient, but not used, are divided equally and returned to all the contributors.

**LIMITATIONS ON LEAVE DONATIONS:**

Employees (both members and non-members) can contribute additional leave to the Leave Bank, or contribute leave to a specific recipient (except for the contributors immediate supervisor), anytime during the year. The combined total of an individual's leave contribution during a single year may not exceed 1/2 the amount of annual leave which can be earned in one leave year (normally 52, 80 or 104 hours).

Employees, who are projected to forfeit leave, may donate no more than the number of hours they are scheduled to work and receive pay from the date of the contribution.

Waivers of the limitations on donating annual leave as stated above may be granted by the Leave Sharing Office on a case-by-case basis. If you need to request a waiver to donate leave, contact your Integrated Personnel Activity (IPA).

**SECTION 1 - IDENTIFICATION**

Complete ALL items in this section. Please complete form on-line, type or print legibly with a ballpoint pen.

**SECTION 2 - CONTRIBUTION TYPE**

Check only those boxes which apply. Box "A" is for membership into the Leave Bank Program. This will authorize Payroll to deduct 4, 6, or 8 hours (based on years of service) of your annual leave that will be deposited into the Leave Bank.

ONCE YOU BECOME A LEAVE BANK MEMBER, MEMBERSHIP WILL CONTINUE UNTIL SUCH TIME YOU TERMINATE YOUR MEMBERSHIP. PAYROLL WILL DEDUCT THE MINIMUM REQUIRED LEAVE ON THE LAST DAY OF THE FIRST PAY PERIOD OF EACH LEAVE YEAR.

Box "B" - Mark this box to contribute additional hours of annual leave to the Leave Bank. You may contribute additional leave any time throughout the year and during Open Season. You do not have to be a member of the Leave Bank to contribute leave. Contributing leave in this block **DOES NOT** make you a member of the Leave Bank.

Box "C" - Mark this box if you wish to contribute leave to a specific recipient. You may contribute leave to any qualified recipient, other than your immediate supervisor. If you mark Box "C", please complete the Section entitled "Leave Recipient Information."

SIGNATURE: In order to authorize Payroll to deduct the annual leave indicated in Box "A", "B", or "C" in Section 2, you must sign and date this section.

**SECTION 3 - TERMINATION**

Complete this section if you wish to terminate your Leave Bank Membership.

AUTHORIZATION - In order to terminate your membership in the Leave Bank Program, sign and date the Authorization on this form in Section 3.

**SECTION 4 - CERTIFICATION**

The Office of Occupational Health Environmental Safety Services is the organization authorized to receive this form and set an effective date. The Authorizing Official whose signature appears in this section certifies the following:

- (1) If the employee has checked Section 2A, he/she has submitted this form to the IPA within the established time limits of an Open Season or an individual's enrollment period.
- (2) If the employee has checked Section 2B, the number of hours contributed either does not exceed the regulatory limitations, or a waiver has been obtained.
- (3) If the employee has checked Section 2C, the employee designated to receive the leave is a currently qualified leave recipient under the Leave Bank Program.
- (4) If the employee has completed Section 3, the employee will no longer have leave annually deducted from his/her account.

SECURITY CLASSIFICATION (if any)

**LEAVE RECIPIENT APPLICATION under the  
VOLUNTARY LEAVE PROGRAM (Check One ONLY)**☐ Leave Bank ☐ Leave Transfer

(Ref: NSA/CSS PMM 3-2, Chapter 363 and PML Number 20-1994)

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 50 U.S.C. 402 note and 5 U.S.C. 6339. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA09 and GNSA11 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. The information provided will be used primarily to document an employee's medical emergency, his/her need for donations of leave, and his/her request to be a leave bank recipient. Your disclosure of requested information, including your SSN, is voluntary. However, failure to furnish any of the requested information may delay processing enrollment application as a leave recipient and/or leave request under the program.

**APPLICATION GUIDELINES**

- A. A civilian employee affected by a medical situation must submit an application to become a recipient of shared leave. If an employee is unable to apply, he/she may choose a personal representative to apply of his/her behalf.
- B. Each application shall be accompanied by the following information and submitted to the Leave Sharing Programs Office (LSPO) within 30 days of the beginning of the medical event.
1. Certification explaining the medical condition with the original signature provided by the attending physician.
  2. Confirmation that a copy of the official medical record related to the medical condition is being provided by the attending physician.
  3. A signed Medical Information Release Request, Form P4016 authorizing NSA's Medical staff to contact the attending physician to discuss this condition.
  4. A Supervisor's Assessment of Essential Job Functions, Form P6180.
- C. Contact the Leave Sharing Programs Office (LSPO) if you have questions. 963-6086(s), (301) 688-8808(b), FAX (443) 479-3325

APPLICANT'S NAME (Last)			(First)	(Middle)	SOCIAL SECURITY NUMBER	SID	<input type="checkbox"/> M <input type="checkbox"/> F
ORGANIZATION	ROOM NUMBER	BUILDING	SUITE NO.	PHONE (Secure)	(Non-Secure - Include Area Code)	(Home - Include Area Code)	
JOB TITLE				GRADE	DATE OF BIRTH (YYYY-MM-DD)	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	(If P/T, # hours per pay)
CURRENT LEAVE BALANCE (Annual)			(Sick) (As of Date of Application)	EMERGENCY CONTACT (Name)			(Phone - Include Area Code)

☐ I HAVE REQUESTED A COPY OF THE MEDICAL RECORD BE PROVIDED TO NSA'S MEDICAL OFFICE.

INDIVIDUAL AFFECTED BY MEDICAL CONDITION / SITUATION	DATE COVERAGE IS REQUESTED (To begin)	(To end or expected to end)
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE'S FAMILY MEMBER		

NATURE AND SEVERITY OF MEDICAL CONDITION / SITUATION

HAVE YOU OR DO YOU PLAN TO SUBMIT A CLAIM FOR BENEFITS UNDER:	WOULD YOU LIKE INFORMATION ON WORKER'S COMPENSATION OR DISABILITY RETIREMENT?
<input type="checkbox"/> WORKERS' COMPENSATION <input type="checkbox"/> DISABILITY RETIREMENT <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO

If applying on behalf of an employee as a personal representative, please print your name and your relationship to the employee.

PRINTED NAME (Last)	(First)	(Middle)	RELATIONSHIP
---------------------	---------	----------	--------------

I certify that the entries and statements made by me above are true and correct to the best of my knowledge. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both. (See U.S.C. Title 18, subsection 1001)

APPLICANT'S OR PERSONAL REPRESENTATIVE'S SIGNATURE	DATE (YYYY-MM-DD)
--	-------------------

IMMEDIATE SUPERVISOR (Printed Name)	(Sid)	(Secure Phone)	TIMEKEEPER (Printed Name)	(Sid)	(Secure Phone)
PERSONNEL REP (Printed Name)	(Sid)	(Secure Phone)			

**LEAVE TRANSFER  
ONLY**

I or my personal representative authorize the dissemination of my name, organization, and medical emergency to the Agency workforce in order to receive leave donations. I will submit a written request to my Personnel Representative if I wish the foregoing information to be limited to a select distribution beyond the supervisory chain and the Leave Sharing Program's managers and board OR if I wish to stop requesting leave donations. My or my personal representative's signature below indicates I have read and understand the above.

APPLICANT'S OR PERSONAL REPRESENTATIVE'S SIGNATURE	DATE (YYYY-MM-DD)
--	-------------------

**LEAVE REQUEST/AUTHORIZATION**  
 NAVCOMPT FORM 3065 (3PT) (REV. 2-83)

 INSTRUCTIONS FOR COMPLETING THIS FORM ARE  
 ON THE REVERSE OF PART 3.

 SEE REVERSE FOR  
 PRIVACY ACT  
 STATEMENT

1. DATE OF REQUEST		2. FOR ADMIN. USE ONLY APPROVAL OF THIS LEAVE IS NOT VALID WITHOUT CONTROL NO.		LEAVE CONTROL NO.	
3. SSN		4. NAME (Last, First, MI)			5. PAYGRADE
6. SHIP/STATION		7. DEPT/DIV	8. DUTY SECTION		9. DUTY PHONE
10. TYPE LEAVE  <input type="checkbox"/> REGULAR <input type="checkbox"/> SICK <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER _____		FOR USE OUTUS ONLY 11a. Leaving Area of PERMDUTYSTA <input type="checkbox"/> YES <input type="checkbox"/> NO 11b. Taking Leave INCONUS <input type="checkbox"/> YES <input type="checkbox"/> NO		12. MODE OF TRAVEL  <input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> TRAIN	
13. DAYS REQUESTED	14. FROM (Hour, Date) (YYMMDD)		15. TO (Hour, Date) (YYMMDD)		16. NORMAL WORKING HOURS DAY OF DEPARTURE: FROM:                      TO:  DAY OF RETURN: FROM:                      TO:
17. LEAVE BALANCE  DAYS AS OF	18. LEAVE USED THIS FY	19. LEAVE PHONE  (    )			
20. LEAVE ADDRESS					21. RATION STATUS (Enlisted) <input type="checkbox"/> COMMUTED RATIONS (COMRATS) <input type="checkbox"/> Meal Pass No. _____ Entitled to EDF meals except during periods of leave
I CERTIFY THAT I HAVE SUFFICIENT FUNDS TO COVER THE COST OF ROUND TRIP TRAVEL. I UNDERSTAND THAT SHOULD ANY PORTION OF THIS LEAVE, IF APPROVED, RESULT IN MY TAKING MORE LEAVE THAN I CAN EARN ON MY CURRENT UNEXTENDED ENLISTMENT OR CURRENT ACTIVE DUTY OBLIGATION, MY PAY WILL BE CHECKED FOR SUCH EXCESS LEAVE.					22. SIGNATURE OF APPLICANT
RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO					DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO					DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO					DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO					DATE
23. APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	REVIEWING OFFICER'S NAME AND SIGNATURE			DATE
24. COMMENTS/REMARKS					
25. SHIP OR STATION (Including telegraphic address)				26. REPORT ON EXPIRATION OF LEAVE TO (If other than block 25)	
DEPARTED ON LEAVE		RETURNED FROM LEAVE		GRANTED EXTENSION OF LEAVE ENDING	
27a. HOUR	27b. DATE (YYMMDD)	28a. HOUR	28b. DATE (YYMMDD)	29a. HOUR	29b. DATE (YYMMDD)
27c. OOD'S SIGNATURE		28c. OOD'S SIGNATURE		29c. AUTHORIZING OFFICER'S SIGNATURE	
IN CONSIDERATION OF THE MEMBER'S COMPLETION OF A FULL WORKDAY (AS DEFINED IN MILPERSMAN, NAVPERS 15560) ON THE DAYS OF DEPARTURE AND RETURN, THE INCLUSIVE DAYS SHOWN ARE CORRECT AND PROPER FOR CHARGING AS LEAVE.			30. INCLUSIVE LEAVE PERIOD TO BE CHARGED	FIRST: (YY) (MM) (DD)    LAST: (YY) (MM) (DD) 	31. NO. OF DAYS
I CERTIFY THAT THE ABOVE IS CORRECT AND PROPER TO THE BEST OF MY KNOWLEDGE.		32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE		33. CERTIFYING OFFICER'S SIGNATURE	

FORWARD THIS COPY TO PERSONNEL OFFICE VIA COMMAND ONLY ON COMPLETION OF LEAVE.

**IMPORTANT  
NOTICE!!****THIS COPY (PART 1) IS YOUR "OFFICIAL" LEAVE  
AUTHORIZATION. DO NOT DESTROY OR LOSE!**

1. Leave is granted subject to immediate recall, therefore maintain communication with your leave address. Keep this leave authorization in your possession at all times. In the event of a general recall, individual orders may not be issued. Inform your commanding officer of permanent change of leave address.
2. Save sufficient money or obtain round-trip ticket to insure you have return transportation. Keep yourself informed of transportation schedules and weather conditions through your return route and make sufficient allowances for normal days.
3. While it is desirable to tell the public about your Navy, do not discuss any subject unless you are certain it is unclassified. If you are asked to participate in a press conference, talk to reporters, or speak over the radio or television on matters pertaining to the naval service, and you are not certain that all your remarks are unclassified, consult with and obtain guidance of the commanding officer of the nearest naval unit prior to participation.
4. Cooperate with Military or Air Police, Shore Patrol, and civil authorities at all times. You are subject to orders of your superior officers in all branches of the U.S. Armed Forces. Be an outstanding Navy ambassador at all times.
5. If necessary to request an extension of leave, communicate with your commanding officer by telegram. **SINCE YOU NEED POSITIVE APPROVAL FOR REMAINING ABSENT BEYOND THE TIME ORIGINALLY AUTHORIZED, IF NO REPLY IS RECEIVED YOU MUST CONSIDER YOUR REQUEST NOT APPROVED.**
6. In case of serious illness or injury incurred while on leave which requires medical attention or hospitalization, report facts to your commanding officer. If in the immediate vicinity of a naval activity, such as recruiting station or naval station, advise them of your condition and status. You are advised that costs incident to hospitalization or medical treatment received at other than Federal medical activities (Army, Air Force, Public Health Service, or Veteran's Administration) may be defrayed by the Navy Department in EMERGENCY cases only.
7. In the event that conditions beyond your control indicate late return to the command to which you are ordered to report, obtain written evidence from transportation agency or others (physician, military or civil police, recruiting station, etc.) for consideration by your commanding officer.
8. Request leave sufficiently in advance to allow processing via official channels. Leave is computed as follows: The day of departure on leave, shall be counted as a day of duty, except when leave commences prior to the end of the normal workday; the day of return from leave shall be counted as a day of leave, except when such return is made at or before commencement of your normal workday in which case it shall be counted as a day of duty.

**OPERATION DRIVESAFE REMINDER**

Statistics show the major causes of motor vehicle accidents are attributable to:

- Excessive Speed
- Intoxicating liquor, and
- Driving while fatigued or sleepy.

**PLAN YOUR TRIP CAREFULLY.** Be sure you allow yourself sufficient travel time and keep your travel to a minimum during hours of darkness.

**PRIVACY ACT STATEMENT****FOR****NAVCOMPT FORM 3065****LEAVE REQUEST/AUTHORIZATION**

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL 93-579) which require that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested.

1. **AUTHORITY:** Title 10 and 37 USC
2. **PRINCIPAL PURPOSES(S):** To authorize military leave of absence.
3. **ROUTINE USE(S):** To deduct leave taken from member's accrued leave balance. To pay leave rations to enlisted members.
4. **MANDATORY OR VOLUNTARY DISCLOSURE:** Voluntary. If the member does not request a specific period of leave and furnish his leave, leave is not granted.

**LEAVE REQUEST/AUTHORIZATION**  
**NAVCOMPT FORM 3065 (3PT) (REV. 2-83)**

 INSTRUCTIONS FOR COMPLETING THIS FORM ARE  
 ON THE REVERSE OF PART 3.

 SEE REVERSE FOR  
 PRIVACY ACT  
 STATEMENT

1. DATE OF REQUEST		2. FOR ADMIN. USE ONLY APPROVAL OF THIS LEAVE IS NOT VALID WITHOUT CONTROL NO.		LEAVE CONTROL NO.	
3. SSN		4. NAME (Last, First, MI)			5. PAYGRADE
6. SHIP/STATION		7. DEPT/DIV	8. DUTY SECTION	9. DUTY PHONE	
10. TYPE LEAVE		FOR USE OUTUS ONLY		12. MODE OF TRAVEL	
<input type="checkbox"/> REGULAR <input type="checkbox"/> SICK <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER _____		11a. Leaving Area of PERMDUTYSTA <input type="checkbox"/> YES <input type="checkbox"/> NO 11b. Taking Leave INCONUS <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> TRAIN	
13. DAYS REQUESTED	14. FROM (Hour, Date) (YYMMDD)		15. TO (Hour, Date) (YYMMDD)		16. NORMAL WORKING HOURS DAY OF DEPARTURE: FROM: TO:  DAY OF RETURN: FROM: TO:
17. LEAVE BALANCE DAYS AS OF	18. LEAVE USED THIS FY	19. LEAVE PHONE (    )			
20. LEAVE ADDRESS					
I CERTIFY THAT I HAVE SUFFICIENT FUNDS TO COVER THE COST OF ROUND TRIP TRAVEL. I UNDERSTAND THAT SHOULD ANY PORTION OF THIS LEAVE, IF APPROVED, RESULT IN MY TAKING MORE LEAVE THAN I CAN EARN ON MY CURRENT UNEXTENDED ENLISTMENT OR CURRENT ACTIVE DUTY OBLIGATION, MY PAY WILL BE CHECKED FOR SUCH EXCESS LEAVE.				22. SIGNATURE OF APPLICANT	
RECOMMENDED					DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO				DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO				DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO				DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO				DATE
23. APPROVED	DISAPPROVED	REVIEWING OFFICER'S NAME AND SIGNATURE			DATE
<input type="checkbox"/>	<input type="checkbox"/>				
24. COMMENTS/REMARKS					
25. SHIP OR STATION (Including telegraphic address)				26. REPORT ON EXPIRATION OF LEAVE TO (If other than block 25)	
DEPARTED ON LEAVE		RETURNED FROM LEAVE		GRANTED EXTENSION OF LEAVE ENDING	
27a. HOUR	27b. DATE (YYMMDD)	28a. HOUR	28b. DATE (YYMMDD)	29a. HOUR	29b. DATE (YYMMDD)
27c. OOD'S SIGNATURE		28c. OOD'S SIGNATURE		29c. AUTHORIZING OFFICER'S SIGNATURE	
IN CONSIDERATION OF THE MEMBER'S COMPLETION OF A FULL WORKDAY (AS DEFINED IN MILPERSMAN, NAVPERS 15560) ON THE DAYS OF DEPARTURE AND RETURN, THE INCLUSIVE DAYS SHOWN ARE CORRECT AND PROPER FOR CHARGING AS LEAVE.		30. INCLUSIVE LEAVE PERIOD TO BE CHARGED		FIRST: LAST:	
				(YY) (MM) (DD) (YY) (MM) (DD)	
31. NO. OF DAYS					
I CERTIFY THAT THE ABOVE IS CORRECT AND PROPER TO THE BEST OF MY KNOWLEDGE.		32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE		33. CERTIFYING OFFICER'S SIGNATURE	

 ON APPROVAL: COMMAND/DEPT COPY  
 ON RETURN: FORWARD TO PERSONNEL OFFICE

S/N 0104-LF-703-0656

PART 2



**PRIVACY ACT STATEMENT**

**FOR**

**NAVCOMPT FORM 3065**

**LEAVE REQUEST/AUTHORIZATION**

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL 93-579) which require that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested.

1. **AUTHORITY:** Title 10 and 37 USC
2. **PRINCIPAL PURPOSES(S):** To authorize military leave of absence.
3. **ROUTINE USE(S):** To deduct leave taken from member's accrued leave balance. To pay leave rations to enlisted members.
4. **MANDATORY OR VOLUNTARY DISCLOSURE:** Voluntary. If the member does not requests a specific period of leave and furnish his leave, leave is not granted.

**LEAVE REQUEST/AUTHORIZATION**  
**NAVCOMPT FORM 3065 (3PT) (REV. 2-83)**

 INSTRUCTIONS FOR COMPLETING THIS FORM ARE  
 ON THE REVERSE OF PART 3.

 SEE REVERSE FOR  
 PRIVACY ACT  
 STATEMENT

1. DATE OF REQUEST		2. FOR ADMIN. USE ONLY APPROVAL OF THIS LEAVE IS NOT VALID WITHOUT CONTROL NO.		LEAVE CONTROL NO. →	
3. SSN		4. NAME (Last, First, MI)			5. PAYGRADE
6. SHIP/STATION		7. DEPT/DIV	8. DUTY SECTION		9. DUTY PHONE
10. TYPE LEAVE		FOR USE OUTS ONLY		12. MODE OF TRAVEL	
<input type="checkbox"/> REGULAR <input type="checkbox"/> SICK <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER _____		11a. Leaving Area of PERMDUTYSTA <input type="checkbox"/> YES <input type="checkbox"/> NO 11b. Taking Leave INCONUS <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> TRAIN	
13. DAYS REQUESTED	14. FROM (Hour, Date) (YYMMDD)		15. TO (Hour, Date) (YYMMDD)		16. NORMAL WORKING HOURS DAY OF DEPARTURE: FROM:                      TO:  DAY OF RETURN: FROM:                      TO:
17. LEAVE BALANCE DAYS AS OF	18. LEAVE USED THIS FY		19. LEAVE PHONE (       )		
20. LEAVE ADDRESS					21. RATION STATUS (Enlisted) <input type="checkbox"/> COMMUTED RATIONS (COMRATS) <input type="checkbox"/> Meal Pass No. _____ <input type="checkbox"/> Entitled to EDF meals except during periods of leave
I CERTIFY THAT I HAVE SUFFICIENT FUNDS TO COVER THE COST OF ROUND TRIP TRAVEL. I UNDERSTAND THAT SHOULD ANY PORTION OF THIS LEAVE, IF APPROVED, RESULT IN MY TAKING MORE LEAVE THAN I CAN EARN ON MY CURRENT UNEXTENDED ENLISTMENT OR CURRENT ACTIVE DUTY OBLIGATION, MY PAY WILL BE CHECKED FOR SUCH EXCESS LEAVE.					22. SIGNATURE OF APPLICANT
RECOMMENDED					DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO				DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO				DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO				DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO				DATE
23. APPROVED	DISAPPROVED	REVIEWING OFFICER'S NAME AND SIGNATURE			DATE
<input type="checkbox"/>	<input type="checkbox"/>				
24. COMMENTS/REMARKS					
25. SHIP OR STATION (Including telegraphic address)				26. REPORT ON EXPIRATION OF LEAVE TO (If other than block 25)	
DEPARTED ON LEAVE		RETURNED FROM LEAVE		GRANTED EXTENSION OF LEAVE ENDING	
27a. HOUR	27b. DATE (YYMMDD)	28a. HOUR	28b. DATE (YYMMDD)	29a. HOUR	29b. DATE (YYMMDD)
27c. OOD'S SIGNATURE		28c. OOD'S SIGNATURE		29c. AUTHORIZING OFFICER'S SIGNATURE	
IN CONSIDERATION OF THE MEMBER'S COMPLETION OF A FULL WORKDAY (AS DEFINED IN MILPERSMAN, NAVPERS 15560) ON THE DAYS OF DEPARTURE AND RETURN, THE INCLUSIVE DAYS SHOWN ARE CORRECT AND PROPER FOR CHARGING AS LEAVE.			30. INCLUSIVE LEAVE PERIOD TO BE CHARGED →	FIRST:	LAST:
				(YY) (MM) (DD)	(YY) (MM) (DD)
31. NO. OF DAYS					
I CERTIFY THAT THE ABOVE IS CORRECT AND PROPER TO THE BEST OF MY KNOWLEDGE		32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE		33. CERTIFYING OFFICER'S SIGNATURE	

ON APPROVAL: FORWARD TO PERSONNEL OFFICE

**INSTRUCTIONS FOR COMPLETING THE LEAVE REQUEST PORTION OF THIS FORM**

1. Completion of this form must be in ballpoint or typewriter. The form must be completed in triplicate with all copies legible.
2. Print or type the appropriate data in blocks 1, and 3 through 21. Leave block 2 blank.
3. When completing blocks 14 and 15, follow these rules:
  - a. Block 14 - The hour for starting leave may not be prior to the end of your normal workday if leave starts on a workday. If leave starts on a non-workday, the starting hour may be 0001 if not contrary to command policy.
  - b. Block 15 - The hour for ending leave may not be later than the beginning of your normal workday if the day of return is a workday. If leave ends on a non-workday, the ending hour may be 2400 if not contrary to command policy.
4. Block 16 requires the following information:
  - Normal working hours for day of departure.
  - Normal working hours for day of return.
  - If day of departure or return is not a workday, enter "NONE".
5. Information required in blocks 17 and 18 may be obtained from Block 59 of your latest Leave and Earnings Statement or from your activity's Commanding Officer's Leave Listing.
6. You are advised that you must immediately return your original leave authorization to the appropriate office designated by your command upon return from leave.

**PRIVACY ACT STATEMENT****FOR****NAVCOMPT FORM 3065****LEAVE REQUEST/AUTHORIZATION**

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL 93-579) which require that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested.

1. **AUTHORITY:** Title 10 and 37 USC
2. **PRINCIPAL PURPOSES(S):** To authorize military leave of absence.
3. **ROUTINE USE(S):** To deduct leave taken from member's accrued leave balance. To pay leave rations to enlisted members.
4. **MANDATORY OR VOLUNTARY DISCLOSURE:** Voluntary. If the member does not requests a specific period of leave and furnish his leave, leave is not granted.

## LENGTH OF SERVICE STATEMENT

**(Military Personnel)**

**The information on this form will be used in determining creditable cryptologic service to establish eligibility for an Agency Length of Service Certificate in accordance with Chapter 504.2, NSA/CSS PMM 30-2.**

1. NAME (Last)		(First)	(MI)	2. BRANCH OF SERVICE	3. RANK	4. GRADE
5. DATE ASSIGNED TO AGENCY (YYYY-MM)		6. PRESENT AGENCY ORG.	7. TELEPHONE (Secure) (Non-Secure)		8. ARE YOU CURRENTLY WORKING IN A 4000 BILLET? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST CHRONOLOGICALLY (in ascending order) ONLY YOUR MILITARY CRYPTOLOGIC SERVICE, BY ORGANIZATION AND LOCATION			DATES		TOTAL SERVICE (Yrs. & Mos.)	
			FROM (MM and YYYY)	TO (MM and YYYY)		
<b>TOTAL MILITARY CRYPTOLOGIC SERVICE</b> →						

REMARKS

SIGNATURE		DATE (YYYYMMDD)
<b>FOR PERSONNEL USE ONLY</b> <i>(The above information has been verified)</i>		
DATE COMPLETED (YYYYMMDD)	DATE PICKED UP (YYYYMMDD)	
SIGNATURE	ORGANIZATION	DATE (YYYYMMDD)

## LETTER OF VERIFICATION

APPLICANT NAME	DATE
----------------	------

The above named individual has made application for appointment to the Medical Staff of Office of Occupational Health, Environmental and Safety Services, National Security Agency/Central Security Service (NSA/CSS) and has stated on his/her application that he/she is currently licensed by your agency as indicated below.

Request verification of this information by completing and returning this form in the enclosed envelope.

Your assistance in this matter is greatly appreciated. If you have any questions, please contact the undersigned.

		TITLE <b>Credentials Manager</b>	PHONE <b>(301) 688-7312</b>
LICENSE NUMBER		EXPIRATION DATE	
ISSUED DATE	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	CURRENTLY IN GOOD STANDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY SOURCE VERIFICATION WAS OBTAINED FROM MEDICAL SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEA NUMBER	
STATE NARCOTICS NUMBER (if applicable)	LICENSE GRANTED BY (Reciprocity)	(Application/Interview)	(Other)
VERIFIED BY	TYPED/PRINTED NAME		TITLE
	SIGNATURE		DATE

FORM P6757 REV AUG 2000 (Supersedes P6757 AUG 93 which is obsolete)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

# **LIABILITY STATEMENT FOR THE EXTERNAL USE OF UNCLASSIFIED, GOVERNMENT-OWNED COMPUTER ASSETS**

CONTROL NO.

I hereby acknowledge that I have read and understand NSA/CSS Regulation 21-12 and that I will comply with the provisions contained therein. I fully understand the computer security rules governing the use of unclassified, Government-owned computer assets and my responsibilities. I acknowledge that I am liable for the loss of, or any damage to, the unclassified Government-owned property listed below if said loss or damage should occur as a result of a lack of reasonable care on my part, my willful misconduct or personal negligence, or my deliberate unauthorized use of the property until it is officially returned. I will not modify any of these assets without authorization. I will return the property on the date, or the extension date, authorized below or for inventory purposes at the request of my respective property officer. If I fail to return the assets as scheduled I understand that I may be subject to legal action designed to result in the return of the assets to the Agency.

JUSTIFICATION

INTERNET ACCESS REQUIRED?

☐ YES☐ NO

## ITEM AND BAR CODE INFORMATION

NSA-ID BARCODE	MODEL	SERIAL NUMBER	EQUIPMENT TYPE/DESCRIPTION

REQUESTER'S TYPED OR PRINTED NAME  
(Last)

(First)

(MI)

ORG

SIGNATURE

APPROVAL AUTHORITY

SSP (Name)

(ID Number)

(Date)

TYPED OR PRINTED NAME

(Last)

(First)

(MI)

ORG

TITLE

SIGNATURE

DATE

DATE PROPERTY TO BE RETURNED

EXTENSION DATE (if applicable)

APPROVAL AUTHORITY  
(Initials)

DATE

## CERTIFICATION OF RETURN

I certify that all of the above assets were returned in good condition. Any deficiencies or damages are noted on an attached separate sheet.

DATE RETURNED

APPROVAL AUTHORITY (Name)

(Signature)

Privacy Act Statement: Auth for collecting info: 50 USC Sec. 402 note; 5 USC Sec. 5924; and EO 12333. NSA's Blanket Routine Uses found at 58 Fed Reg 10,531 (1993) as well as the specific uses found in GNSA08 and 09 apply to this info. Auth for requesting SSN is EO 9397. The requested info will be used to determine the employee's eligibility to receive a living quarters allowance. Your disc of info, including SSN, is vol. However, failure to furnish requested info, other than SSN, may delay or prevent processing of your request.

SECURITY CLASSIFICATION (if any)

**LIVING QUARTERS ALLOWANCE RECONCILIATION REQUEST**

EMPLOYEE NAME (Last) (First) (MI)		SOCIAL SECURITY NUMBER	AGENCY
PAY GRADE	GROUP	CURRENT POST / COUNTRY OF ASSIGNMENT / LOCALITY CODE	ARRIVAL DATE (YYYY-MM-DD)
PREVIOUS POST OF ASSIGNMENT		MAILING ADDRESS	
SPOUSE EMPLOYED BY US GOVERNMENT? <input type="checkbox"/> YES (If yes, complete information) → <input type="checkbox"/> NO		NAME (Last) (First) (MI)	SOCIAL SECURITY NUMBER
			ALLOWANCES RECEIVED

**FAMILY DOMICILED AT POST**

NAME OF RELATIVE	RELATIONSHIP	DOB (Children <b>ONLY</b> ) (YYYY-MM-DD)	TANDEM COUPLE		DATE ARRIVAL AT POST (YYYY-MM-DD)	% SUPPORT	RESIDENCE ADDRESS
			YES	NO			

**FAMILY DOMICILED AWAY FROM POST**

NAME OF RELATIVE	RELATIONSHIP	DOB (Children <b>ONLY</b> ) (YYYY-MM-DD)	TANDEM COUPLE		DATE ARRIVAL AT POST (YYYY-MM-DD)	% SUPPORT	RESIDENCE ADDRESS
			YES	NO			

**LIVING QUARTERS**

LQA - LIVING QUARTERS ALLOWANCE (DSSR 130)	U.S. DOLLAR PAYMENT	FOREIGN CURRENCY PAYMENT
--	---------------------	--------------------------

**DESCRIPTION OF QUARTERS OCCUPIED BY EMPLOYEE**

STREET ADDRESS (Include apartment or room number, if applicable)	TYPE QUARTERS (Check all applicable)		
	<input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT	<input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED	<input type="checkbox"/> PRIVATELY LEASED <input type="checkbox"/> GOV'T OWNED OR LEASED <input type="checkbox"/> PERSONALLY OWNED
DATE QUARTERS OCCUPIED (YYYY-MM-DD)	QUARTERS SIZE: TOTAL NUMBER OF ROOMS (Include dining room, living room, kitchen, bedrooms, den and bathrooms)	TOTAL USABLE SPACE  <input type="checkbox"/> SQUARE FEET <input type="checkbox"/> SQUARE METERS	

SECURITY CLASSIFICATION (if any)

**LIVING QUARTERS (continued)**  
**DESCRIPTION OF QUARTERS OCCUPIED BY EMPLOYEE**

IF EMPLOYEE SHARES QUARTERS, PROVIDE NAME OF PERSON(S) WITH WHOM SHARING AND EMPLOYING FIRM OR AGENCY

IF EMPLOYEE RENTS QUARTERS FROM ANOTHER U.S. GOVERNMENT EMPLOYEE, PROVIDE NAME OF EMPLOYEE AND EMPLOYING AGENCY

IF EMPLOYEE 'LETS' OR 'SUBLETS' PORTION OF HIS/HER OWNED OR LEASED QUARTERS:	NAME OF SUBLESSEE AND EMPLOYING AGENCY OR FIRM	AMOUNT RECEIVED FROM SUBLESSEE
		HAS AMOUNT RECEIVED BEEN DEDUCTED FROM EXPENSES CLAIMED ON ATTACHED WORKSHEET? <input type="checkbox"/> YES <input type="checkbox"/> NO
		DATE 'LET' OR 'SUBLET' (YYYY-MM-DD)

**ANNUAL / INTERIM EXPENDITURES WORKSHEET**

PERIOD START DATE (YYYY-MM-DD)	PERIOD END DATE (YYYY-MM-DD)	<input type="checkbox"/> ESTIMATION <input type="checkbox"/> RECONCILIATION
THE FOLLOWING EXPENSES WERE ACTUALLY INCURRED OR ARE ESTIMATED FOR THE PERIOD CLAIMED ABOVE. EXPENSES SHOULD BE SUPPORTED BY LEASE OR RENTAL AGREEMENT, RECEIPTS OR CANCELED CHECKS.		Currency of Country in: FOREIGN CURRENCY EXPENSES
(a) Rent, if leased; or 10% of original purchase price, if owned (claim limit: 10 years).		
(b) Garage rental (not to exceed 25% of maximum LQA rate).		
(c) Furniture rental (not to exceed 25% of maximum LQA rate).		
(d) Insurance on rented property and/or furnishings required by local law to be paid by lessee.		
(e) Taxes levied by the local government and required by law or custom to be paid by lessee.		
(f) Land rent, if required by local law or custom (applies only to personally owned quarters).		
(g) Agent's fee if mandatory by law or custom and is condition of obtaining lease. Must be paid by lessee to landlord - not to agent.		
(h) Apartment/condominium fees (Excluding single family dwelling and personally owned quarters).		
(i) Interest on a loan from American institution to finance "key money" paid to landlord.		
(j) Application fee paid directly to landlord. Must appear on lease or rental agreement.		
UTILITIES	(k) Heat (gas, fuel)	
	(l) Electricity	
	(m) Other heat/fuel (Specify):	
	(n) Water	
<b>TOTAL EXPENSES CLAIMED FOR THIS PERIOD:</b>		

**EMPLOYEE STATEMENT AND SIGNATURE:** The information given on this application is true and correct to the best of my knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in the conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (including fines and imprisonment) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately. I certify that the amounts claimed above were incurred for the period claimed or are estimated to the best of my knowledge for future costs.

EMPLOYEE'S SIGNATURE	DATE (YYYY-MM-DD)
APPROVING/REVIEWING OFFICIAL (Printed Name)	DATE (YYYY-MM-DD)
(Signature)	



## LOAN AGREEMENT

LENDER National Cryptologic Museum (NCM)		DATE OF AGREEMENT
BORROWER	ADDRESS	PHONE NUMBER
DATE LOAN TO COMMENCE ON	PERIOD OF LOAN	DATE RETURNED

The NCM agrees to furnish to the Borrower and the Borrower agrees to take from the NCM, upon the terms and conditions set forth, the items consisting of the historical property (*herein called the Property*) listed in the schedule attached.

As indicated above, the terms of this loan shall commence on \_\_\_\_\_ and terminate on \_\_\_\_\_ unless sooner terminated or revoked by the NCM in accordance with the terms hereof.

At any time during the term, either party may terminate this agreement in whole effective not less than five (5) days after receipt by the other party of written notice hereof without further liability to either party. However, the NCM may withdraw any of the Property at any time (a) with five (5) days prior notice to the Borrower, or (b) without such notice when the NCM considers the security of the Property warrants the action.

The Borrower agrees that the Property shall be used for exhibition, research, or other purposes as agreed to by NCM. If placed on display, it will be displayed with dignity and in a professional manner, and be subject to approval by the NCM. The Borrower shall not part with possession of any of the Property in any manner to any third party without the express written consent of the Curator of the National Cryptologic Museum and the Borrower shall not do or suffer anything to be done whereby any of the Property shall or may be lost stolen, destroyed or injured.

The Borrower shall take all steps necessary to protect the Property, and the NCM may require the Borrower to take specific measures as may be necessary to protect such Property to include insurance if deemed necessary. The Property will be maintained in the same physical condition as loaned and not exposed to harmful environments. The NCM reserves the right, at a reasonable time and place, to inspect and inventory the Property.

The Borrower shall within five (5) days of discovery, report all instances of loss, damage or destruction of the Property to the NCM.

The Borrower may photograph or otherwise reproduce the Property loaned. Credit in all reproductions will read as follows: "*Courtesy National Cryptologic Museum, NSA.*"

The terms NCM and borrower, as used herein, shall include a duly appointed successor or a duly authorized representative.

## IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THIS LOAN AGREEMENT

NCM	PRINT/TYPE NAME	TITLE
	SIGNATURE	DATE
BORROWER	PRINT/TYPE NAME	TITLE
	SIGNATURE	DATE

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

(continued)

THE FOLLOWING ITEMS HAVE BEEN PLACED ON TEMPORARY LOAN BY THE NATIONAL CRYPTOLOGIC MUSEUM

FOR THE PURPOSE OF:

**LOAN TO THE NATIONAL CRYPTOLOGIC MUSEUM**

BORROWER National Cryptologic Museum (NCM)		DATE OF AGREEMENT
LENDER	ADDRESS	PHONE NUMBER
DATE LOAN TO COMMENCE ON	PERIOD OF LOAN	DATE RETURNED

The Lender agrees to furnish to the NCM and the NCM agrees to take from the Lender, upon the terms and conditions set forth, the items consisting of the historical property (*herein called the Property*) listed in the schedule attached.

As indicated above, the terms of this loan shall commence on \_\_\_\_\_ and terminate on \_\_\_\_\_ unless sooner terminated or revoked by the NCM or Lender in accordance with the terms hereof. The loan term shall not exceed five (5) years. No indefinite loans of historical artifacts or works of art will be accepted.

At any time during the term, either party may terminate this agreement in whole effective not less than five (5) days after receipt by the other party of written notice hereof without further liability to either party.

The parties agree that the Property shall be used for exhibition, research, or other official purposes as determined by the NCM. If placed on display, it will be displayed with dignity and in a professional manner, subject to the approval of the NCM. The NCM will not do or suffer anything to be done whereby any of the Property may be lost, stolen, destroyed or injured.

The NCM will maintain proper security measures to protect the Property against loss or theft. The Property will not be placed in the custody of another individual or organization without the express written approval of the Lender. The Property will be maintained in the same physical condition as loaned and not exposed to harmful environments.

The NCM shall within five (5) days of discovery, report all instances of loss, damage or destruction of the Property to the Lender.

The NCM may photograph or otherwise reproduce the Property loaned. Credit in all reproductions will be given to the Lender, unless he wishes to remain anonymous.

The terms NCM and Lender, as used herein, shall include a duly appointed successor or a duly authorized representative.

**IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THIS LOAN AGREEMENT**

NCM	PRINT/TYPE NAME	TITLE
	SIGNATURE	DATE
LENDER	PRINT/TYPE NAME	TITLE
	SIGNATURE	DATE

(continued)

---

---

THE FOLLOWING ITEMS HAVE BEEN PLACED ON TEMPORARY LOAN TO THE NATIONAL CRYPTOLOGIC MUSEUM

---

---

---

FOR THE PURPOSE OF:

---

DOCID: 3114470

**LOCKSMITH WORK REQUEST**

Complete in duplicate and submit both copies to: MC122, Ops 1, 3W156.  
 Incomplete forms will be returned to P.O.C.

LP11 NO:

POINT OF CONTACT (Last Name)	(First)	(MI)	ORGANIZATION	PHONE NUMBERS (Secure)	(Non-Secure)
DESIRED DATE OF COMPLETION (YYYY-MM-DD)			BUILDING	ROOM NUMBER	

**TYPE OF WORK REQUESTED**

<input type="checkbox"/> <b>NEW INSTALLATION</b>	DEADBOLT	DOORBELL	
	OMNI LOCK	REMOTE RELEASE	
	COMBINATION	OTHER (Specify):	
	PADLOCK		
<input type="checkbox"/> <b>KEY DUPLICATION</b>	DOOR	KEY NO:	QTY:
	SYSTEM FURNITURE	KEY NO:	QTY:
	FILE CABINET	KEY NO:	QTY:
	PADLOCK	KEY NO:	QTY:
	VEHICLE	KEY NO:	QTY:
	OTHER (Specify):	KEY NO:	QTY:
<input type="checkbox"/> <b>SERVICE OR REPAIRS</b>	<input type="checkbox"/> <b>DOOR LOCKS</b>		ACTION REQUESTED
	DEADBOLT		
	OMNI LOCK		
	DOORBELL		
	REMOTE RELEASE		
	OTHER (Specify):		
	<input type="checkbox"/> <b>SAFES</b>		ACTION REQUESTED
	COMBINATION LOCK		
	MECHANICAL PROBLEM		
	<input type="checkbox"/> <b>FURNITURE LOCKS</b>		ACTION REQUESTED
	FILE CABINET		
	SYSTEMS FURNITURE		
DESK			
<input type="checkbox"/> <b>KEYBOX</b>	ACTION REQUESTED		
<input type="checkbox"/> <b>OTHER</b>	ACTION REQUESTED		

JUSTIFICATION/COMMENTS

**APPROVALS**

Division Chief or higher	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	PRINTED NAME, TITLE AND SIGNATURE	DATE
MC12	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	PRINTED NAME AND SIGNATURE	DATE
MC122	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	PRINTED NAME AND SIGNATURE	DATE
/SSO	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	PRINTED NAME AND SIGNATURE	DATE

## MAIL SERVICES ENVELOPE

INSTRUCTIONS

1. Void previously used block.
2. Please **PRINT** clearly.
3. Addressee block **MUST** be totally completed and **MUST** include Suite Number.
4. Front side of envelope to be totally completed before using reverse side.
5. Send surplus envelopes to Supply Room for reissue.
6. **DO NOT** throw envelope away until **ALL** spaces on **BOTH** sides are used up.
7. If you have any comments or concerns about your mail service, please contact Internal Mail at 688-7826.

SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	<b>DO NOT WRITE IN THIS AREA</b>  <b>- FOR BAR CODE USE ONLY -</b>		
NAME			NAME					
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING			
NAME			NAME					
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING			
NAME			NAME					
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING			
NAME			NAME					

FORM A6990 REV JUN 98 (Supersedes A6990 SEP 94 which may be used until depleted)  
NSN: 7540-FM-001-5490

# MAIL SERVICES ENVELOPE

***USE OTHER SIDE FIRST***

SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		

DOCID: 3114471



SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING
NAME			NAME			NAME		
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING	<b>DO NOT WRITE IN THIS AREA</b>  <b>- FOR BAR CODE USE ONLY -</b>		
NAME			NAME					
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING			
NAME			NAME					
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING			
NAME			NAME					
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING			
NAME			NAME					
SUITE NUMBER	COMPLETE ORG.	BUILDING	SUITE NUMBER	COMPLETE ORG.	BUILDING			
NAME			NAME					

FORM A6990 REV JUN 98 - Reverse  
 NSN: 7540-FM-001-5490

***USE OTHER SIDE FIRST***

DOCID: 3114472  
**MALPRACTICE AND PRIVILEGES QUESTIONNAIRE**

(See NSA/CSS Reg 30-2 dtd 9 Apr 90 to use this form)

**PRIVACY ACT STATEMENT:** Authority for requesting social security number: Executive Order 9397. Authority for requesting information: GNSA02, GNSA06, GNSA09; P.L. 86-36; Title 5 of United States Code. Principal purpose(s) for which information will be used: To be used in the Agency's health care provider credentialing/medical privileges process. Routine use(s) of information: Pursuant to GNSA02, GNSA06, and GNSA09. See NSA's "Blanket Routine Uses." Disclosure of Social Security Number: Voluntary. Effect on individual if requested information is not provided: Will delay processing and delay or prevent assignment or grant of credentials or medical privileges.

The policy of the Office of Occupational and Environmental Health Services, NSA/CSS is to screen, verify and validate statements, assertions and documents of all applicants for health care provider positions. As part of this process, please complete the following statements (as applicable to your profession).

1. NAME OF INDIVIDUAL		2. SOCIAL SECURITY NO.
HAVE (YES)	HAVE NOT (NO)	3. Have you had medical liability claims, settlements, judicial or administrative adjudications, or any other resolved or open charges of inappropriate, unethical, unprofessional or substandard professional practice? (If affirmative, explain each incident in Item 11 below.)
		4. Have you voluntarily or involuntarily had your professional license denied, withdrawn, or restricted by a state or local licensing board or other authority? (If affirmative, give the organization name, address and dates involved in Item 11 below.)
		5. Have you voluntarily or involuntarily had professional privileges denied, withdrawn, or restricted by a health care facility? (If affirmative, give the organization name, address and dates involved in Item 11 below.)
		6. Have you voluntarily or involuntarily resigned or otherwise disassociated yourself from employment or practice after being notified of intent to start action against you for failure to properly accomplish your professional responsibilities? (If affirmative, give the organization name, address and dates involved in Item 11 below.)
		7. Are you now or have you ever been required to appear before any medical or state regulating authority, regardless of the result, concerning your status as an impaired, hindered, or otherwise restricted practitioner? (If affirmative, give explanation in Item 11 below.)
		8. Have you had a history of drug or alcohol abuse or misuse? (If affirmative, explain in Item 11 below or see attachment.)
		9. Do you have any disease or impairment, relative to the privileges requested, which would make your employment a hazard to yourself or others? (If affirmative, please list in Item 11 below. Additionally, please provide a brief description of your health status.)
10. a. CARRIER (Name and Address)		10. b. LICENSING ORGANIZATION (Name and Address)
10. c. POLICY NO		

11. CLARIFICATIONS (Explanations, etc., regarding Items 3-10. Identify by appropriate item number. Continue on reverse side if necessary.)

12. a. TYPED/PRINTED APPLICANT NAME	12. b. APPLICANT SIGNATURE	12. c. DATE
-------------------------------------	----------------------------	-------------

## MANAGEMENT CONTROL PLAN SUMMARY

FIVE-YEAR PLAN		FY COMPLETED		ORGANIZATION							
MC REPORTING CATEGORIES  (1)	NUMBER OF ASSESS-ABLE UNITS (2)	ASSESSMENTS (A) & REVIEWS (R)									
		FOR FY									
		A	R	A	R	A	R	A	R	A	R
1. RDT&E											
2. MAJOR SYSTEMS ACQUISITION											
3. PROCUREMENT											
4. CONTRACT ADMINISTRATION											
5. FORCE READINESS											
6. MANUFACTURING MAINTENANCE AND REPAIR											
7. SUPPLY OPERATIONS											
8. PROPERTY MANAGEMENT											
9. COMMUNICATIONS AND/OR INTELLIGENCE AND/OR SECURITY											
10. INFORMATION TECHNOLOGY											
11. PERSONNEL AND/OR ORGANIZATION MANAGEMENT											
12. COMPTROLLER AND/OR RESOURCE MANAGEMENT											
13. SUPPORT SERVICES											
14. SECURITY ASSISTANCE											
15. OTHER											
16. ORGANIZATIONALLY											
<b>TOTALS</b>											

# VULNERABILITY ASSESSMENT

## (Management Control Program)

1. ORGANIZATION/OFFICE  
SYMBOL2. FUNCTIONAL CATEGORY  
(if needed)3. DATE ASSESSMENT  
PERFORMED

AT THE END OF EACH CATEGORY, A NUMBER "VALUE" HAS BEEN PROVIDED IN PARENTHESIS. PLEASE WRITE THE NUMBER VALUE WHICH BEST DESCRIBES THE UNIT BEING ASSESSED IN THE COLUMN PROVIDED. IF "NOT APPLICABLE" APPLIES, PLACE AN "X" IN THE COLUMN.

ANALYSIS OF RISK			ANALYSIS OF GENERAL CONTROL ENVIRONMENT		
4. Program Administration	NSA Only	(1)	16. Emphasis on Internal Controls	Major	(1)
	Joint Service	(3)		Moderate	(3)
	Contractor	(4)		Minor	(5)
	Joint Service/Contractor	(5)	17. Written Procedural Guidance	Specific Guidance With Little or No Discretion	(1)
5. Status of Program	Relatively Stable	(1)		Flexible Guidance With Significant Discretion	(3)
	Changing	(3)		No Written Procedures	(5)
	New or Expiring Within 3 Years	(5)	18. Adequacy of Reports	Accurate and Timely	(1)
6. Resource Level Per Year	Less Than \$1 Million	(1)		Sometimes Inaccurate, Incomplete and or Late	(3)
	Between \$1-\$5 Million	(3)		Usually Inadequate and Late	(5)
	Over \$5 Million	(5)	19. Adequacy of Checks and Balances	Adequate	(1)
7. Equipment Utilization	Equip. Not Dangerous, Costly or Easily Stolen or Misappropriated	(1)		Needs Improvement	(3)
	Equipment Generally Considered To Be Dangerous	(3)		Required But Totally Lacking	(5)
	Valuable or Costly Equipment Easily Stolen or Misappropriated	(5)	20. Automated Information Systems (AIS) Used for Reporting or Operational Data	Data Reliability (Timeliness and Accuracy) & Security Are Satisfactory	(1)
8. Scope of Written Authority	Precise	(1)		Data Reliability/Security Needs Improvement	(3)
	Clarification Required	(3)		Data Reliability/Security Is A Major Problem	(5)
	No Written Authority	(5)	21. Specifying Goals and Measuring Accomplishments	Goals/Objectives Formally Established and Monitored	(1)
9. External Impact Or Sensitivity By Organizations Outside of NSA	Low Level	(1)		Goals/Objectives Informally Used or With Little Follow-Up	(3)
	Moderate Level	(3)		Goals/Objectives Needed, But Not Established	(5)
	High Level	(5)	22. Personnel Resources	Adequate Number of Qualified People	(1)
10. Interaction with Internal NSA Organizations	One Office	(1)		Adequate Number of Personnel But Some Training Required	(3)
	Two Functional Offices	(3)		Insufficient Number of Personnel or Majority of Staff Are Not Qualified/Need Training	(5)
	More than Two Func. Offices	(5)	23. Security Measures	All Enforced and No Security Violations in Last 12 Months	(1)
11. Interest in this Activity Shown By Outside Groups (Congress, GAO, etc.)	No Interest in This Activity	(1)		Only Two Strictly Enforced or at Least 1 Security Violation in Last 12 Months	(3)
	Aperiodic	(3)		Physical Security Posture Assessed	None Strictly Enforced or at Least 2 Security Violations in Last 12 Months
	Regular/Recurring Interest	(5)	Security Briefings Given to New Personnel		
12. Type of Transaction Document	Not Convertible to Cash or Benefit	(1)	Aware of Security Responsibilities	(5)	
	Convertible to Services Only	(3)	PRELIMINARY ASSESSMENT OF CONTROLS		
	Cash or Items Directly Convertible to Cash	(5)			
13. Interval Since Most Recent Evaluation, Inspection or Formal Audit	Within Last 12 Months	(1)	24. Assumed Effectiveness of Existing Controls	Controls Adequate	(1)
	Between 12-24 Months	(3)		Controls Less Than Adequate	(3)
	More than 24 Months	(5)		No Existing Controls or Costs Outweigh Benefits	(5)
14. Recent Instances of Errors or Irregularities	None in Last 18 Months	(1)	25. TOTAL VALUE (Items 3 - 23)		
	Most Significant Findings or Known Errors Fully Corrected	(3)			
	Most Significant Findings or Known Errors Unresolved	(5)	OVERALL VULNERABILITY ASSESSMENT (Check applicable block)		
15. Time Constraints	Rarely a Factor	(1)	<input type="checkbox"/> LOW 17 to 42 <input type="checkbox"/> MEDIUM 43 to 64 <input type="checkbox"/> HIGH 65 to 105		
	Occasionally a Factor	(3)			
	A Significant Daily Factor	(5)			

PLEASE PROVIDE NARRATIVE ANSWERS TO QUESTIONS 26 THRU 29. CLASSIFY ANSWERS AS REQUIRED;  
IF CLASSIFIED, BE SURE TO STAMP BOTH FRONT AND BACK OF FORM WITH APPROPRIATE CLASSIFICATION

26. WHAT IS THE MAIN MISSION OF THE ORGANIZATION?

27. WHAT VULNERABILITY HAS OR WOULD HAVE THE GREATEST IMPACT ON THE ACCOMPLISHMENT OF THE MAIN MISSION?

28. WHAT CONTROL(S) IS IN PLACE TO PROVIDE REASONABLE ASSURANCE THAT THE VULNERABILITY IDENTIFIED IN QUESTION 26 DOES NOT OCCUR?

29. HAVE THE FIVE OBJECTIVES OF MANAGEMENT CONTROL BEEN ACHIEVED? IF THE ANSWER IS "YES", EXPLAIN HOW.

☐

YES

☐

NO

30. SIGNATURE OF EVALUATOR

31. SIGNATURE OF APPROVING OFFICIAL

TITLE

DATE

MAP/CALL NO.		AREA
TITLE		
DATE	EDITION	DATE RECEIVED
LANGUAGE		SCALE
PUBLISHER		
SOURCE		CLASSIFICATION
LC NUMBER		
FORM H5552 REV APR 2000		
MAP/DOCUMENT CATALOG		

FORM SIZE: 5" x 3"

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**BUILDING**

DATE (YYYYMMDD)

Use of master key is authorized for individuals on a Q12 **APPROVED** Master Key Access List. **ONLY!** Individuals are responsible for the master key which they draw. Master keys may **NOT** be passed to other individuals or removed from the building in which they are used. Your signature below acknowledges your understanding of these requirements.

FORM G7751 REV APR 2002 (Supersedes G7751 REV OCT 91 which is obsolete)

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

SECURITY CLASSIFICATION (if any)

SECURITY CLASSIFICATION (if any)

**Must complete all columns in a given row.**  
**Please Advise Upon Receipt of this Material.**

**MATERIAL AND EQUIPMENT RECEIPT**

LINE ITEM	ITEM / MATERIAL CLASSIFICATION	NOMENCLATURE	QUANTITY	NUMBER			DISPOSITION
				MODEL	SERIAL	I.D.	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

13 REMARKS

14. SITE MESSAGE REFERENCE	15. DATE SHIPPED (YYYYMMDD)	18. RECEIVED BY (Printed Name)	19. REGISTRY NUMBER
16. PACKED BY (Printed Name)	(Signature)	20. DATE RECEIVED (YYYYMMDD)	21. POUCH OR CONTROL NUMBER
17. SHIPPED TO ADDRESS (Use Full Address)		22. SHIPPED FROM ADDRESS (Use Full Address)	
ATTENTION (Office or Individual):			

SECURITY CLASSIFICATION (if any)



DOCID: 3114504  
**MATERIAL APPROVAL/SUBMITTAL TRANSMITTAL**

See instructions on reverse

TO: (Contracting Officer Representative) <b>PROJECT MANAGEMENT</b>		FROM: (Contractor)		DATE
CONTACT NUMBER		CONTRACT START DATE	COMPLETION DATE	SUBMITTAL
PROJECT NAME				PPI NUMBER

TO BE COMPLETED BY CONTRACTOR			FOR GOVERNMENT USE ONLY				
ITEM NO.	SPECIFICATION SECTION/ PARA NO. / DRAWING NO.	DESCRIPTION OF MATERIAL (Include Type, Model Number, Catalog Number, Mfg., etc.)	Approved	Approved As Noted	Not Approved Revise and Resubmit	See Reverse	Initial

BY COMPLETING THIS FORM, THE UNDERSIGNED CONTRACTOR CERTIFIES THAT THE MATERIAL COMPLIES WITH  
 ALL SPECIFICATIONS OF SUBJECT CONTRACT.

DATE	TYPE OR PRINT NAME AND TITLE	SIGNATURE
------	------------------------------	-----------

TO: PROJECT MANAGER

For Evaluation and Action

DATE	TYPE OR PRINT NAME (Contracting Office Rep.)	SIGNATURE
------	--	-----------

TO: TECHNICAL/DESIGN REVIEW

For Evaluation and Action

DATE	TYPE OR PRINT NAME (Project Mgr.)	SIGNATURE
------	-----------------------------------	-----------

TO: PROJECT MANAGER / COR

Recommend: ☐ APPROVAL ☐ APPROVAL as noted as indicated above and subject to any applicable comments on reverse. ☐ NOT APPROVED (Revise and resubmit)

DATE	TYPE OR PRINT NAME (Technical Review)	SIGNATURE
------	---------------------------------------	-----------

**FOR GOVERNMENT USE ONLY**

TO: CONTRACTOR

☐ APPROVAL ☐ APPROVAL as noted as indicated above and subject to any applicable comments on reverse. ☐ NOT APPROVED Revise and resubmit within \_\_\_\_\_ days of date shown below.

DATE	TYPE OR PRINT NAME (Contracting Officer Rep.)	SIGNATURE
------	---	-----------

COMMENTS

(Number to correspond with applicable Item Number on reverse)

INSTRUCTIONS TO CONTRACTORS

1. The term 'material' is defined as articles, supplies, raw materials, equipment, parts, components, and end items that are to be incorporated into the work required by the contract.
2. This form is to be used by contractors for submitting Shop Drawings, Equipment Data, Manufacturer's Literature and Certificates and Samples of Materials to the Government for approval in accordance with the provisions of this contract. Unless otherwise specified, it is to be prepared in four (4) copies, signed, and provided to the contracting officer with appropriate attachments.
3. Item(s) to be approved will be clearly tabbed or identified. Data pertaining to item(s) to be approved will be clearly identified or tabbed, particularly where documents are voluminous, in order to properly evaluate the materials or articles to be incorporated in the work. Each attachment will be numbered to correspond with the item number shown on the face of this form.
4. Requests submitted shall be numbered consecutively, by contract, in the space entitled 'Submission No.' This number, in addition to the Contract No., will be used to identify each Material Approval Submittal. Resubmissions will be indicated in the appropriate block and the insertion of previous submission number and date in addition to a new submission number. A single submission should be used for all work of a section of the specifications, but in NO instance should the submission include work for more than one (1) contract. Submittals requiring priority handling will be submitted by separate submittal using the form and so marked across the face of the form.
5. This Material Approval Submittal is not valid unless it is signed by the contracting officer representative. This approval is required as called for by the contracting officer under the terms of this contract.

## MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved

OMB No. 0704-0248

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0248), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.  
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROC. INSTRUMENT IDEN. (CONTRACT)		(ORDER) NO.		6. INVOICE NO. / DATE		7. PAGE OF		8. ACCEPTANCE POINT	
2. SHIPMENT NO.		3. DATE SHIPPED		4. B/L TCN		5. DISCOUNT TERMS			
9. PRIME CONTRACTOR CODE				10. ADMINISTERED BY CODE					
11. SHIPPED FROM (if other than 9) CODE				FOB:		12. PAYMENT WILL BE MADE BY CODE			
13. SHIPPED TO CODE				14. MARKED FOR CODE					
15. ITEM NO.	16. STOCK/ PART NO. (Indicate number of shipping containers - type of container - container number.)			DESCRIPTION		17. QUANTITY SHIP / REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT
21. CONTRACT QUALITY ASSURANCE							22. RECEIVER'S USE		
A. ORIGIN <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.				B. DESTINATION <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.			Quantities shown in column 17 were received in apparent good condition except as noted.		
DATE SIGNATURE OF AUTH GOVT REP				DATE SIGNATURE OF AUTH GOVT REP			DATE RECEIVED SIGNATURE OF AUTO GOVT REP		
TYPED NAME AND OFFICE				TYPED NAME AND TITLE			TYPED NAME AND OFFICE		
23. CONTRACTOR USE ONLY							* If quantity received by the Government is the same as quantity shipped, indicate by ( x ) mark, if different, enter actual quantity received below quantity shipped and encircle.		

**MATERIAL REMOVAL AUTHORIZATION***Prepare in Triplicate*

ORGANIZATION	ROOM NUMBER	DATE
IDENTIFICATION	QUANTITY	ACCOUNTING NUMBERS
REMOVAL AUTHORIZED BY (signature)	TEMPORARY	
RECIPIENT (signature)	PERMANENT	
RETURNED TO (signature)	DATE RETURNED	

FORM G7663 REV JUN 65 (Supersedes G7663 MAR 65 TEMP)  
NSN: 7540-FM-001-1479

SIZE: 8" x 5"

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877



## MEDICAL EXAMINATION REPORT

☐ SPONSOR☐ DEPENDENT

NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (YYYYMMDD)
EXAMINATION DATE (YYYYMMDD)	BUILDING	PHONE (Secure)	(Non-Secure)	
DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF YOUR/YOUR SPONSOR'S DUTIES?			EMPLOYEE / APPLICANT SIGNATURE	
<input type="checkbox"/> YES <input type="checkbox"/> NO			<i>I certify that all the information given by me in connection with this examination is correct to the best of my knowledge and belief.</i>	

CLINICAL EVALUATION:	HEIGHT	WEIGHT	B/P	PULSE
----------------------	--------	--------	-----	-------

	FINDINGS (Check <u>ONE</u> column ONLY)			NOTES (Describe every abnormality in detail)
	NORMAL	ABNORMAL	NOT EVALUATED	
HEAD, FACE, NECK, AND SCALP				
NOSE, MOUTH, AND THROAT				
EARS				
EYES				
LUNGS AND CHEST				
BREAST				
HEART (Include peripheral pulses)				
SKIN AND LYMPH NODES				
ABDOMEN				
EXTREMITIES (Edema & Varicosities)				
SPINE AND BACK				
NEUROLOGICAL AND MENTAL HEALTH				
RECTAL				
HERNIA				
PELVIC - FEMALES ONLY				

## EXAMINING PROVIDER USE ONLY

<input type="checkbox"/> RECOMMEND	<input type="checkbox"/> NON RECOMMEND	DATE
<input type="checkbox"/> RECOMMENDED WITH THE FOLLOWING RESTRICTIONS:		
PROVIDER PRINTED NAME	SIGNATURE	

SECURITY CLASSIFICATION (if any)

TODAY'S DATE (yyyy, mm, dd)

**MEDICAL HISTORY QUESTIONNAIRE**

PRIVACY ACT STATEMENT: Authority: 10 USC sec. 11601 et. seq.; 50 USC sec. 831; 5 USC sec. 7901; GNSA 06, NSA's blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993). Purpose: This information will be used to determine fitness for duty and eligibility for medical surveillance/screenings. The disclosure of information including social security number is voluntary. Effect on client if information is not provided: Decisions regarding fitness for duty or need for medical screenings will be determined or processed without complete information.

NAME (Last)		(First)		(Middle)	<input type="checkbox"/> MALE	DATE OF BIRTH (yyyy, mm, dd)
					<input type="checkbox"/> FEMALE	
SOCIAL SECURITY NUMBER	ORG	BUILDING	JOB TITLE			
HOME ADDRESS (Street, City, State and ZIP Code)				PHONE NUMBER (Include Area Code)	HOME	
					NON-SECURE	

DO YOU HAVE ANY ALLERGIES CAUSED BY: (Please specify)			ARE YOU CURRENTLY TAKING ANY MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, please specify)
(Yes)	(No)	MEDICATIONS	
		INSECT BITES/STINGS	
		CHEMICALS	
		DUST, POLLEN, MOLDS	

PAST/CURRENT MEDICAL HISTORY (Please check each item)								
	YES	NO		YES	NO		YES	NO
Frequent or severe headaches			Pain or pressure in chest			Arthritis, rheumatism, or bursitis		
Dizziness or fainting spells			Palpitation or pounding heart			Wear a brace or back support		
Head injury/loss of consciousness			Heart disease			Recurrent back pain or back injury		
Seizures or epilepsy			Low or high blood pressure			Carpal tunnel or other cumulative trauma injury		
Loss of memory or amnesia			Rheumatic fever/heart murmur			Arm/elbow/wrist injury or problem		
Eye disease or injury			Phlebitis			Hip/knee/ankle/foot injury or problem		
Eye surgery			Motion sickness as an adult			Broken bones		
Lack vision in either eye			Frequent indigestion			Amputation		
Wear corrective lenses			Stomach, liver, or intestinal disease			Paralysis (stroke/polio/other)		
Recurrent ear infections			Gall bladder disease or gallstones			Nerve damage		
Hearing loss			Jaundice or hepatitis			Tumor, growth, cyst, cancer		
Wear a hearing aid			Hernia			Chemotherapy/radiation therapy		
Severe tooth or gum disease			Hemorrhoids or rectal disease			Recent gain or loss of weight		
Thyroid disease or goiter			Frequent, painful or difficult urination			Eating disorder (anorexia, bulimia, etc.)		
Chronic or frequent colds			Kidney stone			Sleepwalking/sleep disorder		
Sinusitis			Urinary tract infections			Frequent trouble sleeping		
Hay fever or allergic rhinitis			Kidney or bladder disease			Learning disability		
Asthma			Diabetes			Depression or anxiety		
Chronic cough			Sexually transmitted disease			Suicide attempt or plans		
Blood in sputum or when coughing			Skin disease			Do you drink alcoholic beverages?		
Tuberculosis or positive TB test			Excessive bleeding or bleeding disorder			Been told to cut down or criticized for alcohol use		
Household contact with anyone with TB			Anemia			Do you use tobacco products?		
Shortness of breath			Bone, joint, or other deformities			Parent/sibling with diabetes, cancer, stroke or heart disease		

FORM P7301 REV MAY 2002 (Supersedes P7301 REV JUL 2000 which is obsolete) (over)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)

(continued)

## REPRODUCTIVE HISTORY

HAVE YOU OR YOUR SPOUSE HAD A PREGNANCY THAT RESULTED IN ANY OF THE FOLLOWING:

☐ MISCARRIAGE    ☐ STILLBIRTH    ☐ PREMATURE BIRTH    ☐ BIRTH DEFECTS

## MALES ONLY

## FEMALES ONLY

	YES	NO		YES	NO
Have you ever been treated for infertility?			Have you ever been treated for infertility?		
Have you had any prostate problems?			Has there been a change in your menstrual pattern or have you had any GYN problems?		
			DATE (Last Period)	(Last PAP)	(Last Mammogram)

## PLEASE ANSWER ALL QUESTIONS

	YES	NO
1. Have you ever had a work-related injury that resulted in more than three days lost from work?		
2. Have you ever received Worker's Compensation?		
3. Have you ever had a work-related experience which you believe may have affected your health? (If YES, please specify)		
4. Have you ever been treated by a psychologist/psychiatrist? (If YES, please specify)		
5. Have you ever been hospitalized or had surgery? (If YES, please specify What, Where and When)		
6. Have you ever had a job or hobby that exposed you to: <input type="checkbox"/> Loud Noise <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos <input type="checkbox"/> Mercury <input type="checkbox"/> Solvents <input type="checkbox"/> Radiation <input type="checkbox"/> Other (Specify)		
7. Have you ever: <input type="checkbox"/> Worn communications headsets <input type="checkbox"/> Climbed antennas <input type="checkbox"/> Operated a laser <input type="checkbox"/> Operated a degausser		

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.

CLIENT NAME (Typed or Printed Name)

(Signature)

DATE

## TO BE COMPLETED BY AGENCY HEALTH CARE PROVIDER ONLY

HEALTH CARE PROVIDER'S COMMENTS

HEIGHT

WEIGHT

BLOOD PRESSURE

PULSE

TYPE OF PHYSICAL

☐ PCS    ☐ Special TDY (Type) \_\_\_\_\_    ☐ Surveillance (Type) \_\_\_\_\_    ☐ PWP    ☐ EOD

AGENCY HEALTH CARE PROVIDER (Typed or Printed Name)

(Signature)

DATE



# MEDICAL

## PARKING PERMIT APPLICATION

**COMMUTER TRANSPORTATION CENTER LOCATIONS:**

Ft. Meade - OPS2A - VCC, Room 101, 963-6452s / (301) 688-7565b

FANX - CSC, FANX 3, B1A103, 968-7461s / (410) 854-7447b

**CTC USE ONLY**

NUMBER

EXPIRATION DATE

PRIVACY ACT STATEMENT: Auth for collecting info contained in 50 U.S.C. 402 note and 40 U.S.C. 318a-b. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA07 apply to this info. Auth for requesting SSN is E.O. 9397. Info you provide will be used to update vehicle registration info, to identify vehicles parked at NSA facilities, to determine eligibility for a medical parking permit, to manage and enforce parking regulations, and to assist in providing data for security, emergency, and other related matters. Disc of info, including your SSN, is voluntary. However, failure to furnish requested info, other than your SSN, may result in the denial or suspension of parking privileges at NSA facilities and preclude notification of emergencies involving your vehicle.

**GENERAL INFORMATION**

**FOR SHORT TERM MEDICAL (90 days or less):** Complete this application. Have physician provide their written comments below in section "Reason for Requested Medical Parking", or by attaching a copy of a physician's note to this application. Return paperwork to the nearest CTC. **NOTE: Extensions will NOT be given after the 90 days have expired. If your medical condition requires a long term permit, you will be required to seek State Handicap Certification.**

**FOR LONG TERM MEDICAL (90 days up to one year):** Complete this application. Attach a copy of State Handicap Certification. Return paperwork to the nearest CTC.

NAME (Last)	(First)	(MI)	PHONE (Secure)	(Non-Secure)	ORGANIZATION
SOCIAL SECURITY NUMBER		SID	PARKING LOCATION (i.e., OPS2A, FANX 3, etc.)		

**LIST LICENSE PLATE NUMBER(S) OF ALL VEHICLES OWNED BY YOU INCLUDING FAMILY VEHICLES  
WHICH MIGHT BE PARKED AT COMPLEX**

STATE	VEHICLE/TAG NUMBER	STATE	VEHICLE/TAG NUMBER	STATE	VEHICLE/TAG NUMBER

To Applicant and Attending Physician:

There are a limited number of Reserved Medical parking spaces at the National Security Agency which are assigned on a first-come, first-serve basis. At this time there are more applications for spaces than the number of existing spaces. To insure judicious and fair use of these spaces, the attending physician **MUST** state the appropriate disability, give a brief explanation and provide a duration.

**Original physician signatures only will be accepted (no stamps, no representative signatures.)**

REASON FOR REQUEST OF MEDICAL PARKING (Physician may use this space or attach a separate statement)

*I certify that the entries and statements made by me above are true, complete, and correct to the best of my knowledge. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (See U.S.C., Title 18, subsection 1001).*

PHYSICIAN'S PRINTED NAME	DATE	PHYSICIAN MEDICAL FACILITY NAME, ADDRESS AND PHONE NUMBER
SIGNATURE		

☐

TEMPORARY (Provide Duration) \_\_\_\_\_

☐

ONE YEAR

EMPLOYEE SIGNATURE

## MEDICATION PROFILE

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 5 U.S.C. 7901; 50 U.S.C. 402 note; and E.O. 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA08 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. The information you provide, to include a date of birth (DOB), will be used primarily to develop and maintain a patient medication profile. This information will assist in the avoidance of harmful drug interactions and/or allergic reactions. Your disclosure of requested information, including your SSN, is voluntary. However, failure to furnish any of the requested information may delay or prevent the NSA Health Services from adequately developing a patient profile.

NAME (Last)		(First)	(MI)	SSN	DATE OF BIRTH	
<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE		SEX	PHONE (Secure) (Non-Secure)	
<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINES			<input type="checkbox"/> M <input type="checkbox"/> F		
LIST ALLERGIES TO MEDICATIONS						
LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING						
HAVE YOU CHANGED MEDICATIONS SINCE YOUR LAST PRESCRIPTION? (If YES, please indicate what medications you are <b><u>NOW</u></b> taking)						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
*SIGNATURE					DATE	

FORM P6183 REV JUN 2000 (Supersedes P6183 SEP 91 which is obsolete)  
NSN. 7540-FM-001-5321

DOCID: 3114512

NATIONAL SECURITY AGENCY/  
CENTRAL SECURITY SERVICE  
MEMORANDUM

DATE:

REPLY TO  
ATTN OF:

SUBJECT:

TO:

MESSAGE SIGNAL  
DOCID: 3114513

Information required to complete this order form can be found on the appropriate User Representative Registration notice which identifies the User Representative's current set of privileges.

**FROM:**

**ITEM NO.**  
(Start with  
01 and  
increase  
by one for  
each  
subse-  
quent  
item)

**COMSEC ACCOUNT NUMBER** (For all key orders (both physical and EKR), indicate account no. and associated address that keying material is to be shipped. The keys will be accountable to this account upon shipment.)

COMSEC ACCOUNT ADDRESS

Approved for Release by NSA on 02-16-2007, FOIA Case # 42877

USER REPRESENTATIVE TYPED OR STAMPED NAME

**SIGNATURE**

**PHONE NUMBER (Commercial or DSN)**

SECURITY CLASSIFICATION

**MICROFICHE HEADER INFORMATION**

DOCUMENT SHORT TITLE OR NUMBER	SECURITY CLASSIFICATION/PROTECTIVE CAVEATS <i>(Slant line must appear between classification and caveats. Two dashes must precede title)</i>
MICROFORM CONTROL NO.	TITLE
NSA DOCUMENT DATE <i>(Letters NSA must appear before date)</i>	TITLE











**MILITARY ASSISTANCE SALES CASE ANALYSIS RECORD**[illegible]

FORM B7502 REV SEP 97 (Supersedes B7502 REIN AUG 76 which is obsolete)  
NSN: 7540-FM-001-1426

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

**MILITARY CHECK-IN**

<b>PARENT SERVICE</b>	NAME (Last) (First) (Middle) (Maiden)				SSN	DATE (YYYY-MM-DD)
	MOS / NEC / AFSC					
	SERVICE		RESERVIST	RANK		RANK DATE (YYYY-MM-DD)
	DATE OF BIRTH (YYYY-MM-DD)		PLACE OF BIRTH (City)		(State/Country)	
	FT. MEADE REPORT DATE (YYYY-MM-DD)		SERVICE RELEASE DATE (YYYY-MM-DD)		ASSIGNED UNIT	
	CLEARANCE		GRANTED BY		BADGE COLOR	
	SSBI DATE (YYYY-MM-DD)		POLYGRAPH DATE (YYYY-MM-DD)		BILLET CHANGE	
REMARKS						

<b>MILITARY PERSONNEL</b>	CHECK-IN DATE (YYYY-MM-DD)		ARD (YYYY-MM-DD)		ASSIGNED ORG		STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DUTY SPEC						CLASS	
	PROCESSED BY (Last) (First)						NON-SECURE PHONE	
	RETURN TO D7P BY (YYYY-DD-MM)							
<b>GAINING ELEMENT</b>	ORGANIZATION		BILLET		BUILDING		ROOM	
	SECURE PHONE				NON-SECURE PHONE			
	DUTY TITLE						DATE ASSIGNED (YYYY-MM-DD)	
		PERFORMANCE REPORTS	SSN	LAST NAME		GRADE	TITLE	
	RATER							
	ENDORSER							
	PROCESSED BY (Last) (First)				PHONE (Secure)		(Non-Secure)	

SECURITY CLASSIFICATION (if any)

PROPERTY OF NSA/CSS. Authority for collecting information requested on this form is contained in 50 U.S.C. Sec. 402 note; 50 U.S.C. Sec. 831-835; and Executive Orders 10450, 12333, 12958, and 12968. NSA's Blanket Routine Uses found at 16 Fed. Reg. 10,531 (1993) as well as the specific uses enumerated in GNSA06, GNSA09, GNSA10, GNSA12, GNSA14, and GNSA15 apply to this information. Authority for requesting your Social Security Number (SSN) is Executive Order 9397. The requested information you provide will be used to assure the return of NSA/CSS property and that Agency records and files reflect the departure of the military service member. Your disclosure of requested information, including SSN, is voluntary. However, failure to furnish requested information, other than SSN, may delay your departure from NSA.

**MILITARY CHECK-OUT****INSTRUCTIONS**

1. Individual hand-carries to all units indicated.
2. Air Force Enlisted Personnel need to carry OJT record to training monitor/CMATT.
3. Upon completion of clearance and release, individual hand-carries copy to parent unit. Other copies to be distributed as needed.

D7P IS CLOSED THE 2ND FRIDAY OF EVERY MONTH FOR TRAINING

NAME (Last)		(First)	(Middle Initial)	DATE
SERVICE / FILE NUMBER / SSN	RANK / GRADE / RATE		AFSC / MOS / NEC	ORDERED TO NSA FIELD DETACHMENT <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, specify detachment)
PER AUTH				
CUSTODIAN OF RECORDS (Typed name, rank, title)			(Signature)	

**TO BE COMPLETED BY UNIT INDICATED**

	UNIT	ROOM	DATE	SIGNATURE
1	FOR FANX 3 PERSONNEL ONLY - FANX 3 LIBRARY			
2	CMATT MONITOR (ENLISTED ONLY) (NOT required for Army or Marines)	SOUTH CAFETERIA ROOM 3		
3	NSA/CSS FINANCE - FANX 2 (410-854-7541)	A1527		
4	PEOPLE SOFT ACCOUNT (968-4261)	FANX 2		
5	BANK OF AMERICA (963-3320)	1N007		
6	GROUP TRAINING COORDINATOR (call to verify)			
7	(NSA) GROUP ADMIN OFFICE			
8	SENIOR ENLISTED ADVISOR (SEA)			
9	PASSPORT/TRAVEL (963-5794)	2A0262		
10	ACCOUNT MANAGEMENT (443-479-3500) Delete Classified and Unclassified Accounts	3N010		
11	NSA/CSS LIBRARY (963-5948)	1S042		
12	CREDIT UNION (MEMBERS ONLY)	GATE 4		
13	NSA - Q223 (Mon. - Fri.) Badge Turn-in	1S079		
14	FORWARDING ADDRESS			
	INDIVIDUAL CHECKING OUT (Signature)			DATE
15	D7P 2N039 (LAST)	RELEASED BY	DATE	

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877



MILITARY INTERDEPARTMENTAL PURCHASE REQUEST					1. PAGE OF PAGES	
2. FSC		3. CONTROL SYMBOL NO.		4. DATE PREPARED		5. MIPR NUMBER
7 TO:						8. FROM: (Agency, name, telephone number of originator)
9. ITEMS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ACCOMPLISHED.						
ITEM NO. <i>a</i>	DESCRIPTION (Federal stock number, nomenclature, specification and / or drawing No., etc.) <i>b</i>	QTY <i>c</i>	UNIT <i>d</i>	ESTIMATED UNIT PRICE <i>e</i>	ESTIMATED TOTAL PRICE <i>f</i>	
10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.						11. GRAND TOTAL
12. TRANSPORTATION ALLOTMENT (Used if FOB Contractor's plant)				13. MAIL INVOICES TO (Payment will be made by)		
				PAY OFFICE DODAAD		
14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW, THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.						
ACRN	APPROPRIATION	LIMIT / SUBHEAD	SUPPLEMENTAL ACCOUNTING CLASSIFICATION		ACCTG STA DODAAD	AMOUNT
15. AUTHORIZING OFFICER (Type name and title)			16. SIGNATURE		17. DATE	

Privacy Act Statement: Auth: 50 U.S.C. 402 note; DoD Dir No. 1200.7; EOs 11190, 11382, and 12333; 10 U.S.C. Subtitle E; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA47 apply to this info. Info you provide will be used to identify skills and mobilization reqmts of military reservists. Disc of reqstd info, including your SSN, is voluntary. However, failure to furnish reqstd info, other than your SSN, may delay or prevent the Agency from conducting required annual DoD survey.

## MILITARY RESERVE SURVEY

Department of Defense Directive 1200.7 requires DoD Agencies to conduct an annual survey of civilian employees who may be members of the Military Reserve. To comply with that directive, we request NSA/CSS employees to complete this form, checking only those blocks which apply, sign, date and return to their supporting IPA (*Integrated Personnel Activity*).

NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER
-------------	---------	------	------------------------

DEPARTMENT ID	JOB TITLE (Workrole)
---------------	----------------------

I AM **NO** LONGER A MEMBER OF THE MILITARY RESERVE (Check this block, sign, date and return form to IPA)

☐ Not Applicable (Y)

IF YOU ARE **RETIRED MILITARY** (Check **ONE** only)

☐ Retired Reserve (Under age 60, retired on points, not yet drawing pension) (1) ☐ Active Duty or Reserve Retired (Under age 60; 20 + yrs. Active Duty or Fleet Reserve; Not retired for disability) (3)

☐ Active Duty Regular Retired (Under age 60, not retired for disability) (2) ☐ Active Duty or Reserve Retired (Either over age 60 or 30% + disabled) (4)

IF YOU ARE **DUAL STATUS (Army ONLY)** (Check **ONE** only)

☐ Reserve Technician/Set Res (Dual Status) (Army Only) (6) ☐ Reserve Technician/Standby Res (Dual Status) (Army Only) (8)

☐ Reserve Technician/IRR (Dual Status) (Army Only) (7) ☐ Reserve Technician/Non-Dual Status (Army Only) (9)

IF YOU ARE A **MEMBER OF THE NATIONAL GUARD** (Check **ONE** only)

☐ Army National Guard (L) ☐ Inactive National Guard (R)

☐ Air National Guard (K)

IF YOU ARE A **SELECTED RESERVE MEMBER** (Check **ONE** only)

☐ Assigned to Reserve Unit - Air Force (F) ☐ Assigned to Reserve Unit - Coast Guard (H) ☐ Assigned to Reserve Unit - Navy (J)

☐ Assigned to Reserve Unit - Army (G) ☐ Assigned to Reserve Unit - Marine Corps (I)

IF YOU ARE AN **INDIVIDUAL MOBILIZATION AUGMENTEE (IMA)** (Check **ONE** only)

☐ IMA - Air Force (A) ☐ IMA - Coast Guard (C) ☐ IMA - Navy (E)

☐ IMA - Army (B) ☐ IMA - Marine Corps (D)

IF YOU ARE IN THE **INDIVIDUAL READY RESERVE (IRR)** (Check **ONE** only)

☐ IRR - Air Force (M) ☐ IRR - Coast Guard (O) ☐ IRR - Navy (Q)

☐ IRR - Army (N) ☐ IRR - Marine Corps (P)

IF YOU ARE IN THE **STANDBY RESERVE** (Check **ONE** only)

☐ Standby Reserve - Air Force (S) ☐ Standby Reserve - Coast Guard (U) ☐ Standby Reserve - Navy (W)

☐ Standby Reserve - Army (T) ☐ Standby Reserve - Marine Corps (V)

IF YOU ARE IN THE: (Check this box)

☐ Navy Reserve - Merchant Marine (X)

COMMENTS

SIGNATURE	TODAY'S DATE (YYYYMMDD)	EFFECTIVE DATE OF CHANGE (YYYYMMDD)
-----------	-------------------------	-------------------------------------

*I certify that I am aware of this employee's status as a member of the Military Ready Reserve. As a Ready Reservist, the person may be vulnerable for call to active duty for training or extended active duty in the Military Service at any time.*

SUPERVISOR SIGNATURE	TITLE	DATE (YYYYMMDD)
COMPLETED BY IPA (Signature)		DATE (YYYYMMDD)

Privacy Act Statement: Auth: Title 10, USC, Section 3012(g); Principal purpose: to provide commanders and law enforcement officials with means by which information may be accurately identified. Routine Uses: Your SSN is used as an additional/alternate means of identification to facilitate filing and retrieval. Disclosure of SSN is voluntary. Your signature below \* indicates you have read and understand the above.

## MILITARY RIGHTS/WAIVER STATEMENT

PRINTED NAME (Last)	(First)	(MI)	RANK	DATE (Day, Month, Year)
SOCIAL SECURITY NUMBER	SERVICE			ORGANIZATION

THE SPECIAL AGENT OF THE NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE, LISTED BELOW, HAS TOLD ME THAT I AM TO BE ASKED QUESTIONS ABOUT THE INDICATED OFFENSE(S) OF WHICH I AM A SUSPECT.

SPECIAL AGENT	OFFENSE(S)
---------------	------------

Before I was asked any questions about the offense(s), the Special Agent made clear to me that I have the following rights:

1. I do not have to answer any questions or say anything.

2. Anything I say or do can be used as evidence against me in a criminal trial or in any administrative proceeding.

3. I have a right to talk privately to a lawyer before questioning, after questioning or have a lawyer present with me during questioning. This lawyer can be a civilian lawyer of my choice at my own expense, or a military lawyer detailed for me at no expense to me, or both.

4. I have a right to stop answering questions at any time or speak to a lawyer before answering further, even if I sign this waiver.

5. I have been informed that this room has recording facilities which may be used to listen to the interview. I have been advised that this room is equipped with a two-way mirror which may be used to monitor this interview.

6. My disclosure of information must be voluntary. In addition to its use at trial or in administrative proceedings, information provided by me may be used routinely in clearance and access determinations, in investigations and in assignment, reassignment or other personnel actions where security considerations are part of the determination. Such uses may entail furnishing the information to appropriate Agency officers and employees in the performance of their duties or responsibilities. The information may also be furnished to authorized officials of the Department of Defense or other Federal agencies or other appropriate entities charged with investigations, evaluations and adjudications related to security determinations or with responsibilities for inspections or litigation. Except for the uses described in this form, the information will be considered confidential and protected as provided in the Privacy Act of 1974. The information which I provide may also be used to ensure compliance with statutory and regulatory criteria for the granting of access to sensitive cryptologic information. These criteria are imposed by Public Law 88-290, Executive Orders 10450 and 12036, DoD Directive 5100.23, or their successors. I acknowledge that I have been advised of the rights set forth in this paragraph in accordance with the Privacy Act of 1974. The records system in which the information is to be filed is GNSA 10 and is published in the Federal Register.

WAIVER		NON-WAIVER	
I UNDERSTAND MY RIGHTS AND AM WILLING TO DISCUSS THE OFFENSE(S) UNDER INVESTIGATION WITHOUT A LAWYER BEING PRESENT		I DO NOT WANT TO GIVE UP MY RIGHTS	
		I WANT A LAWYER.	
SIGNATURE	*INTERVIEWEE	I DO NOT WANT TO BE QUESTIONED OR SAY ANYTHING.	
	SPECIAL AGENT	*INTERVIEWEE (Signature)	

SECURITY CLASSIFICATION (if any)

**MISCELLANEOUS EXPENSE ALLOWANCE REQUEST**

Privacy Act Statement: Authority for collecting information requested on this form is contained in 50 U.S.C. Section 402 note; 5 U.S.C. 5924; and Executive Order 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses found in GNSA08 and GNSA09 apply to this information. Authority for requesting your Social Security Number (SSN) is Executive Order 9397. The requested information will be used to determine your entitlement to defray expenses incurred when relocating residences in conjunction with a permanent change-of-station (PCS). Your disclosure of requested information, including SSN, is voluntary. However, failure to furnish the requested information, other than SSN, may result in the non-payment of your entitlement voucher.

EMPLOYEE NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER
AGENCY	CURRENT POST / COUNTRY OF ASSIGNMENT / LOCALITY CODE	ARRIVAL DATE (YYYY-MM-DD)	

**FAMILY DOMICILED AT POST**

NAME OF RELATIVE	RELATIONSHIP

<input type="checkbox"/> ITEMIZED (Provide receipts with your claim)	\$
<input type="checkbox"/> STANDARD (\$500 - employee only; \$1,000 - If dependents listed above)	\$

**EMPLOYEE STATEMENT AND SIGNATURE:** The information given on this application is true and correct to the best of my knowledge and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in the conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (including fines and imprisonment) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.

EMPLOYEE'S SIGNATURE	DATE
----------------------	------

FORM F7265 REV AUG 2001 (Supersedes F7265 JUL 2001 which is obsolete)

SECURITY CLASSIFICATION (if any)

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

[illegible]

**DOCID: 3114702**

[illegible]

SECURITY CLASSIFICATION (if any)

CONTROL NUMBER

**MODIFICATION DESIGN STUDY REPORT**

TITLE

EQUIPMENT

REPORTING DATE

MOD NUMBER

REFERENCES

DOCUMENTATION AFFECTED

RECOMMENDED TIME COMPLIANCE DATE

STATEMENT OF PROBLEM (Include Serial Numbers affected) AND BACKGROUND INFORMATION (Originator, Failure Report, Data, etc.)

**DISTRIBUTION: INCLUDE QTY FOR ALL EXTERNAL AREAS**

ARMY		DEA		FEMA		FOREIGN		QTY OF EQUIPMENT PRODUCED TO DATE (Total)
NAVY		DOE		GSA				
AIR FORCE		DOT		STATE				
ISSO		FBI		TREASURY				

**AFFECTED EQUIPMENT TOTAL**

THIS MODIFICATION AFFECTS:

☐

SOFTWARE

☐

HARDWARE

☐

BOTH

PROPOSED MODIFICATION (Attach Block Diagram, Schematic, Sketch, etc., if any)

**MODIFICATION TYPE**☐

MANDATORY

☐HUMAN SAFETY  
MANDATORY☐

OPTIONAL

☐

REPAIR ACTION

☐

SPECIAL MISSION

☐

Optional

☐

Mandatory

IS NOMENCLATURE AFFECTED? (If yes, submit request)

☐

YES

☐

NO

**ESTIMATED COSTS**

MATERIAL/EQUIPMENT		QTY OF EQUIPMENT MOD IS APPLICABLE TO	
LABOR/EQUIPMENT		<b>SUB-TOTAL</b>	
<b>SUB-TOTAL</b>		Unusual Eng. Expenses i.e., Data, Developmental Cost, etc.	
		<b>TOTAL COST</b>	

SECURITY CLASSIFICATION (if any)

(continued)

TEST PERFORMED, AND RESULTS

SYSTEM CONSIDERATIONS (Include all known User Systems affected)

SUMMARY OF OTHER APPROACHES ATTEMPTED (Also give brief reasons why they were discarded)

ADVANTAGES (and DISADVANTAGES, if any) OF PROPOSED MODIFICATION

SECURITY AND TEMPEST CONSIDERATIONS

FOREIGN RELEASE CONSIDERATIONS

AUTOMATIC TEST EQUIPMENT CONSIDERATIONS

PROPOSED SCHEDULING (Estimated dates of Draft MOD Instructions, Trial MOD Kits, Production MOD Kits) THESE ARE PROPOSED ESTIMATES AND ARE NOT TO BE USED FOR PLANNING.

ORGANIZATION  
(Concurred By)

PRINTED NAME

DATE

SIGNATURE

P.M. or Coordinator

Approved  
Alpha +2 Chief



## MOTOR POOL DAILY DISPATCH LOG

[illegible]

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877

## MOTOR POOL REQUEST FOR TRANSPORTATION

REQUESTED BY: NAME	ORG	PHONE	KEY COMPONENT	DISPATCH TO SENIOR LEVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REQUEST TYPE <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> SHUTTLE <input type="checkbox"/> U-DRIVE <input type="checkbox"/> SPECIAL EVENT		NO. OF PASSENGERS	REPORTING TIME	DATE	PLACE OF PICK-UP
DESTINATION				RETURN TIME	<input type="checkbox"/> DROP <input type="checkbox"/> WAIT
TYPE OF VEHICLE <input type="checkbox"/> SEDAN (3 + driver) <input type="checkbox"/> MINIVAN (6 + driver) <input type="checkbox"/> CARRY ALL <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/> 15 <input type="checkbox"/> BUS <input type="checkbox"/> PICK-UP <input type="checkbox"/> PANEL <input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR					
JUSTIFICATION <input type="checkbox"/> MEETING <input type="checkbox"/> CLASS <input type="checkbox"/> TDY <input type="checkbox"/> SEMINAR <input type="checkbox"/> OTHER (Specify)			SPECIAL INSTRUCTIONS		
RECEIVED BY				TIME	DATE

FORM K4620 REV JUN 2000 (Supersedes K4620 REV MAR 93 which is obsolete)  
NSN: 7540-FM-001-0820

FORM SIZE: 5" x 8"

Approved for Release by NSA on  
02-16-2007, FOIA Case #42877

**MOTOR VEHICLE REQUEST/JUSTIFICATION****INSTRUCTIONS**

Complete all sections which apply and submit to S731. Form **MUST** be signed by the appropriate authority or request **WILL NOT** be processed. (Alpha + 1 (Chief of Station for field activities)). A separate form must be completed for each vehicle.

- This form may be used to:
- (1) Request a vehicle be assigned to your organization. (Complete Sections A, C, D)
  - (2) Justify the replacement of a currently assigned vehicle. (Complete Sections A, B, C, D)
  - (3) Rejustify a vehicle already assigned. (Complete Sections A, B, C)

<b>A. ORGANIZATION INFORMATION</b>	POINT OF CONTACT		ORG		
	LOCATION (Building, Room Number)	PHONE NUMBERS (Secure)	(Non-Secure)		
<b>B. VEHICLE TO BE REPLACED/ REJUSTIFIED</b>	ADMIN NO. (From Log book)	IDENTIFICATION NUMBER (Usually located on dash)		MILEAGE	
	CONDITION (Describe)				
<b>C. USAGE INFORMATION</b>	LOCATIONS WHICH ARE/WILL BE VISITED (Use separate sheet if necessary)		ROUND TRIP MILEAGE	EST. NO. TRIPS PER MO. TO LOCATION	
EXPLAIN HOW THE VEHICLE IS/WILL BE USED (Use separate sheet if necessary)			BASE LOCATION (i.e., Gatehouse 8, Bldg 20, etc.)		
WHY ARE OTHER FORMS OF TRANSPORTATION (i.e., commercial transportation, Agency buses, Motor Pool u-drive its, other vehicles assigned to your organization) UNABLE TO SATISFY YOUR MISSION REQUIREMENTS? (Use separate sheet if necessary)					
IF KNOWN, HOW LONG WILL THE REQUIREMENT FOR THIS VEHICLE EXIST?		WHAT PROJECT(S) OR PROGRAM(S) DOES/WILL THIS VEHICLE SUPPORT (if applicable)			
<b>D. NEW VEHICLE SPECS</b>	<b>All vehicles are ordered with auto trans. and air cond. unless specified for deletion</b>				
	MAKE		MODEL		COLOR
	<input type="checkbox"/> Required*	<input type="checkbox"/> Preferred	<input type="checkbox"/> Required*	<input type="checkbox"/> Preferred	<input type="checkbox"/> Required*
	Special Options				
STATE OF MARYLAND CONFIDENTIAL PLATES <input type="checkbox"/> Required* <input type="checkbox"/> Not Required		DATE VEHICLE REQUIRED			
SIGNATURE (Alpha + 1 or Chief of Station for field activities)				DATE	

VOID

OFFICE OF HEALTH SERVICES  
9800 Savage Road  
Ft. Meade, MD 20755-6000  
(301) 688-6128

**GENERAL INSTRUCTION**

**PHYSICIAN:** If used for controlled substances, ONLY ONE MEDICATION PER FORM.

**PATIENT:** Please ensure a Medication Profile is on file. If you need to complete or update your profile, please do so at the time you turn in your prescription.

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 5 U.S.C. 7901, 50 U.S.C. 402 note and E.O. 12333 NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. The information you provide, to include a date of birth (DOB), will be used primarily to develop and maintain a patient medication profile. This information will assist in the avoidance of harmful drug interactions and/or allergic reactions. Your disclosure of requested information, including your SSN, is voluntary. However, failure to furnish any of the requested information may delay or prevent the NSA Health Services from adequately developing a patient profile.

PATIENT'S PRINTED NAME

MEDICAL PROVIDER'S PRINTED NAME

DATE

SIGNATURE

DATE OF BIRTH

SSN

RANK/BRANCH

SSN

DRUG	STRENGTH	QTY	DIRECTIONS	REFILLS
VOID			VOID	

FORM P6460 REV JUN 2000 (Supersedes P6460 REV FEB 93 which is obsolete)  
NSN 7540-FM-001-5359

**MULTIPLE PRESCRIPTION**

Approved for Release by NSA on  
02-16-2007, FOIA Case # 42877